



2026 List of Covered Drugs

(Drug List or Formulary)

FORMULARY ID: 26321

This List of Covered Drugs was updated 01/20/2026. For more recent information or other questions, please contact First Choice VIP Care Member Services at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**.

First Choice VIP Care (HMO D-SNP) 2026 Formulary (List of Covered Drugs or "Drug List")

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

Formulary ID: 26321

This *Drug List* was updated on 01/20/2026. For more recent information or other questions, contact us at **1-888-996-0499 (TTY 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.firstchoicevipcare.com.



If you have questions, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com. **For more information**, visit www.firstchoicevipcare.com.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by First Choice VIP Care. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by First Choice VIP Care. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ).....	3
B1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the Drug List for short.)	3
B2. Does the Drug List ever change?	4
B3. What happens when there's a change to the Drug List?	5
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	6
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	7
B6. What happens if First Choice VIP Care changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?.....	7
B7. How can I find a drug on the Drug List?.....	7
B8. What if the drug I want to take isn't on the Drug List?	7
B9. What if I'm a new First Choice VIP Care member and can't find my drug on the Drug List or have a problem getting my drug?	8
B10. Can I ask for an exception to cover my drug?	8
B11. How can I ask for an exception?	9
B12. How long does it take to get an exception?.....	9
B13. What are generic drugs?	9
B14. What are original biological products and how are they related to biosimilars?.....	9
B15. Does First Choice VIP Care cover long-term supplies of prescriptions?.....	10
B16. Can I get prescriptions delivered to my home from my local pharmacy?.....	10
B17. What's my copay?	10
C. Overview of the List of Covered Drugs	11
C1. List of Drugs by Medical Condition/Drug Type	13
D. Index of Covered Drugs.....	115



If you have questions, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

A. Disclaimers

This is a list of drugs that members can get in First Choice VIP Care. First Choice VIP Care is an HMO D-SNP plan with a Medicare contract and a contract with the South Carolina Healthy Connections Medicaid program. Enrollment in First Choice VIP Care depends on contract renewal.

- You can always check First Choice VIP Care's up-to-date List of Covered Drugs online at www.firstchoicevipcare.com or by calling Member Services at 1-888-996-0499 (TTY 711), seven days a week, 8 a.m. to 8 p.m. This call is free.
 - This document is available for free in Spanish.
 - You can get this document for free in other formats, such as large print, Braille, or audio. Call Member Services 1-888-996-0499 (TTY 711), seven days a week, 8 a.m. – 8 p.m. This call is free.
 - You can make a request to get this document, now and in the future, in a language other than English or in another format simply by calling Member Services at 1-888-996-0499 (TTY 711), seven days a week, 8 a.m. to 8 p.m.
 - We'll also ask for your preference during our Welcome Call and later in the year, when you contact the plan.
 - The plan will store your request and continue to send all future documents in this requested language or format, unless you ask us to cancel or change the request.
 - You can cancel or change your request at any time, simply by calling Member Services. This call is free.
-

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by First Choice VIP Care. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- First Choice VIP Care will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
-

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

- First Choice VIP Care agrees that the drug is medically necessary for you, **and**
- you fill the prescription at a First Choice VIP Care network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.firstchoicevipcare.com or at the number listed at the bottom of this page.

B2. Does the *Drug List* ever change?

Yes, and First Choice VIP Care must follow Medicare and South Carolina Healthy Connections Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

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

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

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

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

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

- You can always check First Choice VIP Care's up to date *Drug List* on **www.firstchoicevipcare.com**. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the numbers listed at the bottom of this page to check the current *Drug List*.

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

B3. What happens when there's a change to the *Drug List*?

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10 – B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Please contact your prescriber to determine what to do next.

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

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



If you have questions, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

When these changes happen, we'll:

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

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

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

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from First Choice VIP Care before you fill your prescription. Prior authorization is different from a referral. First Choice VIP Care may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes First Choice VIP Care limits the amount of a drug you can get.
- **Step therapy:** Sometimes First Choice VIP Care requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If First Choice VIP Care covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website listed at the bottom of this page. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com. **For more information**, visit www.firstchoicevipcare.com.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

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

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

B6. What happens if First Choice VIP Care changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we’ll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it after the *Drug Listing* in **Section D**. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic Part D drugs and non-Medicare prescription and over-the-counter drugs covered by Healthy Connections Medicaid are all listed in the Index.

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

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services at the number at the bottom of the page and ask about it. If you learn that First Choice VIP Care won’t cover the drug, you can do one of these things:

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

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

B9. What if I'm a new First Choice VIP Care member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you're a member of First Choice VIP Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 30 days of medication.

We'll cover a 30-day supply of your drug if:

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

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

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new First Choice VIP Care member.
- This is in addition to the temporary supply during the first 90 days you're a member of First Choice VIP Care.

A Level of Care change occurs when a member changes from one treatment setting to another. Examples include entering a long-term care facility from an acute-care hospital or being discharged from hospital to home. Current members who experience a Level of Care change are eligible to receive a transition supply of a Non-Formulary drug (a drug not on the *Drug List*) upon admission or discharge from an applicable setting.

If you need assistance getting a transition supply, please have the pharmacy call our Pharmacy Member Services at **1-833-809-3767**, 24 hours a day, 7 days a week.

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

Yes. You can ask First Choice VIP Care to make an exception to cover a drug that isn't on the *Drug List*.

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

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

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

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. For more information on how to submit your request for an exception, call Member Services at the number at the bottom of the page.

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

B13. What are generic drugs?

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

First Choice VIP Care covers both brand name drugs and generic drugs.

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

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com. **For more information**, visit www.firstchoicevipcare.com.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

B15. Does First Choice VIP Care cover long-term supplies of prescriptions?

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

B16. Can I get prescriptions delivered to my home from my local pharmacy?

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

B17. What's my copay?

First Choice VIP Care members have copays for drugs that may vary based on the level of Extra Help you get depending on your income. Please contact the plan for more details.

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

- Tier 1: Preferred Generics — \$0 – \$12.65
- Tier 2: Non-Preferred Generics — \$0 – \$12.65
- Tier 3: Preferred Brands — \$0 – \$12.65
- Tier 4: Non-Preferred Drugs — \$0 – \$12.65
- Tier 5: Specialty — \$0 – \$12.65
- Tier 6: Select Care Drugs — \$0

If you have questions, call Member Services at the numbers listed at the bottom of this page.

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

C. Overview of the List of Covered Drugs

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

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

The information in the necessary actions, restrictions, or limits on use column tells you if First Choice VIP Care has any rules for covering your drug.

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

B/D: This prescription drug may be paid by your medical benefit or by your pharmacy benefit, depending on how it is used. The pharmacy will work together with the health plan and your provider to determine whether the medication should be authorized under your medical benefit or your pharmacy benefit.

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

QL: Quantity Limit. For certain drugs, we limit the amount of the drug that you can have. For example, the plan might limit how many refills you can get, or how much of a drug you can get each time you fill your prescription. For example, if it is not normally considered safe to take more than one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

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

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

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at the number at the bottom of the page.

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

MME stands for morphine milligram equivalents, a measurement physicians use to determine how different opioids relate to each other. Using morphine as the standard, MME is a tool for doctors to compare different drugs in an easy measurement.

DCR This indicates that an appropriate diagnosis code is required for coverage of this medication.

Note: The DP next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Healthy Connections Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 1-888-996-0499 (TTY 711), seven days a week, 8 a.m. to 8 p.m.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

C1. List of Drugs by Medical Condition

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

Prescription Drug Classification	Medical Condition
Analgesics	Treatment of pain
Anesthetics	Local treatment of pain
Anti-Addiction/ Substance Abuse Treatment Agents	Treatment of substance abuse disorders
Antibacterials	Treatment of bacterial infections
Anticonvulsants	Treatment of seizures
Antidementia Agents	Management of dementia
Antidepressants	Treatment of depression
Antiemetics	Treatment of vomiting or nausea
Antifungals	Treatment of fungal or yeast infections
Antigout Agents	Treatment or prevention of gouty arthritis
Anti-Inflammatory Agents	Treatment of inflammation
Antimigraine Agents	Treatment of migraine headaches
Antimyasthenic Agents	Treatment for myasthenia
Antimycobacterials	Treatment for infections by Tuberculosis type organisms
Antineoplastics	Treatment of cancer
Antiparasitics	Treatment of infections from parasites
Antiparkinson Agents	Treatment of Parkinson's Disease



If you have questions, please call First Choice VIP Care at 1-888-996-0499 (TTY 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.firstchoicevipcare.com. For more information, visit www.firstchoicevipcare.com.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

Prescription Drug Classification	Medical Condition
Antipsychotics	Treatment of behavioral and emotional disorders
Antispasticity Agents	Treatment of muscle spasms
Antivirals	Treatment of infections by viruses
Anxiolytics	Treatment of anxiety or nervousness
Bipolar Agents	Treatment for bipolar illnesses
Blood Glucose Regulators	Control of Diabetes
Blood Products/Modifiers/Volume Expanders	Prevention of clotting and increasing blood cell production
Cardiovascular Agents	Treatment of conditions affecting the heart and blood vessels
Central Nervous System Agents	Treatment of disorders of the brain and spinal column
Dental and Oral Agents	Treatment of mouth and gum disorders
Dermatological Agents	Treatment of skin conditions
Diabetic Supplies	Supplies used for diabetes
Enzyme Replacement/Modifiers	Medications to replace missing or deficient enzyme production
Gastrointestinal Agents	Treatment of stomach and intestinal conditions
Genitourinary Agents	Treatment of urinary tract and prostate conditions
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal)	Treatment of conditions requiring steroids

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com. **For more information**, visit www.firstchoicevipcare.com.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

Prescription Drug Classification	Medical Condition
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary)	Treatment of pituitary gland conditions
Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/ Modifiers)	For the replacement or modification of sex hormones
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid)	Treatment of thyroid conditions
Hormonal Agents, Suppressant (Adrenal)	Treatment of inoperable adrenal cancer
Hormonal Agents, Suppressant (Parathyroid)	Treatment of Parathyroid conditions
Hormonal Agents, Suppressant (Pituitary)	Treatment of or modification of pituitary hormone secretion
Hormonal Agents, Suppressant (Thyroid)	Treatment for overactive thyroid
Immunological Agents	Medications that alter the immune system including vaccinations
Inflammatory Bowel Disease Agents	Treatment of Ulcerative colitis or Crohn's Disease
Metabolic Bone Disease Agents	Treatment of bone diseases including osteoporosis
Ophthalmic Agents	Treatment of eye conditions
Otic Agents	Treatment of ear conditions
Respiratory Tract Agents	Treatment of breathing conditions
Respiratory Tract/Pulmonary Agents	Treatment of breathing conditions
Skeletal Muscle Relaxants	Treatment of muscle tightness



If you have questions, please call First Choice VIP Care at 1-888-996-0499 (TTY 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.firstchoicevipcare.com. For more information, visit www.firstchoicevipcare.com.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

Prescription Drug Classification	Medical Condition
Sleep Disorder Agents	Treatment of insomnia
Therapeutic Nutrients/Minerals/ Electrolytes	Replacement or supplementation of minerals, nutrients, and vitamins



If you have questions, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

First Choice VIP Care | 2026 List of Covered Drugs

(Formulary)

D. Index of Covered Drugs

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

 **If you have questions**, please call First Choice VIP Care at **1-888-996-0499 (TTY 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.firstchoicevipcare.com**. **For more information**, visit **www.firstchoicevipcare.com**.

2026 6 Tier Standard - First Choice VIP Care SC

2026 Member Formulary

Formulary ID 26321

CURRENT AS OF 2/1/2026

Drug Name	Drug Tier	Requirements/Limits
Analgesics - Treatment Of Pain		
Analgesics		
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	2	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	2	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	2	PA
<i>butalbital-apap-caffeine oral solution 50-325-40 mg/15ml</i>	2	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	2	PA; MME
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	PA
<i>nalbuphine hcl injection solution 10 mg/ml</i>	2	MME
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 EA per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 3 %</i>	2	
<i>diclofenac sodium external solution 1.5 %</i>	2	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg</i>	1	
<i>ibu oral tablet 600 mg</i>	1	QL (150 EA per 30 days)
<i>ibu oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg</i>	1	QL (240 EA per 30 days)
<i>ibuprofen oral tablet 600 mg</i>	1	QL (150 EA per 30 days)
<i>ibuprofen oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
<i>indomethacin er oral capsule extended release 75 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	QL (20 EA per 30 days)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen dr oral tablet delayed release 500 mg</i>	3	
<i>naproxen oral suspension 125 mg/5ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	3	
<i>naproxen oral tablet delayed release 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	2	PA; MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MME; QL (10 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr</i>	4	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	MME; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	PA; MME; QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	MME; QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	2	PA; MME
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	MME; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	4	PA; MME; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	4	PA; MME; QL (60 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	MME; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	MME; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	MME; QL (5 ML per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	MME; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	MME; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	MME; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	MME; QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	MME; QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	2	MME
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	MME; QL (300 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	MME; QL (120 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	MME; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	MME; QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MME; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	2	MME; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MME; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	MME; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	2	MME
<i>tramadol hcl oral tablet 50 mg</i>	2	MME; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	MME; QL (240 EA per 30 days)
Anesthetics - Local Treatment Of Pain		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	2	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	
ZTLIDO EXTERNAL PATCH 1.8 %	4	PA; QL (90 EA per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	QL (1 EA per 28 days)
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	2	QL (150 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	QL (120 EA per 30 days)
<i>lofexidine hcl oral tablet 0.18 mg</i>	5	PA; QL (224 EA per 14 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	6	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	3	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	6	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	6	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	6	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	6	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	6	
REXTOVY NASAL LIQUID 4 MG/0.25ML	6	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	2	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	2	QL (56 EA per 28 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	2	QL (56 EA per 28 days)
Antibacterials - Treatment Of Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	
<i>linezolid oral tablet 600 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	4	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	2	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	4	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	2	QL (40 EA per 10 days)
<i>vancomycin hcl oral capsule 250 mg</i>	2	QL (80 EA per 10 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>perampanel oral suspension 0.5 mg/ml</i>	5	ST; QL (720 ML per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	5	ST; QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	4	ST; QL (60 EA per 30 days)
ROWEEPRA ORAL TABLET 500 MG	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	ST; QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	ST; QL (180 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	2	
<i>topiramate oral solution 25 mg/ml</i>	2	PA; QL (480 ML per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	ST; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
VIGAFYDE ORAL SOLUTION 100 MG/ML	5	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; QL (1100 ML per 30 days)
Sodium Channel Agents		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	2	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	2	QL (30 EA per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	2	QL (120 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	5	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	2	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	PA; QL (240 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	ST; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Antidementia Agents - Management Of Dementia		
Antidementia Agents, Other		
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	4	
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
Antidepressants - Treatment Of Depression		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5	ST
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	5	ST
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (60 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST; QL (28 EA per 180 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	2	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	2	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	2	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	2	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	B/D
<i>granisetron hcl oral tablet 1 mg</i>	2	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	B/D
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	B/D
Antifungals - Treatment Of Fungal Or Yeast Infections		
Antifungals		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	4	PA
<i>clotrimazole external cream 1 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole external solution 1 %</i>	2	QL (30 ML per 28 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	2	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA
<i>econazole nitrate external cream 1 %</i>	2	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	2	
<i>ketoconazole external cream 2 %</i>	2	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>klayesta external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>micafungin sodium intravenous solution reconstituted 100 mg</i>	4	
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>	2	
<i>micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i>	2	
<i>nyamyc external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	2	
<i>nystop external powder 100000 unit/gm</i>	1	QL (180 GM per 30 days)
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	2	
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA; QL (630 ML per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	2	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	4	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	PA

Antigout Agents - Treatment Or Prevention Of Gouty Arthritis

Antigout Agents

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST
<i>probenecid oral tablet 500 mg</i>	2	
Antimigraine Agents - Treatment Of Migraine Headaches		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	5	PA; QL (8 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	PA
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	QL (9 EA per 28 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	2	QL (18 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	QL (24 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (9 EA per 28 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	QL (9 EA per 28 days)
Antimyasthenic Agents - Treatment Of Myasthenia		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	
<i>pyridostigmine bromide er oral tablet extended release 24 hour 105 mg</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	4	PA
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA
Antineoplastics - Treatment Of Cancer		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	B/D
LEUKERAN ORAL TABLET 2 MG	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i>	2	
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 EA per 28 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	5	PA
<i>mercaptopurine oral tablet 50 mg</i>	2	
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; QL (14 EA per 28 days)
SIKLOS ORAL TABLET 100 MG, 1000 MG	4	
TABLOID ORAL TABLET 40 MG	4	PA
XROMI ORAL SOLUTION 100 MG/ML	4	
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; QL (60 EA per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	5	PA; QL (66 EA per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA; QL (120 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	5	PA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (30 EA per 30 days)
INLURIYO ORAL TABLET 200 MG	5	PA
IWILFIN ORAL TABLET 192 MG	5	PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (91 EA per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	5	PA
KRAZATI ORAL TABLET 200 MG	5	PA; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	5	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
LYSODREN ORAL TABLET 500 MG	5	
MODEYSO ORAL CAPSULE 125 MG	5	PA; QL (20 EA per 28 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	5	PA
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA; QL (8 EA per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA
WELIREG ORAL TABLET 40 MG	5	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	2	
<i>letrozole oral tablet 2.5 mg</i>	1	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (30 EA per 180 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (360 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; QL (120 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG	5	PA; QL (60 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; QL (63 EA per 28 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	5	PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
HERNEXEOS ORAL TABLET 60 MG	5	PA; QL (90 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	2	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	2	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	5	PA; QL (30 EA per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA; QL (300 ML per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
INREBIC ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	5	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (120 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg</i>	5	PA; QL (112 EA per 28 days)
<i>nilotinib d-tartrate oral capsule 50 mg</i>	5	PA; QL (120 EA per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; QL (112 EA per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
<i>pazopanib hcl oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; QL (180 EA per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (180 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; QL (840 EA per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA
TEPMETKO ORAL TABLET 225 MG	5	PA
TRUQAP ORAL TABLET 200 MG	5	PA; QL (64 EA per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; QL (60 EA per 30 days)
VIJOICE ORAL PACKET 50 MG	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (90 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA
<i>bexarotene oral capsule 75 mg</i>	5	PA
PANRETIN EXTERNAL GEL 0.1 %	5	PA
<i>tretinoin oral capsule 10 mg</i>	5	PA
Treatment Adjuncts		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna oral tablet 400 mg</i>	2	
Antiparasitics - Treatment Of Infections From Parasites		

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	2	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 EA per 30 days)
<i>praziquantel oral tablet 600 mg</i>	2	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	2	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	QL (12 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	2	
Antiparkinson Agents - Treatment Of Parkinson's Disease		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	PA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	ST
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	5	PA; QL (90 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
Antipsychotics - Treatment Of Behavioral And Emotional Disorders		
1st Generation/Typical		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	3	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	3	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	3	QL (1 EA per 28 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	3	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; QL (30 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	PA; QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	PA; QL (1 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	PA; QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	5	PA; QL (2.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	PA; QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	PA; QL (12 EA per 180 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	PA; QL (8 EA per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	3	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	3	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	3	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	3	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	3	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	3	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	3	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	3	QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	2	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; QL (30 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL CAPSULE 34 MG	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (30 EA per 30 days)
RISPERIDONE MICROSPHERES ER INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	QL (360 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	2	QL (120 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	PA; QL (2 EA per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	PA; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	2	QL (6 EA per 3 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 150 mg</i>	2	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	2	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	2	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	QL (600 ML per 30 days)
Antispasticity Agents - Treatment Of Muscle Spasms		

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
Antivirals - Treatment Of Infections By Viruses		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA
PREVYMIS ORAL PACKET 120 MG, 20 MG	5	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	2	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	QL (30 EA per 30 days)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	2	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	PA; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (28 EA per 28 days)
Antitherpetic Agents		

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (180 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	4	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	2	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	QL (960 ML per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	2	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (90 EA per 30 days)
Anti-HIV Agents, Other		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	QL (52 ML per 365 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	QL (42 ML per 365 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	2	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofovir df oral tablet 200-25-300 mg</i>	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc oral tablet 150 mg</i>	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	5	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	5	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	QL (1840 ML per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG	5	QL (10 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	5	QL (6 ML per 365 days)
SYM TUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60- 5-30 MG	2	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	2	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	2	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	2	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	2	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	QL (390 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	4	
<i>ritonavir oral tablet 100 mg</i>	2	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
Anti-influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	QL (1080 ML per 84 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	2	
Antiviral, Coronavirus Agents		
<i>paxlovid (150/100) oral tablet therapy pack 10 x 150 mg & 10 x 100mg</i>	3	QL (20 EA per 5 days)
<i>paxlovid (300/100 & 150/100) oral tablet therapy pack 6 x 150 mg & 5 x 100mg</i>	3	QL (11 EA per 5 days)
<i>paxlovid (300/100) oral tablet therapy pack 20 x 150 mg & 10 x 100mg</i>	3	QL (30 EA per 5 days)
Anxiolytics - Treatment Of Anxiety Or Nervousness		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA
Benzodiazepines		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	2	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	QL (120 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)

Bipolar Agents - Treatment For Bipolar Illnesses

Mood Stabilizers

EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	

Blood Glucose Regulators - Control Of Diabetes

Antidiabetic Agents

<i>acarbose oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	QL (180 EA per 30 days)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (60 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	6	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	6	QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	6	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	6	QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	6	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	6	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	2	PA; QL (9 ML per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	6	QL (150 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	6	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	6	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	6	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	6	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	6	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	6	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	2	
<i>glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml</i>	3	QL (4 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days)
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP INJECTION SOLUTION 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
<i>gauze pad 2"x2"</i>	1	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	2	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	2	
<i>insulin aspart injection solution 100 unit/ml</i>	2	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	2	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	2	
<i>insulin lispro injection solution 100 unit/ml</i>	2	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	2	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<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 x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 31g x 6mm 0.5 ml, u-100 1 ml</i>	1	
INSULIN SYRINGE 29G 0.3 ML	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD DASH INTRO (GEN 4) KIT	3	
OMNIPOD DASH PDM (GEN 4) KIT	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	3	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>pen needles 29g x 12.7mm , 29g x 12mm , 29g x 4mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
V-GO 20 KIT 20 UNIT/24HR	3	
V-GO 30 KIT 30 UNIT/24HR	3	
V-GO 40 KIT 40 UNIT/24HR	3	
Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production		
Anticoagulants		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	4	PA
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	2	QL (60 EA per 30 days)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	3	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	3	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	2	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	2	
<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 SUSPENSION RECONSTITUTED 1 MG/ML	3	QL (900 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)
Blood Products and Modifiers, Other		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	2	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	2	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
<i>eltrombopag olamine oral packet 12.5 mg</i>	5	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral packet 25 mg</i>	5	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA; QL (60 EA per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	4	PA
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
TAVNEOS ORAL CAPSULE 10 MG	5	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	
XOLREMDI ORAL CAPSULE 100 MG	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
BRILINTA ORAL TABLET 90 MG	4	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	5	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	2	
Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels		
Alpha-adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg</i>	2	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	2	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 2 mg</i>	1	QL (90 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	5	PA
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL (60 EA per 30 days)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	6	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	6	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	6	QL (30 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil oral tablet 5 mg</i>	6	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	6	QL (30 EA per 30 days)
<i>telmisartan oral tablet 80 mg</i>	6	QL (60 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	6	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	6	QL (30 EA per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	6	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	4	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	
<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>	2	
<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>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	PA
<i>nimodipine oral capsule 30 mg</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	6	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	6	QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	6	QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA; QL (450 ML per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	2	QL (150 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	6	QL (60 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	6	QL (30 EA per 30 days)
<i>ivabradine hcl oral tablet 5 mg</i>	2	PA; QL (90 EA per 30 days)
<i>ivabradine hcl oral tablet 7.5 mg</i>	2	PA; QL (60 EA per 30 days)
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
LODOCO ORAL TABLET 0.5 MG	4	PA; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metyrosine oral capsule 250 mg</i>	5	PA
NEXLETOL ORAL TABLET 180 MG	3	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	6	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	6	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	6	QL (60 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	5	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	5	PA; QL (3 ML per 28 days)
Diuretics, Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>cholestyramine oral powder 4 gm/dose</i>	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	2	
<i>colesevelam hcl oral tablet 625 mg</i>	2	
<i>colestipol hcl oral granules 5 gm</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	6	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	2	QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	2	QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	QL (60 EA per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
<i>prevalite oral packet 4 gm</i>	2	
<i>prevalite oral powder 4 gm/dose</i>	2	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (2 ML per 28 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
Vasodilators, Direct-acting Arterial/ Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin rectal ointment 0.4 %</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	2	
Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	2	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	2	QL (120 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	2	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	2	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	2	QL (30 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	2	QL (120 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	2	QL (90 EA per 30 days)
Central Nervous System, Other		
AQNEURSA ORAL PACKET 1 GM	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 28 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA; QL (56 EA per 28 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	PA; QL (56 EA per 180 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; QL (240 ML per 30 days)
EVRYSDI ORAL TABLET 5 MG	5	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	5	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; QL (28 EA per 180 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	5	PA
NUDEXTA ORAL CAPSULE 20-10 MG	5	PA; QL (60 EA per 30 days)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	5	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	5	PA
<i>riluzole oral tablet 50 mg</i>	2	
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (120 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	ST; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	4	ST; QL (55 EA per 180 days)
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	5	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (14 EA per 28 days)
<i>cladribine (10 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i>	5	PA
<i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i>	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	2	PA; QL (56 EA per 28 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	2	PA; QL (120 EA per 180 days)
<i>fingolimod hcl oral capsule 0.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (12 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (7 EA per 180 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Dental And Oral Agents - Treatment Of Mouth And Gum Disorders

Dental and Oral Agents

<i>cevimeline hcl oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	

Dermatological Agents - Treatment Of Skin Conditions

Acne and Rosacea Agents

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	PA
<i>adapalene external gel 0.3 %</i>	2	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	
<i>amneesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	2	QL (60 GM per 30 days)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	2	QL (100 GM per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
Dermatitis and Pruritus Agents		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	QL (120 ML per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	2	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	2	QL (120 GM per 30 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	2	QL (50 ML per 30 days)
<i>desonide external cream 0.05 %</i>	2	
<i>desonide external lotion 0.05 %</i>	2	
<i>desonide external ointment 0.05 %</i>	2	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	2	
<i>desoximetasone external gel 0.05 %</i>	2	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	2	
<i>doxepin hcl external cream 5 %</i>	2	PA; QL (90 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	4	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	2	QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	2	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	2	QL (60 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	QL (118.28 ML per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	2	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external lotion 0.05 %</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	2	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	2	QL (50 GM per 30 days)
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	2	
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	
HYFTOR EXTERNAL GEL 0.2 %	5	PA
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>pimecrolimus external cream 1 %</i>	2	ST
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	ST
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external cream 0.1 %</i>	2	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	2	
Dermatological Agents, Other		
<i>alcohol pad , 70 %</i>	1	
<i>alcohol sheet , 70 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	QL (120 ML per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol external ointment 3 mcg/gm</i>	2	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	QL (60 ML per 28 days)
<i>fluorouracil external cream 5 %</i>	2	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	2	QL (10 ML per 30 days)
<i>imiquimod external cream 5 %</i>	2	QL (24 EA per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	2	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	QL (60 GM per 28 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA; QL (55 EA per 180 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	5	PA; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	5	PA; QL (41 EA per 180 days)
<i>podofilox external solution 0.5 %</i>	2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	3	QL (180 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	2	QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	2	QL (60 GM per 30 days)
Topical Anti-infectives		
<i>acyclovir external cream 5 %</i>	2	QL (30 GM per 30 days)
<i>acyclovir external ointment 5 %</i>	2	QL (30 GM per 30 days)
<i>ciclopirox external solution 8 %</i>	2	QL (6.6 ML per 28 days)
<i>ciclopirox olamine external cream 0.77 %</i>	2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phos (once-daily) external gel 1 %</i>	2	QL (120 ML per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phos (twice-daily) external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	2	QL (60 EA per 30 days)
<i>ery external pad 2 %</i>	2	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	2	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	2	QL (60 ML per 30 days)
<i>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>	2	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	2	QL (45 GM per 30 days)
<i>metronidazole external gel 1 %</i>	2	QL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	2	QL (59 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	2	QL (44 GM per 30 days)
<i>penciclovir external cream 1 %</i>	2	QL (5 GM per 30 days)

**Electrolytes/Minerals/ Metals/ Vitamins
- Products That Supplement Or Replace
Electrolytes, Minerals, Metals Or
Vitamins**

Electrolyte/ Mineral Replacement

<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
<i>klor-con m10 oral tablet extended release 10 meq</i>	3	
<i>klor-con m15 oral tablet extended release 15 meq</i>	3	
<i>klor-con m20 oral tablet extended release 20 meq</i>	3	
KLOR-CON ORAL PACKET 20 MEQ	3	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	3	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
<i>sodium chloride (pf) injection solution 0.9 %</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
Electrolyte/Mineral/Metal Modifiers		
CUVRIOR ORAL TABLET 300 MG	5	PA
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	2	PA
<i>deferasirox oral tablet soluble 125 mg</i>	2	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA
<i>penicillamine oral tablet 250 mg</i>	5	PA
<i>tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg</i>	5	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5	PA
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	5	PA; QL (56 EA per 28 days)
<i>trientine hcl oral capsule 250 mg</i>	5	PA
Electrolytes/Minerals/Metals/Vitamins		
<i>clinisol sf intravenous solution 15 %</i>	4	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
<i>levocarnitine oral solution 1 gm/10ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	2	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D
<i>plenamine intravenous solution 15 %</i>	4	B/D
PNV 27-CA/FE/FA ORAL TABLET 60-1 MG	2	
<i>prenatal oral tablet 27-1 mg</i>	2	
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	QL (360 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	2	
<i>sevelamer carbonate oral packet 0.8 gm</i>	2	QL (270 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	2	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	2	QL (540 EA per 30 days)
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
<i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	2	
<i>sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml</i>	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	5	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	5	QL (90 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Vitamins		
<i>trinatal rx 1 oral tablet 60-1 mg</i>	2	
Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	2	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
RELISTOR ORAL TABLET 150 MG	4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	5	PA; QL (12 ML per 30 days)
TRULANCE ORAL TABLET 3 MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alose tron hcl oral tablet 0.5 mg</i>	2	QL (60 EA per 30 days)
<i>alose tron hcl oral tablet 1 mg</i>	4	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	PA
<i>loperamide hcl oral capsule 2 mg</i>	2	
XERMELO ORAL TABLET 250 MG	5	PA; QL (84 EA per 28 days)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
Gastrointestinal Agents, Other		
CHENODAL ORAL TABLET 250 MG	5	PA
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	5	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	5	PA
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	4	PA; QL (112 EA per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	4	PA; QL (112 EA per 14 days)
VOWST ORAL CAPSULE	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral tablet 1 gm</i>	1	
Proton Pump Inhibitors		

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)

Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5	PA
<i>betaine oral powder</i>	5	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	5	PA
GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML	4	PA
<i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>	5	PA
<i>l-glutamine oral packet 5 gm</i>	5	PA
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	

Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	2	ST; QL (30 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	2	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	3	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA
<i>tiopronin oral tablet 100 mg</i>	5	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	5	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	5	PA
<i>deflazacort oral suspension 22.75 mg/ml</i>	5	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	5	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	2	

**Hormonal Agents, Stimulant/
Replacement/ Modifying (Pituitary) -
Treatment Of Pituitary Gland
Conditions**

**Hormonal Agents, Stimulant/
Replacement/ Modifying (Pituitary)**

<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	5	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	4	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>methyltestosterone oral capsule 10 mg</i>	5	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	2	PA; QL (180 ML per 30 days)
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 %</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
<i>yuvafem vaginal tablet 10 mcg</i>	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	2	
ABIGALE ORAL TABLET 1-0.5 MG	2	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>apri oral tablet 0.15-30 mg-mcg</i>	2	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	2	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	2	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	2	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	2	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	QL (8 EA per 28 days)
CRYSSELLE ORAL TABLET 0.3-30 MG-MCG	2	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>daysee oral tablet 0.15-0.03 &0.01 mg</i>	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	3	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	2	
<i>emzahh oral tablet 0.35 mg</i>	2	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	2	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	2	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	2	
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	2	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	2	
<i>heather oral tablet 0.35 mg</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>iclevia oral tablet 0.15-0.03 mg</i>	2	
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	2	
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	2	
<i>jasmiel oral tablet 3-0.02 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>jolessa oral tablet 0.15-0.03 mg</i>	2	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	2	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	2	
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	2	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	4	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	4	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	2	
LORYNA ORAL TABLET 3-0.02 MG	2	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	2	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	2	
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	2	
<i>luter a oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyleq oral tablet 0.35 mg</i>	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	2	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	2	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	4	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	2	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>nikki oral tablet 3-0.02 mg</i>	2	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	2	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	2	
<i>setlakin oral tablet 0.15-0.03 mg</i>	2	
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	3	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
SYEDA ORAL TABLET 3-0.03 MG	2	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	2	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	2	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	2	
<i>vestura oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>wera oral tablet 0.5-35 mg-mcg</i>	2	
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	2	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>zumandimine oral tablet 3-0.03 mg</i>	2	
Progestins		
<i>camila oral tablet 0.35 mg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	
<i>errin oral tablet 0.35 mg</i>	2	
<i>incassia oral tablet 0.35 mg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	2	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	PA
MELEYA ORAL TABLET 0.35 MG	2	
<i>nora-be oral tablet 0.35 mg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	2	
ORQUIDEA ORAL TABLET 0.35 MG	2	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>raloxifene hcl oral tablet 60 mg</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	2	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	5	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	2	
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	5	
ORGOVYX ORAL TABLET 120 MG	5	PA; QL (30 EA per 28 days)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	5	PA
ORLISSA ORAL TABLET 150 MG, 200 MG	5	PA
RECORLEV ORAL TABLET 150 MG	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA

**Hormonal Agents, Suppressant
(Thyroid) - Treatment For Overactive
Thyroid**

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents - Medications That Alter The Immune System Including Vaccinations		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; QL (20 EA per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	B/D
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B/D
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	5	B/D

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B/D
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; QL (8 ML per 28 days)
CABLIVI INJECTION KIT 11 MG	5	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	5	PA; QL (30 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (10 ML per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	5	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	5	PA; QL (2 ML per 28 days)
FABHALTA ORAL CAPSULE 200 MG	5	PA; QL (60 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; QL (2 ML per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	5	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
LEQSELVI ORAL TABLET 8 MG	5	PA; QL (60 EA per 30 days)
LITFULO ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA; QL (4 EA per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	5	PA; QL (4.5 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	5	PA; QL (30 EA per 30 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	5	PA; QL (0.75 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	5	PA; QL (1.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	PA; QL (3 ML per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; QL (4 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	5	PA; QL (4 ML per 28 days)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab subcutaneous solution prefilled syringe 90 mg/ml</i>	3	PA; QL (1 ML per 28 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml</i>	3	PA; QL (0.5 ML per 28 days)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 90 mg/ml</i>	3	PA; QL (1 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; QL (30 EA per 30 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	3	PA; QL (104 ML per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	PA; QL (1 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	5	PA; QL (11.648 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; QL (22.68 ML per 28 days)
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; QL (2 ML per 28 days)
Immunosuppressants		
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	3	PA; QL (6 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	3	PA; QL (4 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	3	PA; QL (6 EA per 28 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D
<i>azathioprine oral tablet 50 mg</i>	2	B/D
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; QL (3 EA per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; QL (3 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; QL (3 EA per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg</i>	2	B/D
<i>everolimus oral tablet 0.75 mg, 1 mg</i>	5	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
<i>leflunomide oral tablet 20 mg</i>	2	QL (42 EA per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	2	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	5	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
REZUROCK ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (3 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	3	PA; QL (3 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	PA; QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; QL (6 EA per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
<i>sirolimus oral solution 1 mg/ml</i>	4	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	B/D
<i>tacrolimus intravenous solution 5 mg/ml</i>	5	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	6	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	6	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	6	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	6	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	6	
ENFLONIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML	6	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	6	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	6	B/D
ERVEBO INTRAMUSCULAR SUSPENSION	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	6	B/D

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	6	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	6	
IPOL INJECTION SUSPENSION	6	
IXIARO INTRAMUSCULAR SUSPENSION	6	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	6	
MENVEO INTRAMUSCULAR SOLUTION	6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	6	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	6	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	6	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
QUADRACEL INTRAMUSCULAR SUSPENSION	6	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	6	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	6	B/D
ROTARIX ORAL SUSPENSION	6	
ROTATEQ ORAL SOLUTION	6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	6	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (INJECTION)	6	B/D
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	6	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	6	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	6	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	6	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	6	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	6	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	6	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	6	QL (4 EA per 365 days)
YF-VAX SUBCUTANEOUS INJECTABLE (2.5 ML IN 1 VIAL, MULTI-DOSE)	6	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	2	
<i>mesalamine oral capsule delayed release 400 mg</i>	2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	
<i>mesalamine rectal enema 4 gm</i>	2	
<i>mesalamine rectal suppository 1000 mg</i>	2	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	QL (90 EA per 30 days)
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral solution 5 mg/5ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; QL (2.24 ML per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	2	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	4	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; QL (2.48 ML per 28 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	5	PA
Ophthalmic Agents - Treatment Of Eye Conditions		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	2	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	2	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	ST
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	2	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	2	
Otic Agents - Treatment Of Ear Conditions		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	QL (7.5 ML per 7 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	2	

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	2	
Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 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>	2	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	PA
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	2	
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	B/D; QL (60 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	2	QL (600 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	2	QL (120 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 GM per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	QL (34 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	4	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	2	QL (90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	2	B/D; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

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

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; QL (720 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML	5	PA; QL (300 ML per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	5	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	5	PA
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	5	PA
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	2	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	B/D
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BRINSUPRI ORAL TABLET 10 MG, 25 MG	5	PA; QL (30 EA per 30 days)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	2	QL (60 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	B/D
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; QL (3 EA per 28 days)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	2	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; QL (8 EA per 28 days)
Skeletal Muscle Relaxants - Treatment Of Muscle Tightness		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	2	PA; QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA; QL (90 EA per 30 days)

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Drug Name	Drug Tier	Requirements/Limits
<i>metaxalone oral tablet 800 mg</i>	2	PA; QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA
Sleep Disorder Agents - Treatment Of Insomnia		
Sleep Promoting Agents		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	2	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; QL (158 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	2	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	5	PA; QL (2 ML per 28 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA

Last Updated 01/20/2026

You can find information on what the symbols and abbreviations in this table mean by going to page 11. Medications that are contained within a compound may require prior authorization.

Index

- A**
- abacavir sulfate* 42, 43
abacavir sulfate-lamivudine .. 43
ABIGALE 84
ABIGALE LO 84
ABILIFY ASIMTUFII 36
ABILIFY MAINTENA.... 36, 37
abiraterone acetate 25
ABIRATERONE ACETATE
 MICRONIZED 25
ABIRTEGA 25
ABRYSVO 99
acamprosate calcium 4
acarbose 46
acebutolol hcl 58
acetaminophen-codeine 3
acetazolamide 59
acetazolamide er 107
acetic acid 107
acetylcysteine 112
acitretin 70
ACTEMRA 94
ACTEMRA ACTPEN 94
ACTHIB 100
ACTIMMUNE 97
acyclovir 42, 73
acyclovir sodium 42
ADACEL 100
adalimumab-fkjp (2 pen) 97
adalimumab-fkjp (2 syringe) .. 97
adapalene 70
adapalene-benzoyl peroxide.. 70
adefovir dipivoxil 41
ADEMPAS 111
ADVAIR HFA 112
afirmelle 84
AIMOVIG 23
AKEEGA 26
albendazole 34
albuterol sulfate 109
albuterol sulfate hfa 109
alclometasone dipropionate .. 70
alcohol 72
ALECENSA 28
alendronate sodium 104
alfuzosin hcl er 81
aliskiren fumarate 59
allopurinol 23
alose tron hcl 77
alprazolam 45
alprazolam intensol 45
ALTAVERA 84
ALUNBRIG 28
alyacen 1/35 84
alyacen 7/7/7 84
ALYFTREK 110
amantadine hcl 34
ambrisentan 111
amikacin sulfate 5
amiloride hcl 62
amiloride-hydrochlorothiazide
 59
aminocaproic acid 54
amiodarone hcl 57
amitriptyline hcl 19
amlodipine besy-benazepril hcl
 60
amlodipine besylate 58
amlodipine besylate-valsartan 60
amlodipine-atorvastatin 60
amlodipine-olmesartan 60
amlodipine-valsartan-hctz 60
ammonium lactate 70
amnestem 70
amoxapine 19
amoxicillin 10
amoxicillin-pot clavulanate ... 10
amoxicillin-pot clavulanate er 10
amphetamine-dextroamphet er
 64
amphetamine-
 dextroamphetamine 64
amphotericin b 21
amphotericin b liposome 21
ampicillin 10
ampicillin sodium 10
ampicillin-sulbactam sodium . 10
anagrelide hcl 54
anastrozole 28
ANORO ELLIPTA 112
apomorphine hcl 35
apraclonidine hcl 107
aprepitant 21
apri 84
APTIVUS 44
AQNEURSA 66
ARALAST NP 79
aranelle 84
ARANESP (ALBUMIN FREE)
 54
ARCALYST 94
AREXVY 100
ARIKAYCE 5
aripiprazole 37
ARISTADA 37
ARISTADA INITIO 37
armodafinil 114
ARNUITY ELLIPTA 108
asenapine maleate 37
ashlyna 84
aspirin-dipyridamole er 55
ASTAGRAF XL 97, 98
atazanavir sulfate 44
atenolol 58
atenolol-chlorthalidone 60
atomoxetine hcl 65
atorvastatin calcium 62
atovaquone 34
atovaquone-proguanil hcl 34
atropine sulfate 105
ATROVENT HFA 109
aubra eq 84
AUGTYRO 28
aurovela 1.5/30 84
aurovela 1/20 84
aurovela 24 fe 84
aurovela fe 1.5/30 84
aurovela fe 1/20 84
AUSTEDO 66
AUSTEDO XR 66
AUSTEDO XR PATIENT
 TITRATION 66
AUVELITY 17
aviane 84
AVMAPKI FAKZYNJA CO-
 PACK 26
ayuna 84
AYVAKIT 28
azathioprine 98
azelastine hcl 106, 108
azithromycin 11
aztreonam 6
AZURETTE 84

B	BRILINTA	55	<i>carbamazepine er</i>	16
<i>bac (butalbital-acetamin-caff)</i> ..	<i>brimonidine tartrate</i>	107	<i>carbidopa</i>	35
<i>bacitracin</i>	<i>brimonidine tartrate-timolol</i>	105	<i>carbidopa-levodopa</i>	35
<i>bacitracin-polymyxin b</i>	BRINSUPRI	112	<i>carbidopa-levodopa er</i>	35
<i>baclofen</i>	<i>brinzolamide</i>	107	<i>carbidopa-levodopa-entacapone</i>	35
BAFIERTAM.....	BRIVIACT	13	.....	35
<i>balsalazide disodium</i>	<i>bromfenac sodium</i>	105	<i>carglumic acid</i>	74
BALVERSA.....	<i>bromfenac sodium (once-daily)</i>	105	<i>carisoprodol</i>	113
<i>balziva</i> .....	.....	105	<i>carteolol hcl</i>	106
BAQSIMI ONE PACK	<i>bromocriptine mesylate</i>	35	<i>cartia xt</i>	59
BAQSIMI TWO PACK	BRUKINSA.....	28	<i>carvedilol</i>	58
BARACLUDE	<i>budesonide</i>	103, 108	<i>caspofungin acetate</i>	21
BCG VACCINE.....	<i>budesonide er</i>	103	CAYSTON	110
<i>benazepril hcl</i>	BUDESONIDE-		<i>cefaclor</i>	8
<i>benazepril-hydrochlorothiazide</i>	FORMOTEROL		<i>cefaclor er</i>	8
.....	FUMARATE	112	<i>cefadroxil</i>	8
BENLYSTA.....	<i>bumetanide</i>	62	<i>cefazolin sodium</i>	8
<i>benztropine mesylate</i>	<i>buprenorphine</i>	2	<i>cefazolin sodium-dextrose</i>	8
BERINERT	<i>buprenorphine hcl</i>	4	<i>cefdinir</i>	8
BESREMI.....	<i>buprenorphine hcl-naloxone hcl</i>	4, 5	<i>cefepime hcl</i>	8
<i>betaine</i> .....	.....	4, 5	<i>cefepime-dextrose</i>	8
<i>betamethasone dipropionate</i> .70,	<i>bupropion hcl</i>	18	<i>cefixime</i>	8
71	<i>bupropion hcl er (smoking det)</i>	5	<i>cefotaxime sodium</i>	8
<i>betamethasone dipropionate aug</i>	<i>bupropion hcl er (sr)</i>	17	<i>cefoxitin sodium</i>	9
.....	<i>bupropion hcl er (xl)</i>	18	<i>cefoxitin sodium-dextrose</i>	9
.....	<i>buspironone hcl</i>	45	<i>cefpodoxime proxetil</i>	9
<i>betamethasone valerate</i>	<i>butalbital-acetaminophen</i>	1	<i>cefprozil</i>	9
BETASERON	<i>butalbital-apap-caff-cod</i>	1	<i>ceftazidime</i>	9
<i>betaxolol hcl</i>	<i>butalbital-apap-caffeine</i>	1	<i>ceftriaxone sodium</i>	9
.....	<i>butalbital-asa-caff-codeine</i>	1	<i>ceftriaxone sodium in dextrose</i>	9
BETAXOLOL HCL	<i>butalbital-aspirin-caffeine</i>	1	<i>ceftriaxone sodium-dextrose</i>	9
.....	<i>butorphanol tartrate</i>	3	<i>cefuroxime axetil</i>	9
BETHANECHOL CHLORIDE	C		<i>cefuroxime sodium</i>	9
.....	CABENUVA.....	43	<i>celecoxib</i>	1
BEVESPI AEROSPHERE... ..	<i>cabergoline</i>	91	<i>cephalexin</i>	9
.....	CABLIVI.....	94	CEPROTIN.....	53
BEXSERO.....	CABOMETYX.....	28	CERDELGA.....	79
BEYFORTUS.....	<i>calcipotriene</i>	72	<i>cetirizine hcl</i>	108
<i>bicalutamide</i>	<i>calcitonin (salmon)</i>	104	<i>cevimeline hcl</i>	69
.....	<i>calcitriol</i>	73, 104	<i>charlotte 24 fe</i>	84
BICILLIN L-A	<i>calcium acetate (phos binder)</i>	76	<i>chateal eq</i>	84
.....	CALQUENCE.....	28	CHENODAL	78
BIKTARVY	<i>camila</i>	89	<i>chlorhexidine gluconate</i>	69
<i>bisoprolol fumarate</i>	CAMZYOS	60	<i>chloroquine phosphate</i>	34
.....	<i>candesartan cilexetil</i>	56	<i>chlorpromazine hcl</i>	20
<i>bisoprolol-hydrochlorothiazide</i>	<i>candesartan cilexetil-hctz</i>	60	<i>chlorthalidone</i>	62
.....	CAPLYTA.....	37	<i>chlorzoxazone</i>	113
.....	CAPRELSA.....	28	CHOLBAM	79
<i>blisovi 24 fe</i>	<i>captpril</i>	57	<i>cholestyramine</i>	63
.....	<i>carbamazepine</i>	16	<i>cholestyramine light</i>	63
<i>blisovi fe 1.5/30</i>				
.....				
<i>blisovi fe 1/20</i>				
.....				
BONSITY.....				
BOOSTRIX.....				
<i>bosentan</i>				
.....				
BOSULIF				
.....				
BRAFTOVI.....				
.....				
BREO ELLIPTA				
.....				
BREZTRI AEROSPHERE ..				
.....				
<i>briellyn</i>				

CIBINQO	94	<i>clotrimazole</i>	21	D
<i>ciclopirox</i>	73	<i>clotrimazole-betamethasone</i> ...	73	<i>dabigatran etexilate mesylate</i> ..53
<i>ciclopirox olamine</i>	73	<i>clozapine</i>	40	<i>dalfampridine er</i>
<i>cilostazol</i>	55	COARTEM	34	<i>danazol</i>
CIMDUO.....	43	COBENFY	66	<i>dantrolene sodium</i>
<i>cimetidine</i>	78	COBENFY STARTER PACK		DANZITEN.....
CIMZIA.....	98	.....	66	<i>dapagliflozin propanediol</i>
CIMZIA (1 SYRINGE).....	98	<i>colchicine</i>	23	<i>dapsone</i>
CIMZIA (2 SYRINGE).....	98	<i>colchicine-probenecid</i>	23	DAPTACEL
CIMZIA-STARTER.....	98	<i>colesevelam hcl</i>	63	<i>daptomycin</i>
<i>cinacalcet hcl</i>	104	<i>colestipol hcl</i>	63	<i>darifenacin hydrobromide er</i> ..80
CINRYZE.....	93	<i>colistimethate sodium (cba)</i>	6	<i>darunavir</i>
<i>ciprofloxacin hcl</i>	12, 106	COMBIPATCH.....	85	<i>dasatinib</i>
<i>ciprofloxacin in d5w</i>	12	COMBIVENT RESPIMAT .	112	<i>dasetta 1/35 (28)</i>
<i>ciprofloxacin-dexamethasone</i>		COMETRIQ (100 MG DAILY		<i>dasetta 7/7/7</i>
.....	107	DOSE)	28	DAURISMO.....
<i>citalopram hydrobromide</i>	18	COMETRIQ (140 MG DAILY		<i>daysee</i>
<i>cladribine (10 tabs)</i>	67	DOSE)	28	<i>deblitane</i>
<i>cladribine (4 tabs)</i>	67	COMETRIQ (60 MG DAILY		<i>deferasirox</i>
<i>cladribine (5 tabs)</i>	67	DOSE)	28	<i>deferasirox granules</i>
<i>cladribine (6 tabs)</i>	67	<i>constulose</i>	77	<i>deferiprone</i>
<i>cladribine (7 tabs)</i>	67	COPIKTRA	28	<i>deflazacort</i>
<i>cladribine (8 tabs)</i>	67	CORLANOR.....	60	DELSTRIGO.....
<i>cladribine (9 tabs)</i>	67	CORTROPHIN	81	DEPO-PROVERA.....
<i>claravis</i>	70	CORTROPHIN GEL.....	81	DEPO-SUBQ PROVERA 104
<i>clarithromycin</i>	11	COSENTYX.....	94	.....
<i>clarithromycin er</i>	11	COSENTYX (300 MG DOSE)		DESCOVY
<i>clindamycin hcl</i>	6	.....	94	<i>desipramine hcl</i>
<i>clindamycin palmitate hcl</i>	6	COSENTYX SENSOREADY		<i>desmopressin ace spray refrig</i> 82
<i>clindamycin phos (once-daily)</i> 73		(300 MG).....	94	<i>desmopressin acetate</i>
<i>clindamycin phos (twice-daily)</i>		COSENTYX SENSOREADY		<i>desmopressin acetate spray</i>....82
.....	74	PEN	94	<i>desonide</i>
<i>clindamycin phos-benzoyl perox</i>		COSENTYX UNOREADY ..	94	<i>desoximetasone</i>
.....	70	COTELLIC.....	28	<i>desvenlafaxine succinate er</i>....18
<i>clindamycin phosphate</i>	6, 74	CREON	79	<i>dexamethasone</i>
<i>clindamycin phosphate in d5w</i> .6		CRESEMBA	21	81, 103
<i>clindamycin phosphate in nacl</i> .6		<i>cromolyn sodium</i>	106, 110	<i>dexamethasone intensol</i>
<i>clinisol sf</i>	75	CRYSELLE.....	85	103
<i>clobazam</i>	15	<i>cryselle-28</i>	85	<i>dexamethasone sodium</i>
<i>clobetasol prop emollient base</i>		CRYSVITA.....	94	<i>phosphate</i>
.....	71	CUVRIOR.....	75	103, 106
<i>clobetasol propionate</i>	71	<i>cyclobenzaprine hcl</i>	113	<i>dexmethylphenidate hcl</i>
<i>clobetasol propionate e</i>	71	<i>cyclophosphamide</i>	24	65
<i>clomipramine hcl</i>	20	<i>cyclosporine</i>	98, 105	<i>dexmethylphenidate hcl er</i>
<i>clonazepam</i>	45, 46	<i>cyclosporine modified</i>	98	65
<i>clonidine</i>	56	<i>cyproheptadine hcl</i>	108	<i>dextroamphetamine sulfate</i>
<i>clonidine hcl</i>	56	<i>cyred eq</i>	85	65
<i>clonidine hcl er</i>	65	CYSTAGON	79	<i>dextroamphetamine sulfate er</i> 64,
<i>clopidogrel bisulfate</i>	56	CYSTARAN	105	65
<i>clorazepate dipotassium</i>	46			<i>dextrose</i>
				75
				<i>dextrose-sodium chloride</i>
				76
				DIACOMIT
				13
				<i>diazepam</i>
				15, 46
				<i>diazepam intensol</i>
				46
				<i>diazoxide</i>
				49
				<i>diclofenac epolamine</i>
				1

<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	1, 106
<i>diclofenac sodium er</i>	1
<i>dicloxacillin sodium</i>	10
<i>dicyclomine hcl</i>	78
DIFICID	11
<i>diflunisal</i>	1
<i>difluprednate</i>	106
<i>digoxin</i>	60
<i>dihydroergotamine mesylate</i> ..	23
DILANTIN.....	16
<i>diltiazem hcl</i>	59
<i>diltiazem hcl er</i>	59
<i>diltiazem hcl er beads</i>	59
<i>diltiazem hcl er coated beads</i> ..	59
<i>dilt-xr</i>	59
<i>dimethyl fumarate</i>	68
<i>dimethyl fumarate starter pack</i>	68
<i>diphenoxylate-atropine</i>	77, 78
<i>dipyridamole</i>	56
<i>disopyramide phosphate</i>	57
<i>disulfiram</i>	4
<i>divalproex sodium</i>	13
<i>divalproex sodium er</i>	13
<i>dofetilide</i>	57
<i>donepezil hcl</i>	17
DOPTELET.....	56
DOPTELET SPRINKLE.....	56
<i>dorzolamide hcl</i>	107
<i>dorzolamide hcl-timolol mal</i> ..	105
<i>dorzolamide hcl-timolol mal pf</i>	105
DOVATO	43
<i>doxazosin mesylate</i>	56
<i>doxepin hcl</i>	20, 71, 114
<i>doxercalciferol</i>	104
<i>doxy 100</i>	12
<i>doxycycline hyclate</i>	13
<i>doxycycline monohydrate</i>	13
DRIZALMA SPRINKLE.....	67
<i>dronabinol</i>	21
<i>drospirenone-ethinyl estradiol</i> 85	
DROXIA	26
<i>droxidopa</i>	56
DUAVEE	90
<i>duloxetine hcl</i>	67
DUPIXENT	112
<i>dutasteride</i>	81

E

<i>econazole nitrate</i>	21
EDURANT	42
EDURANT PED	42
<i>efavirenz</i>	42
<i>efavirenz-emtricitab-tenofo df</i> 43	
<i>efavirenz-lamivudine-tenofovir</i>	43
EGRIFTA SV	82
EGRIFTA WR.....	82
ELIGARD	91
<i>elinest</i>	85
ELIQUIS	53
ELIQUIS (1.5 MG PACK).....	53
ELIQUIS (2 MG PACK).....	53
ELIQUIS DVT/PE STARTER PACK	53
ELMIRON.....	81
<i>eltrombopag olamine</i>	54, 55
<i>eluryng</i>	85
EMEND.....	21
EMGALITY	23
EMGALITY (300 MG DOSE)	23
EMSAM	18
<i>emtricitabine</i>	43
<i>emtricitabine-tenofovir df</i>	43
<i>emtricitab-rilpivir-tenofov df</i> ..	43
EMTRIVA.....	43
<i>emzahn</i>	85
<i>enalapril maleate</i>	57
<i>enalapril-hydrochlorothiazide</i> 60	
ENBREL	98
ENBREL MINI	98
ENBREL SURECLICK	98
<i>endocet</i>	3
ENFLONIA.....	100
ENGERIX-B	100
ENILLORING.....	85
<i>enoxaparin sodium</i>	53
<i>enskyce</i>	85
<i>entacapone</i>	35
<i>entecavir</i>	41
ENTRESTO.....	60
ENTYVIO PEN.....	94
<i>enulose</i>	77
ENVARUSUS XR	98
EPIDIOLEX	13
<i>epinephrine</i>	109
<i>eplerenone</i>	62

EPOGEN	55
EQUETRO	46
<i>ergotamine-caffeine</i>	23
ERIVEDGE	29
ERLEADA	25
<i>erlotinib hcl</i>	29
<i>errin</i>	90
<i>ertapenem sodium</i>	11
ERVEBO	100
<i>ery</i>	74
ERYTHROCIN LACTOBIONATE	12
<i>erythromycin</i>	74, 106
<i>erythromycin base</i>	12
<i>erythromycin ethylsuccinate</i> ...12	
ERZOFRI	37
<i>escitalopram oxalate</i>	18
<i>eslicarbazepine acetate</i>	16
<i>esomeprazole magnesium</i>	79
ESTARYLLA.....	85
<i>estradiol</i>	83
<i>estradiol valerate</i>	83
<i>estradiol-norethindrone acet</i> ..85	
<i>eszopiclone</i>	114
<i>ethambutol hcl</i>	24
<i>ethosuximide</i>	14, 15
<i>etodolac</i>	2
<i>etodolac er</i>	2
<i>etonogestrel-ethinyl estradiol</i> ..85	
<i>etravirine</i>	42
EUCRISA	71
EULEXIN.....	25
<i>everolimus</i>	29, 98
EVOTAZ	43
EVRYSDI.....	66
<i>exemestane</i>	28
EXXUA	18
EXXUA TITRATION PACK	18
<i>ezetimibe</i>	63
<i>ezetimibe-simvastatin</i>	63
F	
FABHALTA.....	94
<i>falmina</i>	85
<i>famciclovir</i>	42
<i>famotidine</i>	78
FANAPT.....	37
FANAPT TITRATION PACK A	37
FANAPT TITRATION PACK B	37

FANAPT TITRATION PACK	<i>fluticasone propionate diskus</i>	<i>glatiramer acetate</i>	68
C .....	.....	<i>glatopa</i>	68
FARXIGA .....	..... 108	<i>glimepiride</i>	46
FASENRA.....	<i>fluticasone propionate hfa</i> ... 108,	<i>glipizide</i>	47
FASENRA PEN	109	<i>glipizide er</i>	47
<i>febuxostat</i>	<i>fluticasone-salmeterol</i>	<i>glipizide-metformin hcl</i>	47
<i>felbamate</i> .....	..... 112	<i>glucagon emergency</i>	49
<i>felodipine er</i>	<i>fluvoxamine maleate</i>	<i>glyburide</i>	47
<i>fenofibrate</i> .....	..... 19	<i>glyburide micronized</i>	47
<i>fenofibrate micronized</i>	<i>fondaparinux sodium</i>	<i>glyburide-metformin</i>	47
<i>fenofibric acid</i> .....	..... 54	<i>glycerol phenylbutyrate</i>	79
<i>fentanyl</i>	<i>formoterol fumarate</i>	<i>glycopyrrolate</i>	78
<i>fesoterodine fumarate er</i> .....	..... 109	GLYXAMBI.....	47
FETZIMA.....	<i>fosamprenavir calcium</i>	GOCOVRI.....	35
FETZIMA TITRATION .....	..... 44	GOMEKLI.....	26
FIASP	<i>fosfomycin tromethamine</i>	<i>granisetron hcl</i>	21
FIASP FLEXTOUCH .....	..... 6	<i>griseofulvin microsize</i>	22
FIASP PENFILL	<i>fosinopril sodium</i>	<i>guanfacine hcl</i>	56
<i>fidaxomicin</i> .....	..... 57	<i>guanfacine hcl er</i>	65
FILSPARI.....	<i>fosinopril sodium-hctz</i>	H	
<i>finasteride</i>.....	..... 60	HAEGARDA.....	93
<i>ingolimod hcl</i>	FOTIVDA	<i>hailey 1.5/30</i>	85
FINTEPLA.....	..... 29	<i>hailey 24 fe</i>	85
<i>finzala</i>	FRUZAQLA.....	<i>hailey fe 1.5/30</i>	85
FIRDAPSE.....	..... 29	<i>hailey fe 1/20</i>	85
FIRMAGON.....	FULPHILA.....	<i>halobetasol propionate</i>	72
FIRMAGON (240 MG DOSE)	..... 55	<i>haloette</i>	85
.....	<i>fulvestrant</i>	<i>haloperidol</i>	36
<i>flecainide acetate</i>.....	..... 25	<i>haloperidol decanoate</i>	36
<i>fluconazole</i>	<i>furosemide</i>	<i>haloperidol lactate</i>	36
<i>fluconazole in sodium chloride</i>	<i>fyavolv</i>	HAVRIX.....	100
.....	..... 85	<i>heather</i>	85
<i>flucytosine</i>	FYCOMPA.....	<i>heparin sodium (porcine)</i>	54
<i>fludrocortisone acetate</i>.....	..... 13	<i>heparin sodium (porcine) pf</i> ...54	
<i>flunisolide</i>	FYLNETRA	HEPLISAV-B.....	100
<i>fluocinolone acetonide</i> .....	..... 55	HERNEXEOS	29
<i>fluocinolone acetonide body</i> ... 71	G	HETLIOZ LQ.....	114
<i>fluocinolone acetonide scalp</i> .. 71	<i>gabapentin</i>	HIBERIX.....	101
<i>fluocinonide</i>.....	..... 15	HUMALOG.....	49, 50
<i>fluocinonide emulsified base</i> .. 71	GALAFOLD	HUMALOG JUNIOR	
<i>fluorometholone</i> .....	..... 79	KWIKPEN.....	49
<i>fluorouracil</i>	<i>galantamine hydrobromide</i> 17	HUMALOG KWIKPEN	49
<i>fluoxetine hcl</i>	<i>galantamine hydrobromide er</i> 17	HUMALOG MIX 50/50	
<i>fluphenazine decanoate</i>	GAMMAGARD.....	KWIKPEN.....	49
<i>fluphenazine hcl</i>.....	..... 93	HUMALOG MIX 75/25.....	50
<i>flurbiprofen</i>	GAMMAGARD S/D LESS IGA	HUMALOG MIX 75/25	
<i>flurbiprofen sodium</i> .....	..... 93	KWIKPEN.....	49
<i>fluticasone propionate</i> 71, 72,	GAMMAKED.....	HUMULIN 70/30	50
109	..... 93	HUMULIN 70/30 KWIKPEN	50
	GAMMAPLEX	HUMULIN N	50
	..... 93		
	GAMUNEX-C.....		
	..... 93		
	GARDASIL 9.....		
	..... 100		
	GATTEX.....		
	..... 78		
	<i>gauze</i>		
	..... 49		
	<i>gavilyte-c</i>		
	..... 77		
	<i>gavilyte-g</i>		
	..... 77		
	<i>gavilyte-n with flavor pack</i> 77		
	GAVRETO		
	..... 29		
	<i>gefitinib</i>		
	..... 29		
	<i>gemfibrozil</i>		
	..... 62		
	GEMTESA		
	..... 80		
	<i>generlac</i>		
	..... 77		
	<i>gengraf</i>		
	..... 98		
	GENOTROPIN		
	..... 82		
	GENOTROPIN MINIQUICK		
	..... 82		
	<i>gentamicin in saline</i>		
	..... 6		
	<i>gentamicin sulfate</i> 6, 74, 106		
	GENVOYA		
	..... 43		
	GILOTRIF		
	..... 29		
	GLASSIA		
	..... 79		

HUMULIN N KWIKPEN.....	50	<i>indomethacin er</i>	2	<i>jantoven</i>	54
HUMULIN R.....	50	INFANRIX.....	101	JANUMET.....	47
HUMULIN R U-500		INGREZZA.....	66, 67	JANUMET XR.....	47
(CONCENTRATED).....	50	INLURIYO.....	26	JANUVIA.....	47
HUMULIN R U-500		INLYTA.....	29	JARDIANCE.....	47
KWIKPEN.....	50	INQOVI.....	26	<i>jasmiel</i>	86
<i>hydralazine hcl</i>	63	INREBIC.....	30	JAYPIRCA.....	30
<i>hydrochlorothiazide</i>	62	<i>insulin asp prot & asp flexpen</i>	50	<i>jencycla</i>	86
<i>hydrocodone-acetaminophen</i> ...	3	<i>insulin aspart</i>	50	JENTADUETO.....	47
<i>hydrocodone-ibuprofen</i>	3	<i>insulin aspart flexpen</i>	50	JENTADUETO XR.....	47
<i>hydrocortisone</i>	72, 82, 103	<i>insulin aspart prot & aspart</i> ...	50	<i>jinteli</i>	86
<i>hydrocortisone (perianal)</i>	72	<i>insulin lispro</i>	50	<i>jolessa</i>	86
<i>hydrocortisone butyrate</i>	72	<i>insulin lispro (1 unit dial)</i>	50	JUBBONTI.....	104
<i>hydrocortisone valerate</i>	72	<i>insulin lispro junior kwikpen</i> ..	50	<i>juleber</i>	86
<i>hydrocortisone-acetic acid</i> ...	107	<i>insulin lispro prot & lispro</i>	50	JULUCA.....	43
<i>hydromorphone hcl</i>	3	<i>insulin syringe</i>	51	<i>junel 1.5/30</i>	86
<i>hydromorphone hcl pf</i>	3	INSULIN SYRINGE.....	51	<i>junel 1/20</i>	86
<i>hydroxychloroquine sulfate</i>	34	INTELENCE.....	42	<i>junel fe 1.5/30</i>	86
<i>hydroxyurea</i>	26	INTRALIPID.....	76	<i>junel fe 1/20</i>	86
<i>hydroxyzine hcl</i>	108	INTROVALE.....	86	<i>junel fe 24</i>	86
<i>hydroxyzine pamoate</i>	45	INVEGA HAFYERA.....	38	JUXTAPID.....	63
HYFTOR.....	72	INVEGA SUSTENNA.....	38	JYLAMVO.....	26
I		INVEGA TRINZA.....	38	JYNNEOS.....	101
<i>ibandronate sodium</i>	104	IPOL.....	101	K	
IBRANCE.....	29	<i>ipratropium bromide</i>	109	KALETRA.....	44
IBTROZI.....	29	<i>ipratropium-albuterol</i>	113	<i>kalliga</i>	86
<i>ibu</i>	2	<i>irbesartan</i>	56	KALYDECO.....	110
<i>ibuprofen</i>	2	<i>irbesartan-hydrochlorothiazide</i>	60, 61	<i>kariva</i>	86
<i>icatibant acetate</i>	93	ISENTRESS.....	42	<i>kcl in dextrose-nacl</i>	74
<i>iclevia</i>	86	ISENTRESS HD.....	42	<i>kelnor 1/35</i>	86
ICLUSIG.....	29	ISIBLOOM.....	86	KERENDIA.....	61
<i>icosapent ethyl</i>	63	ISOLYTE-P IN D5W.....	76	KESIMPTA.....	68
IDHIFA.....	26	ISOLYTE-S PH 7.4.....	74	<i>ketoconazole</i>	22
ILARIS.....	95	<i>isoniazid</i>	24	<i>ketorolac tromethamine</i>	2, 106
ILUMYA.....	95	<i>isosorb dinitrate-hydralazine</i> ..	64	KEVZARA.....	95
<i>imatinib mesylate</i>	29	<i>isosorbide dinitrate</i>	64	KINERET.....	95
IMBRUVICA.....	29	<i>isosorbide mononitrate</i>	64	KINRIX.....	101
<i>imipenem-cilastatin</i>	11	<i>isosorbide mononitrate er</i>	64	KISQALI (200 MG DOSE)....	30
<i>imipramine hcl</i>	20	<i>isotretinoin</i>	70	KISQALI (400 MG DOSE)....	30
<i>imipramine pamoate</i>	20	<i>isradipine</i>	59	KISQALI (600 MG DOSE)....	30
<i>imiquimod</i>	73	ITOVEBI.....	30	KISQALI FEMARA (400 MG	
IMKELDI.....	29	<i>itraconazole</i>	22	DOSE).....	26
IMOVAX RABIES.....	101	<i>ivabradine hcl</i>	61	KISQALI FEMARA (600 MG	
IMPAVIDO.....	34	<i>ivermectin</i>	34	DOSE).....	26
IMULDOSA.....	95	IWILFIN.....	26	<i>klayesta</i>	22
<i>incassia</i>	90	IXIARO.....	101	KLOR-CON.....	74
INCRELEX.....	82	J		KLOR-CON 10.....	74
INCRUSE ELLIPTA.....	109	JAIMIESS.....	86	<i>klor-con m10</i>	74
<i>indapamide</i>	62	JAKAFI.....	30	<i>klor-con m15</i>	74
<i>indomethacin</i>	2			<i>klor-con m20</i>	74

KLOXXADO	5	<i>letrozole</i>	28	<i>lopinavir-ritonavir</i>	44
KOMZIFTI	26	<i>leucovorin calcium</i>	33	<i>lorazepam</i>	46
KOSELUGO	30	LEUKERAN	24	<i>lorazepam intensol</i>	46
KRAZATI	26	LEUKINE	55	LORBRENA	30
<i>kurvelo</i>	86	<i>leuprolide acetate</i>	91	LORYNA	87
KYLEENA	86	<i>leuprolide acetate (3 month)</i> ..	91	<i>losartan potassium</i>	56
L		<i>levalbuterol hcl</i>	109	<i>losartan potassium-hctz</i>	61
<i>labetalol hcl</i>	58	<i>levetiracetam</i>	14	<i>lovastatin</i>	63
<i>lacosamide</i>	16	<i>levetiracetam er</i>	14	<i>low-ogestrel</i>	87
<i>lactulose</i>	77	<i>levobunolol hcl</i>	106	<i>loxapine succinate</i>	36
<i>lactulose encephalopathy</i>	77	<i>levocarnitine</i>	76	<i>lo-zumandimine</i>	87
<i>lamivudine</i>	41	<i>levocarnitine sf</i>	76	<i>lubiprostone</i>	77
<i>lamivudine-zidovudine</i>	43	<i>levocetirizine dihydrochloride</i>		LUIZZA 1.5/30	87
<i>lamotrigine</i>	14	.....	108	LUIZZA 1/20	87
<i>lamotrigine er</i>	13	<i>levofloxacin</i>	12	LUMAKRAS	26
<i>lamotrigine starter kit-blue</i>	14	<i>levofloxacin in d5w</i>	12	LUMIGAN	107
<i>lansoprazole</i>	79	<i>levonest</i>	86	LUPKYNIS	98
<i>lanthanum carbonate</i>	76	<i>levonorgest-eth estrad 91-day</i> ..	86	LUPRON DEPOT (1-MONTH)	
LANTUS	51	<i>levonorgestrel-ethinyl estrad</i> ..	86	.....	91
LANTUS SOLOSTAR	51	<i>levonorg-eth estrad triphasic</i> ..	86	LUPRON DEPOT (3-MONTH)	
<i>lapatinib ditosylate</i>	30	<i>levora 0.15/30 (28)</i>	86	.....	92
<i>larin 1.5/30</i>	86	LEVO-T	90	LUPRON DEPOT (4-MONTH)	
<i>larin 1/20</i>	86	<i>levothyroxine sodium</i>	91	.....	92
<i>larin 24 fe</i>	86	LEVOXYL	91	LUPRON DEPOT (6-MONTH)	
<i>larin fe 1.5/30</i>	86	<i>l-glutamine</i>	79	.....	92
<i>larin fe 1/20</i>	86	<i>lidocaine</i>	4	<i>lurasidone hcl</i>	38
<i>latanoprost</i>	107	<i>lidocaine hcl</i>	4	<i>lutura</i>	87
LAZCLUZE	26	<i>lidocaine viscous hcl</i>	4	LUTRATE DEPOT	92
LEDERLE LEUCOVORIN ...	33	<i>lidocaine-prilocaine</i>	4	LYBALVI	38
<i>leflunomide</i>	98	LILETTA (52 MG)	87	<i>lyleq</i>	87
<i>lenalidomide</i>	25	<i>linezolid</i>	6, 7	LYNPARZA	30
LENVIMA (10 MG DAILY		<i>linezolid in sodium chloride</i>	6	LYSODREN	27
DOSE)	30	LINZESS	77	LYTGOBI (12 MG DAILY	
LENVIMA (12 MG DAILY		<i>liothyronine sodium</i>	91	DOSE)	31
DOSE)	30	<i>liraglutide</i>	47	LYTGOBI (16 MG DAILY	
LENVIMA (14 MG DAILY		<i>lisinopril</i>	57	DOSE)	31
DOSE)	30	<i>lisinopril-hydrochlorothiazide</i> ..	61	LYTGOBI (20 MG DAILY	
LENVIMA (18 MG DAILY		LITFULO	95	DOSE)	31
DOSE)	30	<i>lithium</i>	46	<i>lyza</i>	90
LENVIMA (20 MG DAILY		<i>lithium carbonate</i>	46	M	
DOSE)	30	<i>lithium carbonate er</i>	46	<i>magnesium sulfate</i>	74
LENVIMA (24 MG DAILY		LIVMARLI	78	<i>malathion</i>	73
DOSE)	30	LIVTENCITY	41	<i>maraviroc</i>	44
LENVIMA (4 MG DAILY		LODOCO	61	<i>marlissa</i>	87
DOSE)	30	<i>lofexidine hcl</i>	5	MARPLAN	18
LENVIMA (8 MG DAILY		LOJAIMIESS	87	MATULANE	25
DOSE)	30	LOKELMA	76	MAVENCLAD (10 TABS)....	68
LEQEMBI IQLIK	67	<i>lomustine</i>	25	MAVENCLAD (4 TABS).....	68
LEQSELVI	95	LONSURF	26	MAVENCLAD (5 TABS).....	68
<i>lessina</i>	86	<i>loperamide hcl</i>	78	MAVENCLAD (6 TABS).....	68

MAVENCLAD (7 TABS)	68	<i>metolazone</i>	62	<i>nafcillin sodium in dextrose</i>	10
MAVENCLAD (8 TABS)	68	<i>metoprolol succinate er</i>	58	<i>nalbuphine hcl</i>	1
MAVENCLAD (9 TABS)	68	<i>metoprolol tartrate</i>	58	<i>naloxone hcl</i>	5
MAVYRET	41	<i>metoprolol-hydrochlorothiazide</i>		<i>naltrexone hcl</i>	5
MAYZENT	68	.....	61	NAMZARIC.....	17
MAYZENT STARTER PACK		<i>metronidazole</i>	7, 74	<i>naproxen</i>	2
.....	68	<i>metyrosine</i>	61	<i>naproxen dr</i>	2
<i>meclizine hcl</i>	20	<i>mexiletine hcl</i>	57	<i>naproxen sodium</i>	2
<i>meclofenamate sodium</i>	2	<i>mibelas 24 fe</i>	87	<i>naratriptan hcl</i>	23
<i>medroxyprogesterone acetate</i>	90	<i>micafungin sodium</i>	22	NATACYN.....	106
<i>mefloquine hcl</i>	34	<i>micafungin sodium-nacl</i>	22	<i>nateglinide</i>	48
<i>megestrol acetate</i>	90	MICROGESTIN 1.5/30.....	87	NAYZILAM.....	15
MEKINIST.....	31	<i>microgestin 1/20</i>	87	<i>nebivolol hcl</i>	58
MEKTOVI	31	MICROGESTIN FE 1.5/30....	87	NECON 0.5/35 (28).....	87
MELEYA	90	MICROGESTIN FE 1/20.....	87	<i>nefazodone hcl</i>	19
<i>meloxicam</i>	2	<i>midodrine hcl</i>	56	<i>neomycin sulfate</i>	6
<i>memantine hcl</i>	17	<i>mifepristone</i>	49	<i>neomycin-polymyxin-dexameth</i>	
<i>memantine hcl er</i>	17	<i>miglustat</i>	79	.....	105
<i>memantine hcl-donepezil hcl er</i>		<i>mili</i>	87	<i>neomycin-polymyxin-gramicidin</i>	
.....	17	<i>mimvey</i>	87	.....	105
MENQUADFI.....	101	<i>minocycline hcl</i>	13	<i>neomycin-polymyxin-hc</i> 107, 108	
MENVEO.....	101	<i>minoxidil</i>	64	NERLYNX	31
<i>mercaptapurine</i>	26	MIRENA (52 MG)	87	NEULASTA.....	55
<i>meropenem</i>	11	<i>mirtazapine</i>	18	NEULASTA ONPRO	55
<i>mesalamine</i>	103	<i>misoprostol</i>	78	NEUPRO	35
<i>mesalamine er</i>	103	M-M-R II.....	101	<i>nevirapine</i>	42
<i>mesna</i>	33	<i>modafinil</i>	114	<i>nevirapine er</i>	42
<i>metaxalone</i>	114	MODEYSO	27	NEXLETOL	61
<i>metformin hcl</i>	48	<i>moexipril hcl</i>	57	NEXLIZET.....	61
<i>metformin hcl er</i>	48	<i>molindone hcl</i>	36	NEXPLANON.....	87
<i>methadone hcl</i>	3	<i>mometasone furoate</i>	72, 109	NGENLA.....	82
<i>methazolamide</i>	107	<i>mono-lynyah</i>	87	<i>niacin er (antihyperlipidemic)</i>	63
<i>methenamine hippurate</i>	7	<i>montelukast sodium</i>	113	NICOTROL NS.....	5
<i>methimazole</i>	93	<i>morphine sulfate</i>	3	<i>nifedipine</i>	59
<i>methocarbamol</i>	114	<i>morphine sulfate (concentrate)</i>	3	<i>nifedipine er</i>	59
<i>methotrexate sodium</i>	98	<i>morphine sulfate er</i>	3	<i>nifedipine er osmotic release</i> ..	59
<i>methotrexate sodium (pf)</i>	98	MOVANTIK	77	<i>nikki</i>	87
<i>methoxsalen rapid</i>	73	<i>moxifloxacin hcl</i>	12, 106	<i>nilotinib d-tartrate</i>	31
<i>methsuximide</i>	15	<i>moxifloxacin hcl in nacl</i>	12	<i>nilotinib hcl</i>	31
<i>methylphenidate hcl</i>	66	MRESVIA	101	<i>nilutamide</i>	25
<i>methylphenidate hcl er</i>	65, 66	MULTAQ.....	57	<i>nimodipine</i>	59
<i>methylphenidate hcl er (cd)</i>	65	<i>mupirocin</i>	74	NINLARO	27
<i>methylphenidate hcl er (la)</i>	65	<i>mycophenolate mofetil</i>	99	<i>nitazoxanide</i>	34
<i>methylphenidate hcl er (osm)</i> .	65	<i>mycophenolate sodium</i>	99	<i>nitisinone</i>	79
<i>methylphenidate hcl er (xr)</i>	65	MYFEMBREE	92	NITRO-BID.....	64
<i>methylprednisolone</i>	82	MYRBETRIQ	80	NITRO-DUR	64
<i>methylprednisolone acetate</i> ..	103	N		<i>nitrofurantoin macrocrystal</i>	7
<i>methyltestosterone</i>	83	<i>nabumetone</i>	2	<i>nitrofurantoin monohyd macro</i> ..	7
<i>metoclopramide hcl</i>	20	<i>nadolol</i>	58	<i>nitroglycerin</i>	64
		<i>nafcillin sodium</i>	10	<i>nora-be</i>	90

<i>norelgestromin-eth estradiol</i> ..87	<i>nylia 1/35</i>.....88	ORENCIA CLICKJECT .....95
<i>norethin ace-eth estrad-fe</i> .....87	<i>nylia 7/7/7</i>.....88	ORFADIN .....79
<i>norethindrone</i>.....90	<i>nystatin</i> .....22	ORGOVYX .....92
<i>norethindrone acetate</i> .....90	<i>nystatin-triamcinolone</i>.....73	ORIAHNN.....92
<i>norethindrone acet-ethinyl est</i> 88	<i>nystop</i>.....22	ORILISSA .....92
<i>norethindrone-eth estradiol</i>....88	O	ORKAMBI .....110
<i>norgestimate-eth estradiol</i>.....88	OCREVUS .....69	ORLADEYO .....93
<i>norgestim-eth estrad triphasic</i> 88	OCTAGAM.....93	ORQUIDEA .....90
NORPACE CR.....58	<i>octreotide acetate</i> .....92	ORSERDU .....27
<i>nortrel 0.5/35 (28)</i> .....88	ODEFSEY .....44	<i>oseltamivir phosphate</i>.....45
<i>nortrel 1/35 (21)</i> .....88	ODOMZO .....31	OSENVELT .....104
<i>nortrel 1/35 (28)</i> .....88	OFEV.....111	OTEZLA.....73
<i>nortrel 7/7/7</i>.....88	<i>ofloxacin</i> .....12, 106, 108	OTEZLA XR.....73
<i>nortriptyline hcl</i>.....20	OGSIVEO .....31	OTEZLA/OTEZLA XR
NORVIR.....44	OJEMDA.....31	INITIATION PK .....73
NOVOLIN 70/30.....51	OJJAARA.....27	<i>oxacillin sodium</i>.....11
NOVOLIN 70/30 FLEXPEN.51	<i>olanzapine</i> .....39	<i>oxacillin sodium in dextrose</i> ...10
NOVOLIN 70/30 FLEXPEN	<i>olmesartan medoxomil</i> ....56, 57	<i>oxcarbazepine</i>.....16
RELION .....51	<i>olmesartan medoxomil-hctz</i>....61	<i>oxcarbazepine er</i> .....16
NOVOLIN 70/30 RELION....51	<i>olmesartan-amlodipine-hctz</i> ...61	OXERVATE.....105
NOVOLIN N.....51	<i>omega-3-acid ethyl esters</i>.....63	<i>oxybutynin chloride</i> .....80
NOVOLIN N FLEXPEN .....51	<i>omeprazole</i> .....79	<i>oxybutynin chloride er</i>.....80
NOVOLIN N FLEXPEN	OMNIPOD 5 DEXG7G6	<i>oxycodone hcl</i> .....4
RELION .....51	INTRO GEN 5.....52	<i>oxycodone-acetaminophen</i> .....4
NOVOLIN N RELION .....51	OMNIPOD 5 DEXG7G6 PODS	OXYCONTIN .....3
NOVOLIN R.....51	GEN 5.....52	OZEMPIC (0.25 OR 0.5
NOVOLIN R FLEXPEN .....51	OMNIPOD 5 G7 INTRO (GEN	MG/DOSE).....48
NOVOLIN R FLEXPEN	5).....52	OZEMPIC (1 MG/DOSE).....48
RELION .....51	OMNIPOD 5 G7 PODS (GEN	OZEMPIC (2 MG/DOSE).....48
NOVOLIN R RELION .....52	5).....52	P
NOVOLOG .....52	OMNIPOD 5 LIBRE2 G6	<i>paliperidone er</i> .....39
NOVOLOG 70/30 FLEXPEN	INTRO GEN5.....52	PANRETIN .....33
RELION .....52	OMNIPOD 5 LIBRE2 PLUS	<i>pantoprazole sodium</i> .....79
NOVOLOG FLEXPEN.....52	G6 PODS.....52	<i>paricalcitol</i> .....104
NOVOLOG FLEXPEN	OMNIPOD DASH INTRO	<i>paroxetine hcl</i> .....19
RELION .....52	(GEN 4).....52	<i>paroxetine hcl er</i>.....19
NOVOLOG MIX 70/30 .....52	OMNIPOD DASH PDM (GEN	<i>paxlovid (150/100)</i>.....45
NOVOLOG MIX 70/30	4).....52	<i>paxlovid (300/100 & 150/100)</i> 45
FLEXPEN .....52	OMNIPOD DASH PODS (GEN	<i>paxlovid (300/100)</i>.....45
NOVOLOG MIX 70/30	4).....52	<i>pazopanib hcl</i>.....31
RELION .....52	OMNIPOD GO.....52	PEDIARIX .....101
NOVOLOG PENFILL .....52	OMNITROPE.....82, 83	PEDVAX HIB .....101
NOVOLOG RELION .....52	<i>ondansetron</i> .....21	<i>peg 3350-kcl-na bicarb-nacl</i> ..77
NUBEQA .....25	<i>ondansetron hcl</i> .....21	<i>peg-3350/electrolytes</i> .....77
NUCALA .....113	ONGENTYS .....35	PEGASYS .....97
NUDEXTA .....67	ONUREG .....26	PEMAZYRE.....31
NUPLAZID.....39	OPIPZA.....39	<i>pen needles</i> .....53
NURTEC.....23	OPSUMIT .....111	PENBRAYA.....101
NUTRILIPID .....76	OPVEE .....5	<i>penciclovir</i> .....74
<i>nyamyc</i>.....22	ORENCIA .....95	<i>penicillamine</i> .....75

<i>penicillin g pot in dextrose</i>	11	<i>portia-28</i>	88	<i>protriptyline hcl</i>	20
<i>penicillin g sodium</i>	11	<i>posaconazole</i>	22	PULMOZYME	110
<i>penicillin v potassium</i>	11	<i>potassium chloride</i>	75	<i>pyrazinamide</i>	24
PENMENVY	101	<i>potassium chloride crys er</i>	75	<i>pyridostigmine bromide</i>	24
PENTACEL	101	<i>potassium chloride er</i>	75	<i>pyridostigmine bromide er</i>	24
<i>pentamidine isethionate</i>	34	<i>potassium citrate er</i>	75	<i>pyrimethamine</i>	34
<i>pentazocine-naloxone hcl</i>	4	<i>pramipexole dihydrochloride</i> .35		PYRUKYND	55
<i>pentoxifylline er</i>	61	<i>pramipexole dihydrochloride er</i>	35	PYRUKYND TAPER PACK.55	
<i>perampanel</i>	14	.....	35	Q	
<i>perindopril erbumine</i>	57	<i>prasugrel hcl</i>	56	QINLOCK	31
<i>permethrin</i>	73	<i>pravastatin sodium</i>	63	QUADRACEL	101, 102
<i>perphenazine</i>	20	<i>praziquantel</i>	34	<i>quetiapine fumarate</i>	39
PERSERIS	39	<i>prazosin hcl</i>	56	<i>quetiapine fumarate er</i>	39
<i>phenelzine sulfate</i>	18	<i>prednisolone</i>	82	<i>quinapril hcl</i>	57
<i>phenobarbital</i>	15	<i>prednisolone acetate</i>	106	<i>quinapril-hydrochlorothiazide</i> 61	
<i>phenoxybenzamine hcl</i>	56	<i>prednisolone sodium phosphate</i>		<i>quinidine gluconate er</i>	58
PHENYTEK	16	.....	82, 103, 106	<i>quinidine sulfate</i>	58
<i>phenytoin</i>	16	<i>prednisone</i>	104	<i>quinine sulfate</i>	34
<i>phenytoin infatabs</i>	16	<i>prednisone intensol</i>	103	QULIPTA	23
<i>phenytoin sodium extended</i>	16	<i>pregabalin</i>	15	QVAR REDIHALER	109
<i>philith</i>	88	PREMARIN	84	R	
PIFELTRO	42	PREMPHASE	88	RABAVERT	102
<i>pilocarpine hcl</i>	69, 107	PREMPRO	88	RADICAVA ORS	67
<i>pimecrolimus</i>	72	<i>prenatal</i>	76	RADICAVA ORS STARTER	
<i>pimozide</i>	36	PRETOMANID	24	KIT	67
<i>pimtreea</i>	88	<i>prevalite</i>	63	RALDESY	19
<i>pindolol</i>	58	PREVYMIS	41	<i>raloxifene hcl</i>	90
<i>pioglitazone hcl</i>	48	PREZCOBIX	44	<i>ramelteon</i>	114
<i>pioglitazone hcl-metformin hcl</i>		PREZISTA	45	<i>ramipril</i>	57
.....	48	PRIFTIN	24	<i>ranolazine er</i>	61
<i>piperacillin sod-tazobactam so</i>		<i>primaquine phosphate</i>	34	<i>rasagiline mesylate</i>	36
.....	11	PRIMAXIN IV	7	REBIF	69
<i>piperacillin-tazobactam-nacl</i> .11		<i>primidone</i>	15	REBIF REBIDOSE	69
PIQRAY (200 MG DAILY		PRIORIX	101	REBIF REBIDOSE	
DOSE)	31	PRIVIGEN	94	TITRATION PACK	69
PIQRAY (250 MG DAILY		<i>probenecid</i>	23	REBIF TITRATION PACK..	69
DOSE)	31	<i>prochlorperazine</i>	20	<i>reclipsen</i>	88
PIQRAY (300 MG DAILY		<i>prochlorperazine maleate</i>	20	RECOMBIVAX HB	102
DOSE)	31	PROCRT	55	RECORLEV	92
<i>pirfenidone</i>	111	<i>progesterone</i>	90	RELENZA DISKHALER	45
<i>piroxicam</i>	2	PROGRAF	99	RELISTOR	77
PNV 27-CA/FE/FA	76	PROLASTIN-C	79	<i>repaglinide</i>	48
<i>podofilox</i>	73	<i>promethazine hcl</i>	20, 108	REPATHA	63
<i>polymyxin b sulfate</i>	7	<i>promethazine-phenylephrine</i> 113		REPATHA SURECLICK	63
<i>polymyxin b-trimethoprim</i>	106	<i>promethegan</i>	20	RETACRIT	55
POMALYST	25	<i>propafenone hcl</i>	58	RETEVMO	31
PONVORY	69	<i>propranolol hcl</i>	58	REVCovi	80
PONVORY STARTER PACK		<i>propranolol hcl er</i>	58	REVLIMID	25
.....	69	<i>propylthiouracil</i>	93	REVUFORJ	27
		PROQUAD	101	REXTOVY	5

REXULTI.....	39	SEROSTIM	83	STOBOCLO	104
REYATAZ	45	<i>sertraline hcl</i>	19	<i>streptomycin sulfate</i>	6
REZDIFFRA	91	<i>setlakin</i>	88	STRIBILD	44
REZLIDHIA.....	27	<i>sevelamer carbonate</i>	76	SUCRAID.....	80
REZUROCK	99	<i>sharobel</i>	90	<i>sucrafate</i>	78
RHOPRESSA.....	107	SHINGRIX.....	102	<i>sulfacetamide sodium</i>	106
<i>ribavirin</i>	41	SIGNIFOR.....	92	<i>sulfacetamide sodium (acne)</i> ..	12
<i>rifabutin</i>	24	SIKLOS	26	<i>sulfacetamide-prednisolone</i> ..	105
<i>rifampin</i>	24	<i>sildenafil citrate</i>	111	<i>sulfadiazine</i>	12
<i>riluzole</i>	67	SILIQ.....	95	<i>sulfamethoxazole-trimethoprim</i>	
<i>rimantadine hcl</i>	45	<i>silver sulfadiazine</i>	73	.....	7, 12
<i>risedronate sodium</i>	104	SIMBRINZA	107	<i>sulfasalazine</i>	103
<i>risperidone</i>	39	SIMLANDI (1 PEN)	99	<i>sulindac</i>	2
RISPERIDONE		SIMLANDI (1 SYRINGE) ...	99	<i>sumatriptan</i>	23
MICROSPHERES ER	39	SIMLANDI (2 PEN)	99	<i>sumatriptan succinate</i>	24
<i>ritonavir</i>	45	SIMLANDI (2 SYRINGE) ...	99	<i>sunitinib malate</i>	32
<i>rivastigmine</i>	17	<i>simliya</i>	88	SUNLENCA.....	44
<i>rivastigmine tartrate</i>	17	<i>simpesse</i>	88	SYEDA.....	88
<i>rizatriptan benzoate</i>	23	SIMPONI.....	99	SYMDEKO	110
ROCKLATAN	107	<i>simvastatin</i>	63	SYMLINPEN 120	48
<i>roflumilast</i>	111	<i>sirolimus</i>	99	SYMLINPEN 60	48
ROMVIMZA.....	27	SIRTURO	24	SYMPAZAN	15
<i>ropinirole hcl</i>	35	SKYLA.....	88	SYMTUZA.....	44
<i>ropinirole hcl er</i>	35	SKYTROFA.....	83	SYNAREL.....	92
<i>rosuvastatin calcium</i>	63	<i>sodium chloride</i>	73, 75	SYNJARDY	48
ROTARIX	102	<i>sodium chloride (pf)</i>	75	SYNJARDY XR.....	48
ROTATEQ	102	<i>sodium fluoride</i>	75	SYNTHROID.....	91
ROWEEPRA.....	14	<i>sodium oxybate</i>	114	T	
ROZLYTREK	31, 32	<i>sodium phenylbutyrate</i>	80	TABLOID.....	26
RUBRACA.....	32	<i>sodium polystyrene sulfonate</i> .	76	TABRECTA.....	32
<i>rufinamide</i>	16	<i>sofosbuvir-velpatasvir</i>	41	<i>tacrolimus</i>	72, 99
RUKOBIA.....	44	<i>solifenacin succinate</i>	80	<i>tadalafil</i>	81
RYBELSUS	48	SOLQUA	53	<i>tadalafil (pah)</i>	111
RYDAPT	32	SOLTAMOX.....	25	TADLIQ	111
RYKINDO	40	SOMAVERT	92	TAFINLAR	32
RYLAZE	27	<i>sorafenib tosylate</i>	32	TAGRISO.....	32
S		<i>sotalol hcl</i>	58	TALTZ	96
SANTYL	73	<i>sotalol hcl (af)</i>	58	TALZENNA.....	32
<i>sapropterin dihydrochloride</i> ..	80	SOTYKTU	95	<i>tamoxifen citrate</i>	25
SAVELLA.....	67	SPIRIVA RESPIMAT.....	109	<i>tamsulosin hcl</i>	81
SAVELLA TITRATION PACK		<i>spironolactone</i>	62	<i>tarina 24 fe</i>	88
.....	67	<i>spironolactone-hctz</i>	61	<i>tarina fe 1/20 eq</i>	88
SCSEMBLIX.....	32	<i>sprintec 28</i>	88	TARPEYO.....	92
<i>scopolamine</i>	21	SPRITAM.....	14	TASCENSO ODT	69
SECUADO	40	<i>sps (sodium polystyrene sulf)</i> .	76	<i>tasimelteon</i>	114
SELARSDI.....	95	<i>sronyx</i>	88	TAVNEOS	55
<i>selegiline hcl</i>	36	STELARA.....	95, 96	<i>tazarotene</i>	70
<i>selenium sulfide</i>	72	STEQEYMA	96	TAZICEF.....	9
SELZENTRY	44	STIOLTO RESPIMAT	113	TAZVERIK	32
SEREVENT DISKUS	110	STIVARGA.....	32	TEFLARO	9

<i>telmisartan</i>	57	<i>tramadol hcl</i>	4	<i>turqoz</i>	89
<i>telmisartan-hctz</i>	61	<i>tramadol-acetaminophen</i>	4	TWINRIX.....	102
<i>temazepam</i>	114	<i>trandolapril</i>	57	TYBOST.....	44
TENIVAC	102	<i>tranexamic acid</i>	55	TYMLOS.....	105
<i>tenofovir disoproxil fumarate</i>	41	<i>tranylcypromine sulfate</i>	18	TYPHIM VI.....	102
TEPEZZA.....	105	<i>travoprost (bak free)</i>	107	TYVASO DPI	
TEPMETKO.....	32	<i>trazodone hcl</i>	19	MAINTENANCE KIT	111
<i>terazosin hcl</i>	56	TRELEGY ELLIPTA.....	113	TYVASO DPI TITRATION	
<i>terbinafine hcl</i>	22	TRELSTAR MIXJECT	92	KIT	111
<i>terbutaline sulfate</i>	110	TREMFYA	96	U	
<i>terconazole</i>	22	TREMFYA ONE-PRESS	96	UBRELVY	23
<i>teriflunomide</i>	69	TREMFYA PEN	96	UNITHROID	91
TERIPARATIDE	104	TREMFYA-CD/UC		UPTRAVI.....	111
<i>testosterone</i>	83	INDUCTION.....	96	UPTRAVI TITRATION	111
<i>testosterone cypionate</i>	83	<i>tretinoin</i>	33, 70	<i>ursodiol</i>	78
<i>testosterone enanthate</i>	83	<i>triamcinolone acetonide</i>	69, 72	<i>ustekinumab</i>	96
<i>tetrabenazine</i>	67	<i>triamcinolone in absorbase</i>	72	<i>ustekinumab-aekn</i>	97
<i>tetracycline hcl</i>	13	<i>triamterene-hctz</i>	61	UZEDY.....	40
THALOMID.....	25	<i>trientine hcl</i>	75	V	
<i>theophylline</i>	111	TRI-ESTARYLLA	88	<i>valacyclovir hcl</i>	42
<i>theophylline er</i>	111	<i>trifluoperazine hcl</i>	36	VALCHLOR	25
<i>thioridazine hcl</i>	36	<i>trifluridine</i>	42	<i>valganciclovir hcl</i>	41
<i>thiothixene</i>	36	<i>trihexyphenidyl hcl</i>	34	<i>valproic acid</i>	14
<i>tiagabine hcl</i>	15	TRIJARDY XR	48, 49	<i>valsartan</i>	57
TIBSOVO.....	27	TRIKAFTA	110	<i>valsartan-hydrochlorothiazide</i>	
<i>ticagrelor</i>	56	<i>tri-legest fe</i>	89	.....	61
TICOVAC	102	<i>tri-linyah</i>	89	VALTOCO 10 MG DOSE	15
<i>tigecycline</i>	7	TRI-LO-ESTARYLLA	89	VALTOCO 15 MG DOSE	15
TILIA FE.....	88	<i>tri-lo-marzia</i>	89	VALTOCO 20 MG DOSE	15
<i>timolol maleate</i>	58, 107	<i>tri-lo-mili</i>	89	VALTOCO 5 MG DOSE	15
<i>tinidazole</i>	7	<i>tri-lo-sprintec</i>	89	<i>vancomycin hcl</i>	7
<i>tiopronin</i>	81	<i>trimethobenzamide hcl</i>	21	<i>vancomycin hcl in dextrose</i>	7
<i>tiotropium bromide</i>	109	<i>trimethoprim</i>	7	<i>vancomycin hcl in nacl</i>	7
TIVICAY	42	<i>tri-mili</i>	89	VANFLYTA.....	32
TIVICAY PD	42	<i>trimipramine maleate</i>	20	VAQTA	102
<i>tizanidine hcl</i>	41	<i>trinatal rx 1</i>	77	<i>varenicline tartrate</i>	5
TOBI PODHALER	110	TRINTELLIX.....	19	<i>varenicline tartrate (starter)</i>	5
<i>tobramycin</i>	106, 110	<i>tri-sprintec</i>	89	<i>varenicline tartrate(continue)</i> ..	5
<i>tobramycin sulfate</i>	6	TRIUMEQ.....	44	VARIVAX.....	102
<i>tobramycin-dexamethasone</i> ..	105	TRIUMEQ PD.....	44	VAXCHORA	102
<i>tolterodine tartrate</i>	81	<i>tri-vylibra</i>	89	<i>velivet</i>	89
<i>tolterodine tartrate er</i>	81	<i>tri-vylibra lo</i>	89	VELTASSA.....	76
<i>tolvaptan</i>	75	<i>trospium chloride</i>	81	VEMLIDY	41
<i>tolvaptan (hyponatremia)</i>	75	<i>trospium chloride er</i>	81	VENCLEXTA	32
<i>topiramate</i>	14	TRULANCE.....	77	VENCLEXTA STARTING	
<i>toremifene citrate</i>	25	TRUMENBA.....	102	PACK	32
<i>toremide</i>	62	TRUQAP.....	32	<i>venlafaxine hcl</i>	19
TOUJEO MAX SOLOSTAR.....	53	TRUVADA	43	<i>venlafaxine hcl er</i>	19
TOUJEO SOLOSTAR.....	53	TUKYSA.....	32	VENTOLIN HFA.....	110
TRADJENTA.....	48	TURALIO	32	VEOZAH.....	67

<i>verapamil hcl</i>	59	<i>wymzya fe</i>	89	Y	
<i>verapamil hcl er</i>	59	WYOST.....	105	YESINTEK.....	97
VERQUVO	61	X		YF-VAX.....	103
VERSACLOZ	40	XALKORI.....	33	YONSA	25
VERZENIO.....	32	XARELTO	54	YORVIPATH.....	105
<i>vestura</i>	89	XARELTO STARTER PACK		YUTREPIA	111
V-GO 20.....	53	.....	54	<i>yuvafem</i>	84
V-GO 30.....	53	XATMEP.....	27	Z	
V-GO 40.....	53	XCOPRI	14	<i>zafemy</i>	89
<i>vienna</i>	89	XCOPRI (250 MG DAILY		<i>zaleplon</i>	114
<i>vigabatrin</i>	15	DOSE)	14	ZARXIO	55
VIGAFYDE	16	XCOPRI (350 MG DAILY		ZAVZPRET.....	23
VIJOICE.....	32, 33	DOSE)	14	ZEJULA	33
<i>vilazodone hcl</i>	19	XDEMVY	105	ZELBORAF	33
VIMKUNYA.....	103	XELJANZ	97	ZEMAIRA	80
<i>viorele</i>	89	XELJANZ XR.....	97	<i>zenatane</i>	70
VIRACEPT	45	XERMELO.....	78	ZENPEP	80
VIREAD.....	41	XHANCE	109	ZEPBOUND.....	114
VITRAKVI.....	33	XIAFLEX.....	80	ZEPOSIA.....	69
VIVITROL.....	4	XIFAXAN.....	78	ZEPOSIA 7-DAY STARTER	
VIVOTIF.....	103	XIGDUO XR.....	49	PACK	69
VIZIMPRO.....	33	XOLAIR.....	113	ZEPOSIA STARTER KIT	69
VOLNEA	89	XOLREMDI.....	55	<i>zidovudine</i>	43
VONJO.....	33	XOSPATA.....	33	ZILBRYSQ.....	97
VOQUEZNA.....	78	XPOVIO (100 MG ONCE		<i>ziprasidone hcl</i>	40
VOQUEZNA DUAL PAK....	78	WEEKLY).....	27	<i>ziprasidone mesylate</i>	40
VOQUEZNA TRIPLE PAK ..	78	XPOVIO (40 MG ONCE		ZITHROMAX	12
VORANIGO.....	27	WEEKLY).....	27	ZOLINZA.....	27
<i>voriconazole</i>	22	XPOVIO (40 MG TWICE		<i>zolmitriptan</i>	24
VOSEVI	41	WEEKLY).....	27	<i>zolpidem tartrate</i>	114
VOWST.....	78	XPOVIO (60 MG ONCE		<i>zolpidem tartrate er</i>	114
VRAYLAR.....	40	WEEKLY).....	27	ZONISADE	17
<i>vyfemla</i>	89	XPOVIO (60 MG TWICE		<i>zonisamide</i>	17
<i>vylibra</i>	89	WEEKLY).....	27	ZOSYN.....	8
VYNDAMAX	61	XPOVIO (80 MG ONCE		<i>zovia 1/35 (28)</i>	89
W		WEEKLY).....	27	ZTALMY	16
<i>warfarin sodium</i>	54	XPOVIO (80 MG TWICE		ZTLIDO.....	4
WEGOVI	62	WEEKLY).....	27	<i>zumandimine</i>	89
WELIREG.....	27	XROMI.....	26	ZURNAI.....	5
<i>wera</i>	89	XTANDI.....	25	ZURZUVAE.....	18
WINREVAIR.....	111	<i>xulane</i>	89	ZYDELIG.....	33
<i>wixela inhub</i>	113	XYWAV.....	114	ZYKADIA.....	33

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Antidote Therapeutics		
Antidote Therapeutics		
<i>ft naloxone hcl</i>	T2	PA
<i>gnp naloxone hcl</i>	T2	PA
<i>naloxone hcl nasal</i>	T2	PA
NARCAN	T1	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	T3	
<i>phytonadione oral</i>	T3	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	T3	
Antihistamine Drugs		
Ethanolamine Derivatives		
<i>acetaminophen pm</i>	T3	
<i>allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>allergy relief oral tablet 25 mg</i>	T3	
<i>allergy relief oral tablet chewable</i>	T3	
BANOPHEN ORAL CAPSULE 25 MG	T3	QL (360 EA per 30 days)
BANOPHEN ORAL CAPSULE 50 MG	T3	QL (180 EA per 30 days)
BANOPHEN ORAL TABLET	T3	
<i>diphenhydramine hcl childrens</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>diphenhydramine hcl oral capsule 50 mg</i>	T3	QL (180 EA per 30 days)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	T3	
<i>ft allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>ft allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>ft allergy relief oral tablet 25 mg</i>	T3	
<i>ft allergy relief oral tablet chewable</i>	T3	
<i>ft nighttime sleep aid</i>	T3	QL (360 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits

AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>ft pain reliever pm extra str</i>	T3	
<i>ft sleep aid (doxylamine)</i>	T3	
<i>ft sleep-aid maximum strength</i>	T3	
<i>gnp allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy oral tablet 25 mg</i>	T3	
<i>gnp allergy relief max st</i>	T3	QL (3600 ML per 30 days)
<i>gnp allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy relief oral tablet 25 mg</i>	T3	
<i>gnp allergy relief oral tablet chewable</i>	T3	
<i>gnp childrens allergy</i>	T3	QL (3600 ML per 30 days)
<i>gnp nighttime sleep-aid max st</i>	T3	
<i>gnp pain relief es night time</i>	T3	
<i>gnp pain relief pm ex st oral tablet 25-500 mg</i>	T3	
<i>gnp sleep aid</i>	T3	
<i>gnp sleep aid nighttime</i>	T3	QL (360 EA per 30 days)
<i>goodsense pain relief pm ex st oral tablet 25-500 mg</i>	T3	
<i>goodsense sleeptime</i>	T3	
<i>liquid allergy relief</i>	T3	QL (3600 ML per 30 days)
<i>m-dryl</i>	T3	QL (3600 ML per 30 days)
<i>nighttime sleep aid oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral tablet 25 mg</i>	T3	
<i>qc rest simply</i>	T3	QL (360 EA per 30 days)
<i>siladryl allergy</i>	T3	QL (3600 ML per 30 days)
<i>sleep aid (diphenhydramine)</i>	T3	QL (360 EA per 30 days)
<i>sleep aid oral liquid</i>	T3	
<i>sleep aid oral tablet</i>	T3	
<i>sleep tabs oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>sleep-aid</i>	T3	
<i>sm allergy relief childrens</i>	T3	QL (3600 ML per 30 days)
<i>sm nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
<i>sm pain reliever pm ex st</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
First Generation Antihistamines		
<i>acetaminophen pm</i>	T3	
<i>alahist pe</i>	T3	
<i>aller-chlor oral tablet</i>	T3	
<i>allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>allergy oral tablet 4 mg</i>	T3	
<i>allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>allergy relief oral tablet 25 mg, 4 mg</i>	T3	
<i>allergy relief oral tablet chewable</i>	T3	
APRODINE ORAL TABLET	T3	
BANOPHEN ORAL CAPSULE 25 MG	T3	QL (360 EA per 30 days)
BANOPHEN ORAL CAPSULE 50 MG	T3	QL (180 EA per 30 days)
BANOPHEN ORAL TABLET	T3	
<i>cold & allergy childrens oral liquid</i>	T3	
<i>diphenhydramine hcl childrens</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>diphenhydramine hcl oral capsule 50 mg</i>	T3	QL (180 EA per 30 days)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	T3	
DRIMINATE	T3	
<i>duratuss dm oral liquid</i>	T3	
ED A-HIST ORAL LIQUID	T3	
ED A-HIST ORAL TABLET	T3	
<i>ed chlorped jr</i>	T3	
<i>ed-a-hist dm</i>	T3	
<i>ft allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>ft allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>ft allergy relief oral tablet 25 mg, 4 mg</i>	T3	
<i>ft allergy relief oral tablet chewable</i>	T3	
<i>ft motion sickness oral tablet 50 mg</i>	T3	
<i>ft nighttime sleep aid</i>	T3	QL (360 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>ft pain reliever pm extra str</i>	T3	
<i>ft sleep aid (doxylamine)</i>	T3	
<i>ft sleep-aid maximum strength</i>	T3	
<i>gnp allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy oral tablet 25 mg</i>	T3	
<i>gnp allergy relief max st</i>	T3	QL (3600 ML per 30 days)
<i>gnp allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy relief oral tablet 25 mg, 4 mg</i>	T3	
<i>gnp allergy relief oral tablet chewable</i>	T3	
<i>gnp childrens allergy</i>	T3	QL (3600 ML per 30 days)
<i>gnp motion sickness relief oral tablet 25 mg</i>	T3	PA; QL (120 EA per 30 days)
<i>gnp motion sickness relief oral tablet 50 mg</i>	T3	
<i>gnp nighttime sleep-aid max st</i>	T3	
<i>gnp pain relief es night time</i>	T3	
<i>gnp pain relief pm ex st oral tablet 25-500 mg</i>	T3	
<i>gnp sleep aid</i>	T3	
<i>gnp sleep aid nighttime</i>	T3	QL (360 EA per 30 days)
<i>goodsense pain relief pm ex st oral tablet 25-500 mg</i>	T3	
<i>goodsense sleeptime</i>	T3	
<i>liquid allergy relief</i>	T3	QL (3600 ML per 30 days)
LOHIST-D	T3	
<i>m-dryl</i>	T3	QL (3600 ML per 30 days)
<i>meclizine hcl oral tablet chewable</i>	T3	PA; QL (120 EA per 30 days)
<i>m-end dmx</i>	T3	
<i>motion sickness relief oral tablet 25 mg</i>	T3	PA; QL (120 EA per 30 days)
<i>motion sickness relief oral tablet 50 mg</i>	T3	
<i>motion-time</i>	T3	PA; QL (120 EA per 30 days)
<i>nighttime sleep aid oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>nohist-dm</i>	T3	QL (900 ML per 30 days)
<i>nohist-lq</i>	T3	
<i>qc allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral tablet 25 mg, 4 mg</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>qc dibromm childrens cold/all</i>	T3	
<i>qc rest simply</i>	T3	QL (360 EA per 30 days)
<i>ru-hist d</i>	T3	
<i>rynex pe</i>	T3	
<i>rynex pse</i>	T3	
<i>siladryl allergy</i>	T3	QL (3600 ML per 30 days)
<i>sleep aid (diphenhydramine)</i>	T3	QL (360 EA per 30 days)
<i>sleep aid oral liquid</i>	T3	
<i>sleep aid oral tablet</i>	T3	
<i>sleep tabs oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>sleep-aid</i>	T3	
<i>sm allergy relief childrens</i>	T3	QL (3600 ML per 30 days)
<i>sm motion sickness oral tablet 25 mg</i>	T3	PA; QL (120 EA per 30 days)
<i>sm nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
<i>sm pain reliever pm ex st</i>	T3	
SUDOGEST SINUS/ALLERGY	T3	QL (120 EA per 30 days)
Other Antihistamines		
<i>acid reducer maximum strength oral tablet 20 mg</i>	T3	QL (120 EA per 30 days)
<i>acid reducer oral tablet 10 mg</i>	T3	QL (60 EA per 30 days)
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	T1	QL (10 ML per 30 days)
ALAWAY OPHTHALMIC SOLUTION 0.035 %	T1	QL (10 ML per 30 days)
<i>eye allergy itch relief</i>	T1	QL (5 ML per 30 days)
<i>eye allergy itch/redness rel</i>	T3	QL (10 ML per 30 days)
<i>eye itch relief ophthalmic solution 0.035 %</i>	T1	QL (10 ML per 30 days)
<i>famotidine maximum strength</i>	T3	QL (120 EA per 30 days)
<i>famotidine oral tablet 10 mg</i>	T3	QL (60 EA per 30 days)
<i>famotidine oral tablet 20 mg</i>	T1	QL (120 EA per 30 days)
<i>famotidine orig st</i>	T3	QL (60 EA per 30 days)
<i>ft eye allergy itch relief</i>	T1	QL (5 ML per 30 days)
<i>gnp acid reducer max st</i>	T3	QL (120 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp acid reducer oral tablet 10 mg</i>	T3	QL (60 EA per 30 days)
<i>gnp olopatadine hcl ophthalmic solution 0.1 %</i>	T3	QL (10 ML per 30 days)
<i>gnp olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (5 ML per 30 days)
<i>heartburn relief max st oral tablet 20 mg</i>	T3	QL (120 EA per 30 days)
<i>heartburn relief oral tablet 10 mg</i>	T3	QL (60 EA per 30 days)
<i>hm eye allergy itch relief</i>	T1	QL (5 ML per 30 days)
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	T1	QL (10 ML per 30 days)
<i>kls acid controller max st</i>	T3	QL (120 EA per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T3	QL (10 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.7 %	T3	
<i>qc famotidine acid reducer oral tablet 20 mg</i>	T1	
<i>sm acid reducer oral tablet 10 mg</i>	T3	QL (60 EA per 30 days)
<i>sm olopatadine hcl</i>	T1	QL (5 ML per 30 days)
ZADITOR OPHTHALMIC SOLUTION 0.035 %	T1	QL (10 ML per 30 days)
Propylamine Derivatives		
<i>alahist pe</i>	T3	
<i>aller-chlor oral tablet</i>	T3	
<i>allergy oral tablet 4 mg</i>	T3	
<i>allergy relief oral tablet 4 mg</i>	T3	
APRODINE ORAL TABLET	T3	
<i>cold & allergy childrens oral liquid</i>	T3	
ED A-HIST ORAL LIQUID	T3	
ED A-HIST ORAL TABLET	T3	
<i>ed chlorped jr</i>	T3	
<i>ed-a-hist dm</i>	T3	
<i>ft allergy relief oral tablet 4 mg</i>	T3	
<i>gnp allergy relief oral tablet 4 mg</i>	T3	
LOHIST-D	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>m-end dmx</i>	T3	
<i>nohist-dm</i>	T3	QL (900 ML per 30 days)
<i>nohist-lq</i>	T3	
<i>qc allergy relief oral tablet 4 mg</i>	T3	
<i>qc dibromm childrens cold/all</i>	T3	
<i>ru-hist d</i>	T3	
<i>rynex pe</i>	T3	
<i>rynex pse</i>	T3	
SUDOGEST SINUS/ALLERGY	T3	QL (120 EA per 30 days)
Second Generation Antihistamines		
<i>12hr allergy relief</i>	T3	QL (60 EA per 30 days)
<i>24hr allergy & congestion reli</i>	T3	QL (30 EA per 30 days)
<i>24hr allergy relief</i>	T3	QL (30 EA per 30 days)
<i>all day allergy childrens oral solution 5 mg/5ml</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>all day allergy oral tablet</i>	T1	QL (30 EA per 30 days)
<i>allergy childrens oral solution</i>	T3	QL (300 ML per 30 days)
<i>allergy childrens oral suspension</i>	T3	QL (1200 ML per 30 days)
<i>allergy rel child (loratadine)</i>	T3	QL (300 ML per 30 days)
<i>allergy relief (cetirizine) oral capsule</i>	T3	
<i>allergy relief (cetirizine) oral tablet</i>	T1	QL (30 EA per 30 days)
<i>allergy relief (loratadine) oral tablet</i>	T1	QL (30 EA per 30 days)
<i>allergy relief cetirizine</i>	T1	QL (30 EA per 30 days)
<i>allergy relief childrens oral solution 1 mg/ml</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>allergy relief d oral tablet extended release 12 hour</i>	T3	QL (60 EA per 30 days)
<i>allergy relief d-12</i>	T3	QL (60 EA per 30 days)
<i>allergy relief d-24</i>	T3	QL (30 EA per 30 days)
<i>allergy relief oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>allergy relief oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>allergy relief oral tablet 5 mg</i>	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>allergy relief/nasal decongest oral tablet extended release 12 hour</i>	T3	QL (60 EA per 30 days)
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	T3	QL (30 EA per 30 days)
<i>allergy/congestion relief oral tablet extended release 12 hour</i>	T3	QL (60 EA per 30 days)
<i>allergy-d 24hr</i>	T3	QL (30 EA per 30 days)
<i>cetirizine hcl allergy child</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>cetirizine hcl childrens alrgy oral solution</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>cetirizine hcl oral solution 1 mg/ml</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>cetirizine hcl oral tablet</i>	T1	QL (30 EA per 30 days)
<i>cetirizine hcl oral tablet chewable</i>	T3	
<i>cetirizine-pseudoephedrine er</i>	T3	QL (60 EA per 30 days)
<i>childrens loratadine oral solution</i>	T3	QL (300 ML per 30 days)
<i>fexofenadine hcl oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 60 mg</i>	T3	QL (60 EA per 30 days)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour</i>	T3	QL (60 EA per 30 days)
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T3	QL (30 EA per 30 days)
<i>ft all day allergy</i>	T1	QL (30 EA per 30 days)
<i>ft all day allergy 24 hour</i>	T1	QL (30 EA per 30 days)
<i>ft all day allergy childrens</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>ft all day allergy relief</i>	T1	QL (30 EA per 30 days)
<i>ft all day allergy-d</i>	T3	QL (60 EA per 30 days)
<i>ft allergy & congestion-d 12hr</i>	T3	QL (60 EA per 30 days)
<i>ft allergy childrens</i>	T3	QL (300 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>ft allergy relief 12 hour</i>	T3	QL (60 EA per 30 days)
<i>ft allergy relief 24 hour</i>	T3	QL (30 EA per 30 days)
<i>ft allergy relief cetirizine</i>	T1	QL (30 EA per 30 days)
<i>ft allergy relief childrens oral solution</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>ft allergy relief childrens oral tablet chewable</i>	T1	
<i>ft allergy relief loratadine</i>	T1	QL (30 EA per 30 days)
<i>ft allergy relief oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>ft allergy relief oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>ft allergy relief-d</i>	T3	QL (30 EA per 30 days)
<i>gnp all day allergy</i>	T1	QL (30 EA per 30 days)
<i>gnp all day allergy childrens oral solution</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>gnp all day allergy relief</i>	T3	
<i>gnp all day allergy-d</i>	T3	QL (60 EA per 30 days)
<i>gnp allergy & congestion</i>	T3	QL (30 EA per 30 days)
<i>gnp allergy relief 24 hr</i>	T1	
<i>gnp allergy relief oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>gnp allergy/congestion relief</i>	T3	QL (30 EA per 30 days)
<i>gnp allergy-d allergy & conges</i>	T3	QL (60 EA per 30 days)
<i>gnp fexofenadine/pse er</i>	T3	QL (60 EA per 30 days)
<i>gnp loratadine childrens oral solution</i>	T3	QL (300 ML per 30 days)
<i>gnp loratadine oral solution</i>	T3	QL (300 ML per 30 days)
<i>gnp loratadine oral tablet</i>	T1	QL (30 EA per 30 days)
<i>gnp loratadine oral tablet dispersible</i>	T1	QL (30 EA per 30 days)
<i>goodsense all day allergy oral solution</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>goodsense all day allergy oral tablet</i>	T1	QL (30 EA per 30 days)
<i>goodsense all day allergy-d</i>	T3	QL (60 EA per 30 days)
<i>goodsense aller-ease</i>	T3	QL (30 EA per 30 days)
<i>goodsense allergy relief child</i>	T3	QL (300 ML per 30 days)
<i>goodsense allergy relief oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>hm all day allergy childrens</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>hm allergy relief (cetirizine)</i>	T1	QL (30 EA per 30 days)
<i>hm cetirizine hcl</i>	T1	QL (30 EA per 30 days)
<i>hm fexofenadine hcl oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>hm fexofenadine hcl oral tablet 60 mg</i>	T3	QL (60 EA per 30 days)
<i>hm loratadine</i>	T1	QL (30 EA per 30 days)
KLS ALLERCLEAR	T3	QL (30 EA per 30 days)
KLS ALLER-TEC	T3	QL (30 EA per 30 days)
<i>loratadine childrens oral solution</i>	T3	QL (300 ML per 30 days)
<i>loratadine childrens oral tablet chewable</i>	T1	
<i>loratadine oral solution</i>	T3	QL (300 ML per 30 days)
<i>loratadine oral tablet</i>	T1	QL (30 EA per 30 days)
<i>loratadine oral tablet dispersible 10 mg</i>	T1	QL (30 EA per 30 days); AL (Max 12 Years)
<i>loratadine-d 12hr</i>	T3	QL (60 EA per 30 days)
<i>loratadine-d 24hr</i>	T3	QL (30 EA per 30 days)
<i>qc allergy relief (cetirizine)</i>	T1	QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 60 mg</i>	T3	QL (60 EA per 30 days)
<i>sm all day allergy</i>	T1	QL (30 EA per 30 days)
<i>sm all day allergy childrens oral solution 5 mg/5ml</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>sm all day allergy relief</i>	T1	QL (30 EA per 30 days)
<i>sm all day allergy-d</i>	T3	QL (60 EA per 30 days)
<i>sm allergy childrens oral solution</i>	T3	QL (300 ML per 30 days)
<i>sm allergy relief oral tablet 60 mg</i>	T3	QL (60 EA per 30 days)
<i>sm allergy relief oral tablet dispersible</i>	T3	QL (30 EA per 30 days)
<i>sm fexofenadine hcl oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>sm fexofenadine hcl oral tablet 60 mg</i>	T3	QL (60 EA per 30 days)
<i>sm loratadine d 12hr</i>	T3	QL (60 EA per 30 days)
<i>sm loratadine oral solution</i>	T3	QL (300 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sm loratadine oral tablet</i>	T3	QL (30 EA per 30 days)
Anti-Infective Agents		
Allylamine Antifungals		
<i>athletes foot (terbinafine)</i>	T3	
<i>ft athletes foot (terbinafine)</i>	T3	
<i>gnp terbinafine hydrochloride</i>	T3	
<i>sm athletes foot external cream</i>	T3	
<i>terbinafine hcl external</i>	T3	
Amebicides		
<i>antiseptic skin cleanser external solution 4 %</i>	T3	
<i>chlorhexidine gluconate external solution 4 %</i>	T3	
<i>gnp antiseptic skin cleanser</i>	T3	
<i>sm antiseptic skin cleanser</i>	T3	
Bacitracin Antibiotics		
<i>bacitracin external</i>	T3	
<i>bacitracin zinc external</i>	T3	
<i>bacitracin zinc-aloe</i>	T3	
<i>double antibiotic</i>	T3	
<i>ft antibiotic</i>	T3	
<i>ft double antibiotic</i>	T3	
<i>ft triple antibiotic</i>	T3	
<i>gnp bacitracin zinc</i>	T3	
<i>gnp triple antibiotic external ointment</i>	T3	
<i>gnp triple antibiotic plus</i>	T3	
<i>goodsense first aid antibiotic</i>	T3	
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	T3	
<i>qc triple antibiotic</i>	T3	
<i>sm antibiotic</i>	T3	
<i>sm double antibiotic external ointment 500-10000 unit/gm</i>	T3	
<i>sm triple antibiotic max st</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sm triple antibiotic original</i>	T3	
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000</i>	T3	
<i>triple antibiotic plus</i>	T3	
<i>triple antibiotic+pain relief</i>	T3	

Autonomic Drugs

Alpha- And Beta-Adrenergic Agonists

<i>24hr allergy & congestion reli</i>	T3	QL (30 EA per 30 days)
<i>allergy relief d oral tablet extended release 12 hour</i>	T3	QL (60 EA per 30 days)
<i>allergy relief d-12</i>	T3	QL (60 EA per 30 days)
<i>allergy relief d-24</i>	T3	QL (30 EA per 30 days)
<i>allergy relief/nasal decongest oral tablet extended release 12 hour</i>	T3	QL (60 EA per 30 days)
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	T3	QL (30 EA per 30 days)
<i>allergy/congestion relief oral tablet extended release 12 hour</i>	T3	QL (60 EA per 30 days)
<i>allergy-d 24hr</i>	T3	QL (30 EA per 30 days)
APRODINE ORAL TABLET	T3	
<i>cetirizine-pseudoephedrine er</i>	T3	QL (60 EA per 30 days)
<i>duratuss dm oral liquid</i>	T3	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour</i>	T3	QL (60 EA per 30 days)
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T3	QL (30 EA per 30 days)
<i>ft all day allergy-d</i>	T3	QL (60 EA per 30 days)
<i>ft allergy & congestion-d 12hr</i>	T3	QL (60 EA per 30 days)
<i>ft allergy relief-d</i>	T3	QL (30 EA per 30 days)
<i>gnp all day allergy-d</i>	T3	QL (60 EA per 30 days)
<i>gnp allergy & congestion</i>	T3	QL (30 EA per 30 days)
<i>gnp allergy/congestion relief</i>	T3	QL (30 EA per 30 days)
<i>gnp allergy-d allergy & conges</i>	T3	QL (60 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp fexofenadine/pse er</i>	T3	QL (60 EA per 30 days)
<i>gnp nasal decongestant oral tablet</i>	T3	
<i>goodsense all day allergy-d</i>	T3	QL (60 EA per 30 days)
LOHIST-D	T3	
<i>loratadine-d 12hr</i>	T3	QL (60 EA per 30 days)
<i>loratadine-d 24hr</i>	T3	QL (30 EA per 30 days)
<i>m-end dmx</i>	T3	
<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>nasal decongestant oral tablet 30 mg</i>	T3	
<i>pseudoephedrine hcl oral tablet</i>	T3	
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>rynex pse</i>	T3	
<i>sm all day allergy-d</i>	T3	QL (60 EA per 30 days)
<i>sm loratadine d 12hr</i>	T3	QL (60 EA per 30 days)
SUDOGEST	T3	
SUDOGEST MAXIMUM STRENGTH	T3	
SUDOGEST SINUS/ALLERGY	T3	QL (120 EA per 30 days)
Alpha-Adrenergic Agonists (12:12)		
<i>alahist pe</i>	T3	
<i>cold & allergy childrens oral liquid</i>	T3	
ED A-HIST ORAL LIQUID	T3	
ED A-HIST ORAL TABLET	T3	
<i>ed bron gp</i>	T3	
<i>ed-a-hist dm</i>	T3	
<i>ft tussin cf adult</i>	T3	QL (1800 ML per 30 days)
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	
<i>gnp nasal four spray</i>	T3	
<i>gnp nasal spray fast acting</i>	T3	
<i>gnp tussin cf cough & cold</i>	T3	QL (1800 ML per 30 days)
<i>goodsense hemorrhoidal</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>goodsense tussin cf</i>	T3	QL (1800 ML per 30 days)
<i>hemorrhoidal external cream</i>	T3	
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	
<i>hemorrhoidal rectal suppository 0.25-88.44 %</i>	T3	
<i>nasal four</i>	T3	
<i>nohist-dm</i>	T3	QL (900 ML per 30 days)
<i>nohist-lq</i>	T3	
<i>qc dibromm childrens cold/all</i>	T3	
<i>robafen cf multi-symptom cold</i>	T3	QL (1800 ML per 30 days)
<i>ru-hist d</i>	T3	
<i>rynex pe</i>	T3	
<i>sinus relief extra strength</i>	T3	
<i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	
<i>tussin multi-symptom cold cf</i>	T3	QL (1800 ML per 30 days)
Antiparkinsonian Agents		
<i>allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>allergy relief oral tablet 25 mg</i>	T3	
<i>allergy relief oral tablet chewable</i>	T3	
BANOPHEN ORAL CAPSULE 25 MG	T3	QL (360 EA per 30 days)
BANOPHEN ORAL CAPSULE 50 MG	T3	QL (180 EA per 30 days)
BANOPHEN ORAL TABLET	T3	
<i>diphenhydramine hcl childrens</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>diphenhydramine hcl oral capsule 50 mg</i>	T3	QL (180 EA per 30 days)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	T3	
<i>ft allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>ft allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>ft allergy relief oral tablet 25 mg</i>	T3	
<i>ft allergy relief oral tablet chewable</i>	T3	
<i>ft nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
<i>ft sleep-aid maximum strength</i>	T3	
<i>gnp allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy oral tablet 25 mg</i>	T3	
<i>gnp allergy relief max st</i>	T3	QL (3600 ML per 30 days)
<i>gnp allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy relief oral tablet 25 mg</i>	T3	
<i>gnp allergy relief oral tablet chewable</i>	T3	
<i>gnp childrens allergy</i>	T3	QL (3600 ML per 30 days)
<i>gnp nighttime sleep-aid max st</i>	T3	
<i>gnp sleep aid nighttime</i>	T3	QL (360 EA per 30 days)
<i>gnp sleep aid oral liquid</i>	T3	
<i>goodsense sleeptime</i>	T3	
<i>liquid allergy relief</i>	T3	QL (3600 ML per 30 days)
<i>m-dryl</i>	T3	QL (3600 ML per 30 days)
<i>nighttime sleep aid oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral tablet 25 mg</i>	T3	
<i>qc rest simply</i>	T3	QL (360 EA per 30 days)
<i>siladryl allergy</i>	T3	QL (3600 ML per 30 days)
<i>sleep aid (diphenhydramine)</i>	T3	QL (360 EA per 30 days)
<i>sleep aid oral liquid</i>	T3	
<i>sleep tabs oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>sleep-aid oral capsule</i>	T3	
<i>sm allergy relief childrens</i>	T3	QL (3600 ML per 30 days)
<i>sm nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
Autonomic Drugs, Miscellaneous		
<i>ft nicotine mini</i>	T1	QL (600 EA per 30 days)
<i>ft nicotine mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>ft nicotine mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>ft nicotine transdermal</i>	T1	QL (30 EA per 30 days)
<i>gnp nicotine mini</i>	T1	QL (600 EA per 30 days)
<i>gnp nicotine mouth/throat</i>	T1	QL (720 EA per 30 days)
<i>gnp nicotine polacrilex mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>gnp nicotine transdermal</i>	T1	QL (30 EA per 30 days)
<i>goodsense nicotine mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>goodsense nicotine mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>goodsense nicotine polacrilex</i>	T1	QL (720 EA per 30 days)
<i>hm nicotine polacrilex mouth/throat gum</i>	T3	QL (720 EA per 30 days)
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	T3	QL (600 EA per 30 days)
<i>hm nicotine polacrilex mouth/throat lozenge 4 mg</i>	T1	QL (600 EA per 30 days)
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	QL (30 EA per 30 days)
<i>nicotine mini</i>	T1	QL (600 EA per 30 days)
<i>nicotine polacrilex mini</i>	T1	QL (600 EA per 30 days)
<i>nicotine polacrilex mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>nicotine polacrilex mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>nicotine step 1</i>	T1	QL (30 EA per 30 days)
<i>nicotine step 2</i>	T1	QL (30 EA per 30 days)
<i>nicotine step 3</i>	T1	QL (30 EA per 30 days)
<i>nicotine transdermal kit</i>	T1	
<i>nicotine transdermal patch 24 hour</i>	T1	QL (30 EA per 30 days)
<i>sm nicotine mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>sm nicotine mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>sm nicotine polacrilex mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>sm nicotine polacrilex mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>sm nicotine transdermal</i>	T1	QL (30 EA per 30 days)
Smoking Cessation Agents		
<i>ft nicotine mini</i>	T1	QL (600 EA per 30 days)
<i>ft nicotine mouth/throat gum</i>	T1	QL (720 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>ft nicotine mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>ft nicotine transdermal</i>	T1	QL (30 EA per 30 days)
<i>gnp nicotine mini</i>	T1	QL (600 EA per 30 days)
<i>gnp nicotine mouth/throat</i>	T1	QL (720 EA per 30 days)
<i>gnp nicotine polacrilex mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>gnp nicotine transdermal</i>	T1	QL (30 EA per 30 days)
<i>goodsense nicotine mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>goodsense nicotine mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>goodsense nicotine polacrilex</i>	T1	QL (720 EA per 30 days)
<i>hm nicotine polacrilex mouth/throat gum</i>	T3	QL (720 EA per 30 days)
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	T3	QL (600 EA per 30 days)
<i>hm nicotine polacrilex mouth/throat lozenge 4 mg</i>	T1	QL (600 EA per 30 days)
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	QL (30 EA per 30 days)
<i>nicotine mini</i>	T1	QL (600 EA per 30 days)
<i>nicotine polacrilex mini</i>	T1	QL (600 EA per 30 days)
<i>nicotine polacrilex mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>nicotine polacrilex mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>nicotine step 1</i>	T1	QL (30 EA per 30 days)
<i>nicotine step 2</i>	T1	QL (30 EA per 30 days)
<i>nicotine step 3</i>	T1	QL (30 EA per 30 days)
<i>nicotine transdermal kit</i>	T1	
<i>nicotine transdermal patch 24 hour</i>	T1	QL (30 EA per 30 days)
<i>sm nicotine mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>sm nicotine mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>sm nicotine polacrilex mouth/throat gum</i>	T1	QL (720 EA per 30 days)
<i>sm nicotine polacrilex mouth/throat lozenge</i>	T1	QL (600 EA per 30 days)
<i>sm nicotine transdermal</i>	T1	QL (30 EA per 30 days)

Blood Formation, Coagulation, Thrombosis

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Iron Preparations		
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	T3	
<i>classic prenatal</i>	T3	
FERATE ORAL TABLET 240 (27 FE) MG	T3	
FEROSUL ORAL TABLET	T3	
FERREX 28 ORAL	T3	QL (30 EA per 30 days)
FERRIMIN 150	T3	
FERROCITE	T3	
<i>ferrous fumarate oral tablet 324 mg</i>	T3	
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	T3	
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml</i>	T3	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	T3	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	T3	
<i>gnp iron oral tablet 200 (65 fe) mg</i>	T3	
<i>gnp iron oral tablet extended release 45 mg</i>	T3	
<i>gnp prenatal</i>	T3	
<i>iron (ferrous sulfate) oral solution</i>	T3	
<i>iron chews pediatric</i>	T3	
<i>multi-vit/iron/fluoride</i>	T3	
NEPHRON FA	T3	
POLY-VI-FLOR/IRON ORAL SUSPENSION	T3	
<i>prenatal oral tablet 27-0.8 mg</i>	T3	
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	T3	
<i>true ferrous sulfate</i>	T3	
<i>wee care</i>	T3	
Liver And Stomach Preparations		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T3	
DODEX	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>true vitamin b12</i>	T3	
<i>vitamin b-12 oral tablet 1000 mcg, 250 mcg</i>	T3	
Platelet-Aggregation Inhibitors		
<i>adult aspirin regimen</i>	T3	
<i>aspirin adult low dose</i>	T3	
<i>aspirin low dose oral tablet chewable</i>	T3	
<i>aspirin low dose oral tablet delayed release</i>	T3	
<i>aspirin oral tablet 325 mg</i>	T3	
<i>aspirin oral tablet chewable</i>	T3	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	T3	
<i>aspirin rectal suppository 300 mg</i>	T3	
<i>aspirin regimen</i>	T3	
<i>ft aspirin low dose</i>	T3	
<i>ft aspirin oral tablet</i>	T3	
<i>ft enteric coated aspirin</i>	T3	
<i>gnp adult aspirin low strength oral tablet chewable</i>	T3	
<i>gnp aspirin low dose</i>	T3	
<i>gnp aspirin oral tablet 325 mg</i>	T3	
<i>gnp aspirin oral tablet delayed release</i>	T3	
<i>goodsense aspirin adults</i>	T3	
<i>goodsense aspirin low dose</i>	T3	
<i>goodsense aspirin oral tablet</i>	T3	
<i>goodsense aspirin oral tablet chewable</i>	T3	
<i>hm adult aspirin</i>	T3	
<i>hm aspirin ec</i>	T3	
<i>qc aspirin low dose</i>	T3	
<i>qc aspirin oral tablet</i>	T3	
<i>qc enteric aspirin</i>	T3	
<i>sm aspirin adult low strength oral tablet delayed release</i>	T3	
<i>sm aspirin ec</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sm aspirin low dose oral tablet chewable</i>	T3	
<i>sm childrens aspirin</i>	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T3	
Thrombolytic Agents		
<i>adult aspirin regimen</i>	T3	
<i>aspirin adult low dose</i>	T3	
<i>aspirin low dose oral tablet chewable</i>	T3	
<i>aspirin low dose oral tablet delayed release</i>	T3	
<i>aspirin oral tablet 325 mg</i>	T3	
<i>aspirin oral tablet chewable</i>	T3	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	T3	
<i>aspirin rectal suppository 300 mg</i>	T3	
<i>aspirin regimen</i>	T3	
<i>ft aspirin low dose</i>	T3	
<i>ft aspirin oral tablet</i>	T3	
<i>ft enteric coated aspirin</i>	T3	
<i>gnp adult aspirin low strength oral tablet chewable</i>	T3	
<i>gnp aspirin low dose</i>	T3	
<i>gnp aspirin oral tablet 325 mg</i>	T3	
<i>gnp aspirin oral tablet delayed release</i>	T3	
<i>goodsense aspirin adults</i>	T3	
<i>goodsense aspirin low dose</i>	T3	
<i>goodsense aspirin oral tablet</i>	T3	
<i>goodsense aspirin oral tablet chewable</i>	T3	
<i>hm adult aspirin</i>	T3	
<i>hm aspirin ec</i>	T3	
<i>qc aspirin low dose</i>	T3	
<i>qc aspirin oral tablet</i>	T3	
<i>qc enteric aspirin</i>	T3	
<i>sm aspirin adult low strength oral tablet delayed release</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sm aspirin ec</i>	T3	
<i>sm aspirin low dose oral tablet chewable</i>	T3	
<i>sm childrens aspirin</i>	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T3	

Central Nervous System Agents

Analgesics And Antipyretics, Misc.

<i>8 hr arthritis pain relief</i>	T3	QL (180 EA per 30 days)
<i>acetaminophen childrens oral solution</i>	T3	
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	T3	
<i>acetaminophen er</i>	T3	QL (180 EA per 30 days)
<i>acetaminophen extra strength oral tablet</i>	T3	QL (240 EA per 30 days)
<i>acetaminophen infants</i>	T3	
<i>acetaminophen oral liquid</i>	T3	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	T3	
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	T3	
<i>acetaminophen oral tablet 325 mg</i>	T3	QL (360 EA per 30 days)
<i>acetaminophen oral tablet 500 mg</i>	T3	QL (240 EA per 30 days)
<i>acetaminophen pm</i>	T3	
<i>acetaminophen rectal suppository 120 mg</i>	T3	
<i>acetaminophen rectal suppository 650 mg</i>	T3	QL (180 EA per 30 days)
<i>arthritis pain relief oral</i>	T3	QL (180 EA per 30 days)
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	T3	
<i>childrens silapap</i>	T3	
<i>ed-apap</i>	T3	
FEVERALL INFANTS	T3	
FEVERALL JUNIOR STRENGTH	T3	
<i>ft migraine relief</i>	T3	
<i>ft pain reliever pm extra str</i>	T3	
<i>gnp 8 hour arthritis relief</i>	T3	QL (180 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp 8 hour pain relief</i>	T3	QL (180 EA per 30 days)
<i>gnp 8 hour pain reliever</i>	T3	QL (180 EA per 30 days)
<i>gnp acetaminophen oral tablet</i>	T3	QL (360 EA per 30 days)
<i>gnp headache relief extra str</i>	T3	
<i>gnp infants pain/fever</i>	T3	
<i>gnp migraine relief</i>	T3	
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	T3	
<i>gnp pain & fever infants</i>	T3	
<i>gnp pain relief es night time</i>	T3	
<i>gnp pain relief extra strength oral tablet</i>	T3	QL (240 EA per 30 days)
<i>gnp pain relief oral</i>	T3	QL (360 EA per 30 days)
<i>gnp pain relief pm ex st oral tablet 25-500 mg</i>	T3	
<i>goodsense arthritis pain oral</i>	T3	QL (180 EA per 30 days)
<i>goodsense migraine formula</i>	T3	
<i>goodsense pain & fever child</i>	T3	
<i>goodsense pain & fever infants</i>	T3	
<i>goodsense pain relief extra st</i>	T3	QL (240 EA per 30 days)
<i>goodsense pain relief oral tablet</i>	T3	QL (360 EA per 30 days)
<i>goodsense pain relief pm ex st oral tablet 25-500 mg</i>	T3	
<i>headache formula</i>	T3	
<i>headache relief oral</i>	T3	
<i>hm arthritis pain relief</i>	T3	QL (180 EA per 30 days)
<i>hm migraine relief</i>	T3	
<i>hm pain & fever childrens</i>	T3	
<i>liquid acetaminophen</i>	T3	
<i>mapap oral capsule</i>	T3	QL (240 EA per 30 days)
<i>migraine relief</i>	T3	
<i>m-pap</i>	T3	
<i>pain & fever childrens oral suspension</i>	T3	
<i>pain & fever infants</i>	T3	
<i>pain reliever plus</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sm arthritis pain reliever</i>	T3	QL (180 EA per 30 days)
<i>sm pain & fever childrens</i>	T3	
<i>sm pain reliever ex st oral tablet</i>	T3	QL (240 EA per 30 days)
<i>sm pain reliever pm ex st</i>	T3	
<i>tension headache</i>	T3	
Anticholinergic Agents (Cns)		
<i>allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>allergy relief oral tablet 25 mg</i>	T3	
<i>allergy relief oral tablet chewable</i>	T3	
BANOPHEN ORAL CAPSULE 25 MG	T3	QL (360 EA per 30 days)
BANOPHEN ORAL CAPSULE 50 MG	T3	QL (180 EA per 30 days)
BANOPHEN ORAL TABLET	T3	
<i>diphenhydramine hcl childrens</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>diphenhydramine hcl oral capsule 50 mg</i>	T3	QL (180 EA per 30 days)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	T3	
<i>ft allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>ft allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>ft allergy relief oral tablet 25 mg</i>	T3	
<i>ft allergy relief oral tablet chewable</i>	T3	
<i>ft nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
<i>ft sleep-aid maximum strength</i>	T3	
<i>gnp allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy oral tablet 25 mg</i>	T3	
<i>gnp allergy relief max st</i>	T3	QL (3600 ML per 30 days)
<i>gnp allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy relief oral tablet 25 mg</i>	T3	
<i>gnp allergy relief oral tablet chewable</i>	T3	
<i>gnp childrens allergy</i>	T3	QL (3600 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp nighttime sleep-aid max st</i>	T3	
<i>gnp sleep aid nighttime</i>	T3	QL (360 EA per 30 days)
<i>gnp sleep aid oral liquid</i>	T3	
<i>goodsense sleeptime</i>	T3	
<i>liquid allergy relief</i>	T3	QL (3600 ML per 30 days)
<i>m-dryl</i>	T3	QL (3600 ML per 30 days)
<i>nighttime sleep aid oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral tablet 25 mg</i>	T3	
<i>qc rest simply</i>	T3	QL (360 EA per 30 days)
<i>siladryl allergy</i>	T3	QL (3600 ML per 30 days)
<i>sleep aid (diphenhydramine)</i>	T3	QL (360 EA per 30 days)
<i>sleep aid oral liquid</i>	T3	
<i>sleep tabs oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>sleep-aid oral capsule</i>	T3	
<i>sm allergy relief childrens</i>	T3	QL (3600 ML per 30 days)
<i>sm nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
Antimigraine Agents, Miscellaneous		
<i>8 hr arthritis pain relief</i>	T3	QL (180 EA per 30 days)
<i>acetaminophen childrens oral solution</i>	T3	
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	T3	
<i>acetaminophen er</i>	T3	QL (180 EA per 30 days)
<i>acetaminophen extra strength oral tablet</i>	T3	QL (240 EA per 30 days)
<i>acetaminophen infants</i>	T3	
<i>acetaminophen oral liquid</i>	T3	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	T3	
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	T3	
<i>acetaminophen oral tablet 325 mg</i>	T3	QL (360 EA per 30 days)
<i>acetaminophen oral tablet 500 mg</i>	T3	QL (240 EA per 30 days)
<i>acetaminophen rectal suppository 120 mg</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>acetaminophen rectal suppository 650 mg</i>	T3	QL (180 EA per 30 days)
<i>adult aspirin regimen</i>	T3	
<i>all day pain relief</i>	T3	QL (210 EA per 30 days)
<i>all day relief</i>	T3	QL (210 EA per 30 days)
<i>arthritis pain relief oral</i>	T3	QL (180 EA per 30 days)
<i>aspirin adult low dose</i>	T3	
<i>aspirin low dose oral tablet chewable</i>	T3	
<i>aspirin low dose oral tablet delayed release</i>	T3	
<i>aspirin oral tablet 325 mg</i>	T3	
<i>aspirin oral tablet chewable</i>	T3	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	T3	
<i>aspirin rectal suppository 300 mg</i>	T3	
<i>aspirin regimen</i>	T3	
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	T3	
<i>childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	T3	
<i>childrens silapap</i>	T3	
<i>ed-apap</i>	T3	
FEVERALL INFANTS	T3	
FEVERALL JUNIOR STRENGTH	T3	
<i>ft all day pain relief</i>	T3	QL (210 EA per 30 days)
<i>ft aspirin low dose</i>	T3	
<i>ft aspirin oral tablet</i>	T3	
<i>ft enteric coated aspirin</i>	T3	
<i>ft naproxen sodium</i>	T3	
<i>gnp 8 hour arthritis relief</i>	T3	QL (180 EA per 30 days)
<i>gnp 8 hour pain relief</i>	T3	QL (180 EA per 30 days)
<i>gnp 8 hour pain reliever</i>	T3	QL (180 EA per 30 days)
<i>gnp acetaminophen oral tablet</i>	T3	QL (360 EA per 30 days)
<i>gnp adult aspirin low strength oral tablet chewable</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp aspirin low dose</i>	T3	
<i>gnp aspirin oral tablet 325 mg</i>	T3	
<i>gnp aspirin oral tablet delayed release</i>	T3	
<i>gnp childrens ibuprofen</i>	T3	
<i>gnp ibuprofen</i>	T3	
<i>gnp ibuprofen childrens</i>	T3	
<i>gnp ibuprofen infants</i>	T3	
<i>gnp infants pain/fever</i>	T3	
<i>gnp naproxen sodium oral capsule</i>	T3	
<i>gnp naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	T3	
<i>gnp pain & fever infants</i>	T3	
<i>gnp pain relief extra strength oral tablet</i>	T3	QL (240 EA per 30 days)
<i>gnp pain relief oral</i>	T3	QL (360 EA per 30 days)
<i>goodsense arthritis pain oral</i>	T3	QL (180 EA per 30 days)
<i>goodsense aspirin adults</i>	T3	
<i>goodsense aspirin low dose</i>	T3	
<i>goodsense aspirin oral tablet</i>	T3	
<i>goodsense aspirin oral tablet chewable</i>	T3	
<i>goodsense ibuprofen</i>	T3	
<i>goodsense ibuprofen childrens oral suspension</i>	T3	
<i>goodsense ibuprofen infants</i>	T3	
<i>goodsense naproxen sodium</i>	T3	QL (210 EA per 30 days)
<i>goodsense pain & fever child</i>	T3	
<i>goodsense pain & fever infants</i>	T3	
<i>goodsense pain relief extra st</i>	T3	QL (240 EA per 30 days)
<i>goodsense pain relief oral tablet</i>	T3	QL (360 EA per 30 days)
<i>hm adult aspirin</i>	T3	
<i>hm arthritis pain relief</i>	T3	QL (180 EA per 30 days)
<i>hm aspirin ec</i>	T3	
<i>hm ibuprofen childrens</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>hm pain & fever childrens</i>	T3	
<i>ibuprofen childrens</i>	T3	
<i>ibuprofen infants</i>	T3	
<i>ibuprofen junior strength oral tablet chewable</i>	T3	
<i>ibuprofen oral capsule</i>	T3	
<i>ibuprofen oral tablet 200 mg</i>	T3	
<i>infants ibuprofen</i>	T3	
<i>liquid acetaminophen</i>	T3	
<i>mapap oral capsule</i>	T3	QL (240 EA per 30 days)
<i>m-pap</i>	T3	
<i>naproxen sodium oral capsule</i>	T3	
<i>naproxen sodium oral tablet 220 mg</i>	T3	QL (210 EA per 30 days)
<i>pain & fever childrens oral suspension</i>	T3	
<i>pain & fever infants</i>	T3	
<i>qc aspirin low dose</i>	T3	
<i>qc aspirin oral tablet</i>	T3	
<i>qc enteric aspirin</i>	T3	
<i>qc naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
<i>sm arthritis pain reliever</i>	T3	QL (180 EA per 30 days)
<i>sm aspirin adult low strength oral tablet delayed release</i>	T3	
<i>sm aspirin ec</i>	T3	
<i>sm aspirin low dose oral tablet chewable</i>	T3	
<i>sm childrens aspirin</i>	T3	
<i>sm childrens ibuprofen</i>	T3	
<i>sm ibuprofen ib childrens</i>	T3	
<i>sm ibuprofen ib oral tablet</i>	T3	
<i>sm ibuprofen oral tablet</i>	T3	
<i>sm infants ibuprofen</i>	T3	
<i>sm naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
<i>sm pain & fever childrens</i>	T3	
<i>sm pain reliever ex st oral tablet</i>	T3	QL (240 EA per 30 days)
<i>tri-buffered aspirin oral tablet 325 mg</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Anxiolytics, Sedatives, And Hypnotics, Misc		
<i>acetaminophen pm</i>	T3	
<i>allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>allergy relief oral tablet 25 mg</i>	T3	
<i>allergy relief oral tablet chewable</i>	T3	
BANOPHEN ORAL CAPSULE 25 MG	T3	QL (360 EA per 30 days)
BANOPHEN ORAL CAPSULE 50 MG	T3	QL (180 EA per 30 days)
BANOPHEN ORAL TABLET	T3	
<i>diphenhydramine hcl childrens</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>diphenhydramine hcl oral capsule 50 mg</i>	T3	QL (180 EA per 30 days)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	T3	
<i>ft allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>ft allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>ft allergy relief oral tablet 25 mg</i>	T3	
<i>ft allergy relief oral tablet chewable</i>	T3	
<i>ft nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
<i>ft pain reliever pm extra str</i>	T3	
<i>ft sleep aid (doxylamine)</i>	T3	
<i>ft sleep-aid maximum strength</i>	T3	
<i>gnp allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy oral tablet 25 mg</i>	T3	
<i>gnp allergy relief max st</i>	T3	QL (3600 ML per 30 days)
<i>gnp allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy relief oral tablet 25 mg</i>	T3	
<i>gnp allergy relief oral tablet chewable</i>	T3	
<i>gnp childrens allergy</i>	T3	QL (3600 ML per 30 days)
<i>gnp nighttime sleep-aid max st</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits

AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp pain relief es night time</i>	T3	
<i>gnp pain relief pm ex st oral tablet 25-500 mg</i>	T3	
<i>gnp sleep aid</i>	T3	
<i>gnp sleep aid nighttime</i>	T3	QL (360 EA per 30 days)
<i>goodsense pain relief pm ex st oral tablet 25-500 mg</i>	T3	
<i>goodsense sleeptime</i>	T3	
<i>liquid allergy relief</i>	T3	QL (3600 ML per 30 days)
<i>m-dryl</i>	T3	QL (3600 ML per 30 days)
<i>nighttime sleep aid oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral tablet 25 mg</i>	T3	
<i>qc rest simply</i>	T3	QL (360 EA per 30 days)
<i>siladryl allergy</i>	T3	QL (3600 ML per 30 days)
<i>sleep aid (diphenhydramine)</i>	T3	QL (360 EA per 30 days)
<i>sleep aid oral liquid</i>	T3	
<i>sleep aid oral tablet</i>	T3	
<i>sleep tabs oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>sleep-aid</i>	T3	
<i>sm allergy relief childrens</i>	T3	QL (3600 ML per 30 days)
<i>sm nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
<i>sm pain reliever pm ex st</i>	T3	
Non-Opioid Analgesics		
<i>8 hr arthritis pain relief</i>	T3	QL (180 EA per 30 days)
<i>acetaminophen childrens oral solution</i>	T3	
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	T3	
<i>acetaminophen er</i>	T3	QL (180 EA per 30 days)
<i>acetaminophen extra strength oral tablet</i>	T3	QL (240 EA per 30 days)
<i>acetaminophen infants</i>	T3	
<i>acetaminophen oral liquid</i>	T3	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	T3	
<i>acetaminophen oral tablet 325 mg</i>	T3	QL (360 EA per 30 days)
<i>acetaminophen oral tablet 500 mg</i>	T3	QL (240 EA per 30 days)
<i>acetaminophen pm</i>	T3	
<i>acetaminophen rectal suppository 120 mg</i>	T3	
<i>acetaminophen rectal suppository 650 mg</i>	T3	QL (180 EA per 30 days)
<i>arthritis pain relief oral</i>	T3	QL (180 EA per 30 days)
<i>childrens acetaminophen oral suspension 160 mg/5ml</i>	T3	
<i>childrens silapap</i>	T3	
<i>ed-apap</i>	T3	
FEVERALL INFANTS	T3	
FEVERALL JUNIOR STRENGTH	T3	
<i>ft migraine relief</i>	T3	
<i>ft pain reliever pm extra str</i>	T3	
<i>gnp 8 hour arthritis relief</i>	T3	QL (180 EA per 30 days)
<i>gnp 8 hour pain relief</i>	T3	QL (180 EA per 30 days)
<i>gnp 8 hour pain reliever</i>	T3	QL (180 EA per 30 days)
<i>gnp acetaminophen oral tablet</i>	T3	QL (360 EA per 30 days)
<i>gnp headache relief extra str</i>	T3	
<i>gnp infants pain/fever</i>	T3	
<i>gnp migraine relief</i>	T3	
<i>gnp pain & fever childrens oral suspension 160 mg/5ml</i>	T3	
<i>gnp pain & fever infants</i>	T3	
<i>gnp pain relief es night time</i>	T3	
<i>gnp pain relief extra strength oral tablet</i>	T3	QL (240 EA per 30 days)
<i>gnp pain relief oral</i>	T3	QL (360 EA per 30 days)
<i>gnp pain relief pm ex st oral tablet 25-500 mg</i>	T3	
<i>goodsense arthritis pain oral</i>	T3	QL (180 EA per 30 days)
<i>goodsense migraine formula</i>	T3	
<i>goodsense pain & fever child</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>goodsense pain & fever infants</i>	T3	
<i>goodsense pain relief extra st</i>	T3	QL (240 EA per 30 days)
<i>goodsense pain relief oral tablet</i>	T3	QL (360 EA per 30 days)
<i>goodsense pain relief pm ex st oral tablet 25-500 mg</i>	T3	
<i>headache formula</i>	T3	
<i>headache relief oral</i>	T3	
<i>hm arthritis pain relief</i>	T3	QL (180 EA per 30 days)
<i>hm migraine relief</i>	T3	
<i>hm pain & fever childrens</i>	T3	
<i>liquid acetaminophen</i>	T3	
<i>mapap oral capsule</i>	T3	QL (240 EA per 30 days)
<i>migraine relief</i>	T3	
<i>m-pap</i>	T3	
<i>pain & fever childrens oral suspension</i>	T3	
<i>pain & fever infants</i>	T3	
<i>pain reliever plus</i>	T3	
<i>sm arthritis pain reliever</i>	T3	QL (180 EA per 30 days)
<i>sm pain & fever childrens</i>	T3	
<i>sm pain reliever ex st oral tablet</i>	T3	QL (240 EA per 30 days)
<i>sm pain reliever pm ex st</i>	T3	
<i>tension headache</i>	T3	
Nonsteroidal Anti-Inflamm. Agents, Misc		
<i>all day pain relief</i>	T3	QL (210 EA per 30 days)
<i>all day relief</i>	T3	QL (210 EA per 30 days)
<i>childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	T3	
<i>ft all day pain relief</i>	T3	QL (210 EA per 30 days)
<i>ft naproxen sodium</i>	T3	
<i>gnp childrens ibuprofen</i>	T3	
<i>gnp ibuprofen</i>	T3	
<i>gnp ibuprofen childrens</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp ibuprofen infants</i>	T3	
<i>gnp naproxen sodium oral capsule</i>	T3	
<i>gnp naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
<i>goodsense ibuprofen</i>	T3	
<i>goodsense ibuprofen childrens oral suspension</i>	T3	
<i>goodsense ibuprofen infants</i>	T3	
<i>goodsense naproxen sodium</i>	T3	QL (210 EA per 30 days)
<i>hm ibuprofen childrens</i>	T3	
<i>ibuprofen childrens</i>	T3	
<i>ibuprofen infants</i>	T3	
<i>ibuprofen junior strength oral tablet chewable</i>	T3	
<i>ibuprofen oral capsule</i>	T3	
<i>ibuprofen oral tablet 200 mg</i>	T3	
<i>infants ibuprofen</i>	T3	
<i>naproxen sodium oral capsule</i>	T3	
<i>naproxen sodium oral tablet 220 mg</i>	T3	QL (210 EA per 30 days)
<i>qc naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
<i>sm childrens ibuprofen</i>	T3	
<i>sm ibuprofen ib childrens</i>	T3	
<i>sm ibuprofen ib oral tablet</i>	T3	
<i>sm ibuprofen oral tablet</i>	T3	
<i>sm infants ibuprofen</i>	T3	
<i>sm naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
Opioid Antagonists (28:10)		
<i>ft naloxone hcl</i>	T2	PA
<i>gnp naloxone hcl</i>	T2	PA
<i>naloxone hcl nasal</i>	T2	PA
NARCAN	T1	
Respiratory And Cns Stimulants		
<i>back & body extra strength</i>	T3	
<i>ft migraine relief</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp headache relief extra str</i>	T3	
<i>gnp migraine relief</i>	T3	
<i>goodsense migraine formula</i>	T3	
<i>headache formula</i>	T3	
<i>headache relief oral</i>	T3	
<i>hm migraine relief</i>	T3	
<i>migraine relief</i>	T3	
<i>pain reliever plus</i>	T3	
<i>tension headache</i>	T3	
Reversible Cox-1/Cox-2 Inhibitors		
<i>all day pain relief</i>	T3	QL (210 EA per 30 days)
<i>all day relief</i>	T3	QL (210 EA per 30 days)
<i>childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	T3	
<i>ft all day pain relief</i>	T3	QL (210 EA per 30 days)
<i>ft naproxen sodium</i>	T3	
<i>gnp childrens ibuprofen</i>	T3	
<i>gnp ibuprofen</i>	T3	
<i>gnp ibuprofen childrens</i>	T3	
<i>gnp ibuprofen infants</i>	T3	
<i>gnp naproxen sodium oral capsule</i>	T3	
<i>gnp naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
<i>goodsense ibuprofen</i>	T3	
<i>goodsense ibuprofen childrens oral suspension</i>	T3	
<i>goodsense ibuprofen infants</i>	T3	
<i>goodsense naproxen sodium</i>	T3	QL (210 EA per 30 days)
<i>hm ibuprofen childrens</i>	T3	
<i>ibuprofen childrens</i>	T3	
<i>ibuprofen infants</i>	T3	
<i>ibuprofen junior strength oral tablet chewable</i>	T3	
<i>ibuprofen oral capsule</i>	T3	
<i>ibuprofen oral tablet 200 mg</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>infants ibuprofen</i>	T3	
<i>naproxen sodium oral capsule</i>	T3	
<i>naproxen sodium oral tablet 220 mg</i>	T3	QL (210 EA per 30 days)
<i>qc naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
<i>sm childrens ibuprofen</i>	T3	
<i>sm ibuprofen ib childrens</i>	T3	
<i>sm ibuprofen ib oral tablet</i>	T3	
<i>sm ibuprofen oral tablet</i>	T3	
<i>sm infants ibuprofen</i>	T3	
<i>sm naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
Salicylates		
<i>adult aspirin regimen</i>	T3	
<i>aspirin adult low dose</i>	T3	
<i>aspirin low dose oral tablet chewable</i>	T3	
<i>aspirin low dose oral tablet delayed release</i>	T3	
<i>aspirin oral tablet 325 mg</i>	T3	
<i>aspirin oral tablet chewable</i>	T3	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	T3	
<i>aspirin rectal suppository 300 mg</i>	T3	
<i>aspirin regimen</i>	T3	
<i>back & body extra strength</i>	T3	
<i>ft aspirin low dose</i>	T3	
<i>ft aspirin oral tablet</i>	T3	
<i>ft enteric coated aspirin</i>	T3	
<i>ft migraine relief</i>	T3	
<i>gnp adult aspirin low strength oral tablet chewable</i>	T3	
<i>gnp aspirin low dose</i>	T3	
<i>gnp aspirin oral tablet 325 mg</i>	T3	
<i>gnp aspirin oral tablet delayed release</i>	T3	
<i>gnp headache relief extra str</i>	T3	
<i>gnp migraine relief</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>goodsense aspirin adults</i>	T3	
<i>goodsense aspirin low dose</i>	T3	
<i>goodsense aspirin oral tablet</i>	T3	
<i>goodsense aspirin oral tablet chewable</i>	T3	
<i>goodsense migraine formula</i>	T3	
<i>headache formula</i>	T3	
<i>headache relief oral</i>	T3	
<i>hm adult aspirin</i>	T3	
<i>hm aspirin ec</i>	T3	
<i>hm migraine relief</i>	T3	
<i>migraine relief</i>	T3	
<i>pain reliever plus</i>	T3	
<i>qc aspirin low dose</i>	T3	
<i>qc aspirin oral tablet</i>	T3	
<i>qc enteric aspirin</i>	T3	
<i>sm aspirin adult low strength oral tablet delayed release</i>	T3	
<i>sm aspirin ec</i>	T3	
<i>sm aspirin low dose oral tablet chewable</i>	T3	
<i>sm childrens aspirin</i>	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T3	

Dental Agents

Dental Agents

<i>multivitamin/fluoride oral solution</i>	T3	
<i>multivitamin/fluoride oral suspension</i>	T3	
<i>vitamins acd-fluoride</i>	T3	

Nutritional Supplements

<i>multivitamin/fluoride oral solution</i>	T3	
<i>multivitamin/fluoride oral suspension</i>	T3	
<i>vitamins acd-fluoride</i>	T3	

Electrolytic, Caloric, And Water Balance

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Caloric Agents		
METAFOBIC PLUS	T3	
Phosphate-Removing Agents		
CALPHRON	T2	PA
Replacement Preparations		
BACMIN	T3	
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>	T3	
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	T3	
<i>calcium acetate oral tablet 668 (169 ca) mg</i>	T3	
CALPHRON	T2	PA
CEROVITE SENIOR	T3	
CERTAVITE SENIOR/ANTIOXIDANT	T3	
CERTAVITE/ANTIOXIDANTS ORAL TABLET	T3	
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	T3	
COMPETE	T3	
CORVITA ORAL TABLET	T3	
<i>daily multivitamin</i>	T3	
DERMACINRX MULTITAM ORAL TABLET	T3	
DERMACINRX RIBOTIN-E	T3	
DERMACINRX ZINTREXYL-C	T3	
<i>dialyvite 800/ultra d</i>	T3	
DIALYVITE 800/ZINC	T3	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	T3	
DIALYVITE SUPREME D ORAL TABLET	T3	
DIALYVITE/ZINC	T3	
DIATROL	T3	
ELDERTONIC ORAL LIQUID	T3	
FOLIFLEX	T3	
FOLITIN-Z	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp cal mag zinc +d3</i>	T3	
<i>gnp calcium citrate +d3</i>	T3	
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>	T3	
<i>gnp healthy eyes</i>	T3	
<i>gnp mega multi for men</i>	T3	
<i>gnp mega multi for women</i>	T3	
<i>gnp one daily mens health 50+</i>	T3	
<i>gnp one daily mens/lycopene</i>	T3	
<i>gnp one daily womens</i>	T3	
<i>gnp one daily womens 50+</i>	T3	
ICAPS	T3	
ICAPS AREDS FORMULA	T3	
ICAPS LUTEIN & OMEGA-3	T3	
ICAPS MV	T3	
<i>i-vite</i>	T3	
K-PHOS-NEUTRAL	T3	
MAGNEBIND 400 ORAL TABLET 80-115 MG	T2	PA
<i>magnesium lactate oral</i>	T3	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg</i>	T3	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	T3	
<i>multiple vitamins-minerals</i>	T3	
MULTITOL-M	T3	
NEPHPLEX RX	T3	
NICADAN	T3	
NU-MAG	T3	
NUTRIFAC ZX	T3	
OCUVITE ADULT 50+	T3	
OCUVITE ADULT FORMULA	T3	
OCUVITE EXTRA	T3	
OCUVITE EYE + MULTI	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
OCUVITE EYE HEALTH FORMULA	T3	
OCUVITE-LUTEIN	T3	
ONCOVITE	T3	
<i>one-daily multi caps</i>	T3	
OYSCO 500+D ORAL TABLET	T3	
<i>oyster shell calcium oral tablet 500 mg</i>	T3	
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	T3	
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	T3	
PHOSPHA 250 NEUTRAL	T3	
PHOSPHO-TRIN 250 NEUTRAL	T3	
PRESERVISION AREDS	T3	
PRESERVISION AREDS 2	T3	
PRESERVISION AREDS 2+MULTI VIT	T3	
PRESERVISION/LUTEIN	T3	
PRORENAL + D	T3	
PRORENAL + D W/ OMEGA-3	T3	
PROSIGHT ORAL TABLET	T3	
<i>rayavit</i>	T3	
RENAPLEX	T3	
RENAPLEX-D	T3	
STROVITE ONE	T3	
SYSTANE ICAPS AREDS2 ORAL CAPSULE	T3	
SYSTANE ICAPS AREDS2 ORAL TABLET	T3	
<i>true magnesium oxide</i>	T3	
UDAMIN SP ORAL TABLET	T3	
<i>ultra calcium + vitamin d3</i>	T3	
VENEXA	T3	
VENEXA FE	T3	
VENTRIXYL FE	T3	
VENTRIXYL ORAL TABLET	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
VITA S FORTE	T3	
VITRAMYN	T3	
VITRANOL	T3	
VITRANOL FE	T3	
VITREXATE	T3	
VITREXATE FE	T3	
VITREXYL	T3	
VITREXYL + IRON	T3	
<i>wes-phos 250 neutral</i>	T3	

Eye, Ear, Nose And Throat (Eent) Preps.

Antiallergic Agents

ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	T1	QL (10 ML per 30 days)
ALAWAY OPHTHALMIC SOLUTION 0.035 %	T1	QL (10 ML per 30 days)
<i>eye allergy itch relief</i>	T1	QL (5 ML per 30 days)
<i>eye allergy itch/redness rel</i>	T3	QL (10 ML per 30 days)
<i>eye itch relief ophthalmic solution 0.035 %</i>	T1	QL (10 ML per 30 days)
<i>ft eye allergy itch relief</i>	T1	QL (5 ML per 30 days)
<i>gnp olopatadine hcl ophthalmic solution 0.1 %</i>	T3	QL (10 ML per 30 days)
<i>gnp olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (5 ML per 30 days)
<i>hm eye allergy itch relief</i>	T1	QL (5 ML per 30 days)
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	T1	QL (10 ML per 30 days)
NAPHCON-A	T3	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T3	QL (10 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.7 %	T3	
<i>sm olopatadine hcl</i>	T1	QL (5 ML per 30 days)
ZADITOR OPHTHALMIC SOLUTION 0.035 %	T1	QL (10 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Antibacterials (52:04)		
<i>bacitracin external</i>	T3	
<i>bacitracin zinc external</i>	T3	
<i>bacitracin zinc-aloe</i>	T3	
<i>double antibiotic</i>	T3	
<i>ft antibiotic</i>	T3	
<i>ft double antibiotic</i>	T3	
<i>ft triple antibiotic</i>	T3	
<i>gnp bacitracin zinc</i>	T3	
<i>gnp triple antibiotic external ointment</i>	T3	
<i>gnp triple antibiotic plus</i>	T3	
<i>goodsense first aid antibiotic</i>	T3	
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	T3	
<i>qc triple antibiotic</i>	T3	
<i>sm antibiotic</i>	T3	
<i>sm double antibiotic external ointment 500-10000 unit/gm</i>	T3	
<i>sm triple antibiotic max st</i>	T3	
<i>sm triple antibiotic original</i>	T3	
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000</i>	T3	
<i>triple antibiotic plus</i>	T3	
<i>triple antibiotic+pain relief</i>	T3	
Anti-Infectives, Miscellaneous (52:04)		
<i>ear drops</i>	T3	
<i>earwax removal</i>	T3	
<i>earwax removal kit</i>	T3	
<i>ft earwax removal</i>	T3	
<i>ft earwax removal kit</i>	T3	
<i>gnp earwax removal drops</i>	T3	
<i>gnp earwax removal kit</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sm ear drops</i>	T3	
Astringents (52:04)		
<i>antiseptic skin cleanser external solution 4 %</i>	T3	
<i>chlorhexidine gluconate external solution 4 %</i>	T3	
<i>ear drops</i>	T3	
<i>earwax removal</i>	T3	
<i>earwax removal kit</i>	T3	
<i>ft earwax removal</i>	T3	
<i>ft earwax removal kit</i>	T3	
<i>gnp antiseptic skin cleanser</i>	T3	
<i>gnp earwax removal drops</i>	T3	
<i>gnp earwax removal kit</i>	T3	
<i>sm antiseptic skin cleanser</i>	T3	
<i>sm ear drops</i>	T3	
Corticosteroids (Eent)		
<i>allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>anti-itch maximum strength external cream 1 %</i>	T3	QL (60 GM per 30 days)
AQUANIL HC	T3	QL (120 ML per 30 days)
<i>budesonide nasal</i>	T3	
<i>ft allergy relief 24 hr</i>	T3	QL (16 ML per 30 days)
<i>ft itch relief max strength</i>	T3	QL (60 GM per 30 days)
<i>ft itch relief/aloe max str</i>	T3	QL (60 GM per 30 days)
<i>gnp 24 hour nasal allergy</i>	T3	
<i>gnp budesonide nasal spray</i>	T3	
<i>gnp fluticasone propionate</i>	T3	QL (16 ML per 30 days)
<i>gnp hydrocortisone external cream 0.5 %</i>	T3	QL (60 GM per 30 days)
<i>gnp hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>gnp hydrocortisone plus</i>	T3	QL (60 GM per 30 days)
<i>gnp hydrocortisone/aloe</i>	T3	QL (60 GM per 30 days)
<i>goodsense 24-hr allergy nasal</i>	T3	QL (16 ML per 30 days)
<i>goodsense anti-itch max str</i>	T3	QL (60 GM per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>goodsense anti-itch maximum st</i>	T3	QL (60 GM per 30 days)
<i>goodsense nasal allergy spray</i>	T3	
<i>hm 24 hour nasal allergy</i>	T3	
<i>hm allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>hydrocortisone external cream 0.5 %</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone external ointment 0.5 %</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone max st/12 moist</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone/aloe max str</i>	T3	
<i>nasal allergy 24 hour</i>	T3	
<i>qc hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>sm allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>sm hydrocortisone external cream 1 %</i>	T3	QL (60 GM per 30 days)
<i>sm hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>sm hydrocortisone plus</i>	T3	QL (60 GM per 30 days)
<i>triamcinolone acetonide nasal aerosol</i>	T3	
Eent Drugs, Miscellaneous		
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	T3	
<i>deep sea nasal spray</i>	T3	
<i>ear drops for swimmers</i>	T3	
GENTEAL TEARS NIGHT-TIME	T3	
<i>gnp nighttime relief lub eye</i>	T3	
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	T3	
<i>lubricant eye nighttime</i>	T3	
<i>lubrifresh p.m.</i>	T3	
MURO 128	T3	
<i>nasal moisturizing spray</i>	T3	
<i>polyvinyl alcohol ophthalmic</i>	T3	
REFRESH LACRI-LUBE	T3	
<i>saline mist spray</i>	T3	
<i>saline nasal spray</i>	T3	
<i>sm nasal spray saline</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sodium chloride (hypertonic)</i>	T3	
SOOTHE NIGHTTIME	T3	
SWIM EAR OTIC LIQUID	T3	
SYSTANE NIGHTTIME	T3	
Local Anesthetics (Eent)		
ENEMEEZ PLUS	T3	
<i>sore throat mouth/throat lozenge 15-3.6 mg</i>	T3	
Mouthwashes And Gargles		
<i>gnp sore throat spray</i>	T3	
<i>phenaseptic</i>	T3	
<i>sore throat mouth/throat liquid 1.4 %</i>	T3	
<i>sore throat spray mouth/throat liquid</i>	T3	
Mydriatics		
<i>gnp nasal four spray</i>	T3	
<i>gnp nasal spray fast acting</i>	T3	
<i>nasal four</i>	T3	
<i>sinus relief extra strength</i>	T3	
Vasoconstrictors		
<i>12 hour nasal decongestant nasal</i>	T3	
<i>12 hour nasal spray</i>	T3	
AFRIN NODRIP ORIGINAL	T3	
<i>eye drops ophthalmic solution 0.05 %</i>	T3	
<i>ft eye drops</i>	T3	
<i>ft nasal spray</i>	T3	
<i>gnp eye drops ophthalmic solution 0.05 %</i>	T3	
<i>gnp nasal four spray</i>	T3	
<i>gnp nasal spray</i>	T3	
<i>gnp nasal spray extra moist</i>	T3	
<i>gnp nasal spray fast acting</i>	T3	
<i>gnp no drip nasal spray</i>	T3	
NAPHCON-A	T3	
<i>nasal decongestant spray</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>nasal four</i>	T3	
<i>nasal spray 12 hour</i>	T3	
<i>nasal spray extra moisturizing</i>	T3	
<i>nasal spray no drip</i>	T3	
<i>oxymetazoline hcl nasal</i>	T3	
<i>sinus nasal spray</i>	T3	
<i>sinus relief extra strength</i>	T3	
<i>sm eye drops ophthalmic solution 0.05 %</i>	T3	
<i>sm nasal spray 12 hour</i>	T3	
<i>sm nasal spray nasal solution 0.05 %</i>	T3	
<i>sm nasal spray sinus</i>	T3	

Gastrointestinal Drugs

Antacids And Adsorbents

ACID GONE ORAL TABLET CHEWABLE 160-105 MG	T3	
ALMACONE DOUBLE STRENGTH	T3	
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	T3	
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	T3	
<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	T3	
<i>antacid calcium</i>	T3	
<i>antacid extra strength oral tablet chewable 160-105 mg, 750 mg</i>	T3	
<i>antacid maximum strength</i>	T3	
<i>antacid oral suspension 400-400-40 mg/10ml</i>	T3	
<i>antacid oral tablet chewable 750 mg</i>	T3	
<i>antacid regular strength oral suspension</i>	T3	
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	T3	
<i>antacid/antigas</i>	T3	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits

AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>calcium antacid</i>	T3	
<i>calcium antacid extra strength</i>	T3	
<i>calcium carbonate antacid oral suspension</i>	T3	
<i>calcium carbonate antacid oral tablet 648 mg</i>	T3	
CAL-GEST ANTACID	T3	
<i>ft antacid & antigas</i>	T3	
<i>ft antacid extra strength</i>	T3	
<i>ft antacid regular strength</i>	T3	
<i>ft stomach relief</i>	T3	
<i>gnp antacid & anti-gas</i>	T3	
<i>gnp antacid extra strength</i>	T3	
<i>gnp antacid oral tablet chewable 500 mg</i>	T3	
<i>gnp antacid regular strength</i>	T3	
<i>gnp antacid ultra strength</i>	T3	
<i>gnp pink bismuth oral tablet</i>	T3	
<i>gnp pink bismuth oral tablet chewable</i>	T3	
<i>gnp pink bismuth ultra str</i>	T3	
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>goodsense omeprazole/sodium bicarbonate</i>	T3	QL (60 EA per 30 days)
<i>hm antacid extra strength</i>	T3	
<i>hm antacid oral suspension</i>	T3	
<i>hm stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>hm stomach relief ultra</i>	T3	
<i>mag-al plus oral liquid</i>	T3	
<i>mag-al plus xs oral liquid</i>	T3	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	T3	
<i>magnesium oxide oral tablet 400 mg, 420 mg</i>	T3	
<i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i>	T3	
<i>mintox maximum strength</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
MINTOX PLUS	T3	
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	T3	
<i>qc stomach relief</i>	T3	
<i>qc stomach relief ultra</i>	T3	
<i>sm antacid advanced</i>	T3	
<i>sm antacid advanced max st</i>	T3	
<i>sm stomach relief oral tablet</i>	T3	
<i>sm stomach relief oral tablet chewable</i>	T3	
<i>smooth antacid extra strength</i>	T3	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	T3	QL (720 EA per 30 days)
<i>stomach relief extra strength</i>	T3	
<i>stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>stomach relief oral tablet</i>	T3	
<i>stomach relief oral tablet chewable</i>	T3	
<i>stomach relief ultra</i>	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T3	
Antidiarrhea Agents		
<i>acidophilus/l-sporogenes</i>	T3	
<i>acidophilus-bacillus coagulans</i>	T3	
<i>anti-diarrheal oral solution</i>	T3	
<i>anti-diarrheal oral tablet</i>	T3	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	T3	
FLORANEX ORAL PACKET	T3	
FLORANEX ORAL TABLET	T3	
<i>ft anti-diarrheal oral capsule</i>	T3	QL (240 EA per 30 days)
<i>ft anti-diarrheal oral solution</i>	T3	
<i>ft anti-diarrheal oral tablet</i>	T3	
<i>ft stomach relief</i>	T3	
<i>gnp anti-diarrheal oral capsule</i>	T3	QL (240 EA per 30 days)
<i>gnp anti-diarrheal oral tablet</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp anti-diarrheal/anti-gas</i>	T3	
<i>gnp loperamide hcl oral solution</i>	T3	
<i>gnp pink bismuth oral tablet</i>	T3	
<i>gnp pink bismuth oral tablet chewable</i>	T3	
<i>gnp pink bismuth ultra str</i>	T3	
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>goodsense anti-diarr/ant-gas</i>	T3	
<i>goodsense anti-diarrheal oral solution</i>	T3	
<i>hm anti-diarrheal anti-gas</i>	T3	
<i>hm anti-diarrheal oral solution</i>	T3	
<i>hm stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>hm stomach relief ultra</i>	T3	
<i>lactobacillus probiotic</i>	T3	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	T3	
<i>loperamide hcl oral tablet</i>	T3	
<i>loperamide-simethicone</i>	T3	
MICROFLOR 33	T3	
PROBITROL	T3	
PROMEROL	T3	
PROVELLA	T3	
<i>qc anti-diarrheal oral capsule</i>	T3	QL (240 EA per 30 days)
<i>qc anti-diarrheal oral tablet</i>	T3	
<i>qc stomach relief</i>	T3	
<i>qc stomach relief ultra</i>	T3	
RESTORA	T3	
RISA-BID PROBIOTIC	T3	
RISAQUAD	T3	
RISAQUAD-2	T3	
<i>sm anti-diarrheal oral solution</i>	T3	
<i>sm anti-diarrheal oral tablet</i>	T3	
<i>sm stomach relief oral tablet</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sm stomach relief oral tablet chewable</i>	T3	
<i>stomach relief extra strength</i>	T3	
<i>stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>stomach relief oral tablet</i>	T3	
<i>stomach relief oral tablet chewable</i>	T3	
<i>stomach relief ultra</i>	T3	
Antiemetics, Miscellaneous		
<i>anti-nausea</i>	T3	
<i>gnp anti-nausea relief</i>	T3	
<i>gnp nausea relief</i>	T3	
<i>goodsense nausea relief</i>	T3	
<i>nausea relief</i>	T3	
Antiflatulents		
ALMACONE DOUBLE STRENGTH	T3	
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	T3	
<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	T3	
<i>antacid maximum strength</i>	T3	
<i>antacid oral suspension 400-400-40 mg/10ml</i>	T3	
<i>antacid regular strength oral suspension</i>	T3	
<i>antacid/antigas</i>	T3	
<i>ft antacid & antigas</i>	T3	
<i>ft gas relief</i>	T3	
<i>ft gas relief extra strength</i>	T3	
<i>ft gas relief infants</i>	T3	
<i>ft gas relief ultra strength</i>	T3	
<i>gas relief extra strength</i>	T3	
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	T3	
<i>gas relief oral tablet chewable</i>	T3	
<i>gas relief ultra strength</i>	T3	
<i>gnp antacid & anti-gas</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp antacid regular strength</i>	T3	
<i>gnp anti-diarrheal/anti-gas</i>	T3	
<i>gnp anti-gas oral capsule 180 mg</i>	T3	
<i>gnp gas relief</i>	T3	
<i>gnp gas relief extra strength oral tablet chewable</i>	T3	
<i>gnp infant gas relief</i>	T3	
<i>goodsense anti-diarr/ant-gas</i>	T3	
<i>hm antacid oral suspension</i>	T3	
<i>hm anti-diarrheal anti-gas</i>	T3	
<i>loperamide-simethicone</i>	T3	
<i>mag-al plus oral liquid</i>	T3	
<i>mag-al plus xs oral liquid</i>	T3	
<i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i>	T3	
<i>mintox maximum strength</i>	T3	
MINTOX PLUS	T3	
PHAZYME MAXIMUM STRENGTH	T3	
PHAZYME ULTIMATE	T3	
PHAZYME ULTRA STRENGTH	T3	
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	T3	
<i>simethicone drops infants oral suspension</i>	T3	
<i>simethicone oral suspension 40 mg/0.6ml</i>	T3	
<i>simethicone oral tablet chewable 80 mg</i>	T3	
<i>simethicone ultra strength</i>	T3	
<i>sm antacid advanced</i>	T3	
<i>sm antacid advanced max st</i>	T3	
<i>sm gas relief extra strength</i>	T3	
Antihistamines (Gi Drugs)		
DRIMINATE	T3	
<i>ft motion sickness oral tablet 50 mg</i>	T3	
<i>gnp motion sickness relief oral tablet 25 mg</i>	T3	PA; QL (120 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp motion sickness relief oral tablet 50 mg</i>	T3	
<i>meclizine hcl oral tablet chewable</i>	T3	PA; QL (120 EA per 30 days)
<i>motion sickness relief oral tablet 25 mg</i>	T3	PA; QL (120 EA per 30 days)
<i>motion sickness relief oral tablet 50 mg</i>	T3	
<i>motion-time</i>	T3	PA; QL (120 EA per 30 days)
<i>sm motion sickness oral tablet 25 mg</i>	T3	PA; QL (120 EA per 30 days)
Antiulcer Agents And Acid Suppressants		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	T3	
<i>antacid calcium</i>	T3	
<i>antacid extra strength oral tablet chewable 750 mg</i>	T3	
<i>antacid oral tablet chewable 750 mg</i>	T3	
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	T3	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	T3	
<i>calcium antacid</i>	T3	
<i>calcium antacid extra strength</i>	T3	
<i>calcium carbonate antacid oral suspension</i>	T3	
<i>calcium carbonate antacid oral tablet 648 mg</i>	T3	
CAL-GEST ANTACID	T3	
<i>ft antacid extra strength</i>	T3	
<i>ft antacid regular strength</i>	T3	
<i>ft stomach relief</i>	T3	
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	T3	
<i>gnp antacid oral tablet chewable 500 mg</i>	T3	
<i>gnp antacid ultra strength</i>	T3	
<i>gnp pink bismuth oral tablet</i>	T3	
<i>gnp pink bismuth oral tablet chewable</i>	T3	
<i>gnp pink bismuth ultra str</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>hm antacid extra strength</i>	T3	
<i>hm stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>hm stomach relief ultra</i>	T3	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	T3	
<i>magnesium oxide oral tablet 400 mg, 420 mg</i>	T3	
<i>qc stomach relief</i>	T3	
<i>qc stomach relief ultra</i>	T3	
<i>sm stomach relief oral tablet</i>	T3	
<i>sm stomach relief oral tablet chewable</i>	T3	
<i>smooth antacid extra strength</i>	T3	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	T3	QL (720 EA per 30 days)
<i>stomach relief extra strength</i>	T3	
<i>stomach relief oral suspension 525 mg/30ml</i>	T3	
<i>stomach relief oral tablet</i>	T3	
<i>stomach relief oral tablet chewable</i>	T3	
<i>stomach relief ultra</i>	T3	
Cathartics And Laxatives		
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	T3	
<i>antacid extra strength oral tablet chewable 160-105 mg</i>	T3	
<i>bisacodyl ec</i>	T3	
<i>bisacodyl oral</i>	T3	
<i>bisacodyl rectal</i>	T3	
<i>chocolated laxative</i>	T3	
CLEARLAX ORAL POWDER	T1	
COLACE 2-IN-1	T3	
COLACE CLEAR	T3	
COLACE ORAL CAPSULE 100 MG	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>docusate calcium</i>	T3	
<i>docusate mini</i>	T3	
<i>docusate sodium oral capsule</i>	T3	
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	T3	
DOCUSOL KIDS	T3	
DOCUSOL MINI	T3	
DOK ORAL TABLET	T3	
<i>enema ready-to-use</i>	T3	
<i>enema rectal enema 7-19 gm/118ml</i>	T3	
ENEMEEZ MINI	T3	
ENEMEEZ PLUS	T3	
<i>epsom salt oral</i>	T3	
<i>fiber laxative + calcium</i>	T3	
<i>fiber oral tablet</i>	T3	
<i>fiber-lax</i>	T3	
FLEET BISACODYL	T3	
FLEET ENEMA RECTAL ENEMA , 7-19 GM/118ML	T3	
FLEET LIQUID GLYCERIN SUPP	T3	
FLEET MINI ENEMA	T3	
FLEET PEDIATRIC	T3	
<i>ft clearlax</i>	T1	
<i>ft epsom salt</i>	T3	
<i>ft fiber laxative oral tablet 625 mg</i>	T3	
<i>ft gentle laxative</i>	T3	
<i>ft laxative</i>	T3	
<i>ft magnesium citrate</i>	T1	
<i>ft milk of magnesia</i>	T3	
<i>ft senna laxative</i>	T3	
<i>ft senna laxatives</i>	T3	
<i>ft senna-s</i>	T3	
<i>ft stool softener</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gavilax oral powder</i>	T1	
<i>gentle laxative oral tablet delayed release</i>	T3	
<i>gentle laxative rectal</i>	T3	
<i>glycerin (adult) rectal suppository 2 gm</i>	T3	
<i>glycerin adult</i>	T3	
<i>glycerin childrens</i>	T3	
GLYCOLAX	T3	
<i>gnp antacid extra strength oral tablet chewable 160-105 mg</i>	T3	
GNP CLEARLAX	T1	
<i>gnp epsom salt</i>	T3	
<i>gnp fiber oral powder</i>	T3	
<i>gnp fiber-caps</i>	T3	
<i>gnp gentle laxative</i>	T3	
<i>gnp glycerin child</i>	T3	
<i>gnp magnesium citrate</i>	T1	
<i>gnp milk of magnesia</i>	T3	
<i>gnp senna lax</i>	T3	
<i>gnp senna plus</i>	T3	
<i>gnp stool softener oral capsule</i>	T3	
<i>gnp stool softener/laxative</i>	T3	
<i>gnp womens gentle laxative</i>	T3	
GOODSENSE CLEARLAX	T1	
HEALTHYLAX	T1	
HM CLEARLAX ORAL POWDER	T1	
<i>hm enema</i>	T3	
<i>hm milk of magnesia</i>	T3	
<i>hm stool softener oral capsule 100 mg</i>	T3	
<i>hm stool softener/laxative</i>	T3	
INSTALAX	T1	
<i>laxative max str</i>	T3	
<i>laxative regular strength</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	T1	
<i>milk of magnesia</i>	T3	
<i>milk of magnesia concentrate</i>	T3	
NEPHRON FA	T3	
PEDIA-LAX ORAL LIQUID	T3	
PEDIA-LAX ORAL TABLET CHEWABLE	T3	
PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM	T3	
<i>peg 3350</i>	T1	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T1	
<i>polyethylene glycol 3350 oral powder</i>	T1	
<i>qc gentle laxative oral</i>	T3	
<i>qc laxative oral tablet delayed release</i>	T3	
<i>qc magnesium citrate</i>	T3	
<i>senexon-s</i>	T3	
<i>senna oral capsule</i>	T3	
<i>senna oral liquid</i>	T3	
<i>senna oral syrup 176 mg/5ml, 8.8 mg/5ml</i>	T3	
<i>senna oral tablet 8.6 mg</i>	T3	
<i>senna plus</i>	T3	
<i>senna-docusate sodium</i>	T3	
<i>senna-lax</i>	T3	
<i>senna-time</i>	T3	
<i>senna-time s</i>	T3	
<i>sennosides</i>	T3	
<i>sennosides-docusate sodium</i>	T3	
SEKOKOT	T3	
SEKOKOT EXTRA STRENGTH	T3	
SEKOKOT S	T3	
SM CLEARLAX	T1	
<i>sm docusate calcium</i>	T3	
<i>sm enema rectal enema 7-19 gm/118ml</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sm epsom salt</i>	T3	
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	T3	
<i>sm stool softener oral capsule 100 mg, 250 mg</i>	T3	
<i>sm stool softener oral tablet 100 mg</i>	T3	
SOLUBLE FIBER THERAPY	T3	
<i>stimulant laxative oral tablet</i>	T3	
<i>stool softener laxative oral capsule 100 mg</i>	T3	
<i>stool softener oral capsule 100 mg</i>	T3	
<i>stool softener plus laxative</i>	T3	
<i>stool softener/laxative oral capsule</i>	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T3	
<i>true laxative</i>	T1	
<i>womens laxative</i>	T3	
Histamine H2-Antagonists		
<i>acid reducer maximum strength oral tablet 20 mg</i>	T3	QL (120 EA per 30 days)
<i>acid reducer oral tablet 10 mg</i>	T3	QL (60 EA per 30 days)
<i>famotidine maximum strength</i>	T3	QL (120 EA per 30 days)
<i>famotidine oral tablet 10 mg</i>	T3	QL (60 EA per 30 days)
<i>famotidine oral tablet 20 mg</i>	T1	QL (120 EA per 30 days)
<i>famotidine orig st</i>	T3	QL (60 EA per 30 days)
<i>gnp acid reducer max st</i>	T3	QL (120 EA per 30 days)
<i>gnp acid reducer oral tablet 10 mg</i>	T3	QL (60 EA per 30 days)
<i>heartburn relief max st oral tablet 20 mg</i>	T3	QL (120 EA per 30 days)
<i>heartburn relief oral tablet 10 mg</i>	T3	QL (60 EA per 30 days)
<i>kls acid controller max st</i>	T3	QL (120 EA per 30 days)
<i>qc famotidine acid reducer oral tablet 20 mg</i>	T1	
<i>sm acid reducer oral tablet 10 mg</i>	T3	QL (60 EA per 30 days)
Proton-Pump Inhibitors		
<i>acid reducer oral capsule delayed release</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>esomeprazole magnesium oral tablet delayed release</i>	T3	
<i>ft acid reducer oral capsule delayed release 15 mg</i>	T3	QL (60 EA per 30 days)
<i>ft omeprazole</i>	T3	
<i>gnp lansoprazole</i>	T3	QL (60 EA per 30 days)
<i>gnp omeprazole</i>	T3	
<i>goodsense lansoprazole oral capsule delayed release</i>	T3	QL (60 EA per 30 days)
<i>goodsense lansoprazole oral tablet delayed release dispersible</i>	T3	
<i>goodsense omep/sod bicarb</i>	T3	QL (60 EA per 30 days)
<i>omeprazole magnesium</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>omeprazole oral tablet delayed release dispersible</i>	T3	
PREVACID 24HR	T3	QL (60 EA per 30 days)
<i>qc lansoprazole</i>	T3	QL (60 EA per 30 days)
<i>sm lansoprazole</i>	T3	QL (60 EA per 30 days)
<i>sm omeprazole</i>	T3	

Hormones And Synthetic Substitutes

Adrenals

<i>allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>anti-itch maximum strength external cream 1 %</i>	T3	QL (60 GM per 30 days)
AQUANIL HC	T3	QL (120 ML per 30 days)
<i>ft allergy relief 24 hr</i>	T3	QL (16 ML per 30 days)
<i>ft itch relief max strength</i>	T3	QL (60 GM per 30 days)
<i>ft itch relief/aloe max str</i>	T3	QL (60 GM per 30 days)
<i>gnp fluticasone propionate</i>	T3	QL (16 ML per 30 days)
<i>gnp hydrocortisone external cream 0.5 %</i>	T3	QL (60 GM per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits

AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>gnp hydrocortisone plus</i>	T3	QL (60 GM per 30 days)
<i>gnp hydrocortisone/aloe</i>	T3	QL (60 GM per 30 days)
<i>goodsense 24-hr allergy nasal</i>	T3	QL (16 ML per 30 days)
<i>goodsense anti-itch max str</i>	T3	QL (60 GM per 30 days)
<i>goodsense anti-itch maximum st</i>	T3	QL (60 GM per 30 days)
<i>hm allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>hydrocortisone external cream 0.5 %</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone external ointment 0.5 %</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone max st/12 moist</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone/aloe max str</i>	T3	
<i>qc hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>sm allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>sm hydrocortisone external cream 1 %</i>	T3	QL (60 GM per 30 days)
<i>sm hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>sm hydrocortisone plus</i>	T3	QL (60 GM per 30 days)
Antigonadtropins		
ECONTRA ONE-STEP	T3	
<i>levonorgestrel oral tablet 1.5 mg</i>	T3	
MY CHOICE	T3	
MY WAY	T3	
NEW DAY	T3	
OPCICON ONE-STEP	T3	
OPTION 2	T3	
Contraceptives		
ECONTRA ONE-STEP	T3	
<i>levonorgestrel oral tablet 1.5 mg</i>	T3	
MY CHOICE	T3	
MY WAY	T3	
NEW DAY	T3	
OPCICON ONE-STEP	T3	

		Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	AL = Age Limit
UPPERCASE = Brand name drugs	T1 = Preferred PDL	PA = Prior Authorization
	T2 = Non-Preferred PDL	QL = Quantity Limit
	T3 = ADD	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
OPILL	T3	
OPTION 2	T3	
Progestins		
ECONTRA ONE-STEP	T3	
<i>levonorgestrel oral tablet 1.5 mg</i>	T3	
MY CHOICE	T3	
MY WAY	T3	
NEW DAY	T3	
OPCICON ONE-STEP	T3	
OPILL	T3	
OPTION 2	T3	
Miscellaneous Therapeutic Agents		
Antidotes (92:12)		
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	T3	
<i>phytonadione oral</i>	T3	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	T3	
Antigout Agents		
<i>all day pain relief</i>	T3	QL (210 EA per 30 days)
<i>all day relief</i>	T3	QL (210 EA per 30 days)
<i>ft all day pain relief</i>	T3	QL (210 EA per 30 days)
<i>ft naproxen sodium</i>	T3	
<i>gnp naproxen sodium oral capsule</i>	T3	
<i>gnp naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
<i>goodsense naproxen sodium</i>	T3	QL (210 EA per 30 days)
<i>naproxen sodium oral capsule</i>	T3	
<i>naproxen sodium oral tablet 220 mg</i>	T3	QL (210 EA per 30 days)
<i>qc naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
<i>sm naproxen sodium oral tablet</i>	T3	QL (210 EA per 30 days)
Cariostatic Agents		
<i>multi-vit/iron/fluoride</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>multivitamin/fluoride oral solution</i>	T3	
<i>multivitamin/fluoride oral suspension</i>	T3	
POLY-VI-FLOR/IRON ORAL SUSPENSION	T3	
<i>vitamins acd-fluoride</i>	T3	
Other Miscellaneous Therapeutic Agents		
<i>co q-10 oral capsule 50 mg</i>	T3	
<i>coenzyme q-10 oral capsule 200 mg, 30 mg</i>	T3	
FERREX 28 ORAL	T3	QL (30 EA per 30 days)
<i>fish oil high potency</i>	T3	
<i>fish oil oral capsule 1000 mg, 500 mg</i>	T3	
FOLTANX RF	T3	
<i>l-methylfolate forte oral capsule 15-90.314 mg</i>	T3	
<i>melatonin oral tablet 3 mg, 5 mg</i>	T3	
METAFOLBIC PLUS	T3	
SEA-OMEGA	T3	
Protective Agents		
<i>adapalene external gel 0.1 %</i>	T3	PA
DIFFERIN EXTERNAL GEL 0.1 %	T2	PA
Pharmaceutical Aids		
Pharmaceutical Aids		
<i>goodsense hemorrhoidal rectal suppository</i>	T3	
<i>hemorrhoidal rectal suppository 0.25-88.44 %</i>	T3	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
<i>gnp nasal decongestant oral tablet</i>	T3	
<i>nasal decongestant oral tablet 30 mg</i>	T3	
<i>pseudoephedrine hcl oral tablet</i>	T3	
SUDOGEST	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
SUDOGEST MAXIMUM STRENGTH	T3	
Antitussives		
<i>allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>allergy relief oral tablet 25 mg</i>	T3	
<i>allergy relief oral tablet chewable</i>	T3	
BANOPHEN ORAL CAPSULE 25 MG	T3	QL (360 EA per 30 days)
BANOPHEN ORAL CAPSULE 50 MG	T3	QL (180 EA per 30 days)
BANOPHEN ORAL TABLET	T3	
<i>chest congestion relief dm oral syrup</i>	T3	QL (1800 ML per 30 days)
<i>cough dm childrens oral suspension extended release</i>	T3	
<i>cough dm oral suspension extended release</i>	T3	
<i>dextromethorphan polistirex er oral suspension extended release</i>	T3	
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml</i>	T3	
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	T3	QL (1800 ML per 30 days)
<i>diphenhydramine hcl childrens</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>diphenhydramine hcl oral capsule 50 mg</i>	T3	QL (180 EA per 30 days)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	T3	
<i>duratuss dm oral liquid</i>	T3	
<i>ed-a-hist dm</i>	T3	
<i>ft allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>ft allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>ft allergy relief oral tablet 25 mg</i>	T3	
<i>ft allergy relief oral tablet chewable</i>	T3	
<i>ft nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
<i>ft sleep-aid maximum strength</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>ft tussin cf adult</i>	T3	QL (1800 ML per 30 days)
<i>gnp allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy oral tablet 25 mg</i>	T3	
<i>gnp allergy relief max st</i>	T3	QL (3600 ML per 30 days)
<i>gnp allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy relief oral tablet 25 mg</i>	T3	
<i>gnp allergy relief oral tablet chewable</i>	T3	
<i>gnp childrens allergy</i>	T3	QL (3600 ML per 30 days)
<i>gnp cough dm er oral suspension extended release</i>	T3	
<i>gnp nighttime sleep-aid max st</i>	T3	
<i>gnp sleep aid nighttime</i>	T3	QL (360 EA per 30 days)
<i>gnp sleep aid oral liquid</i>	T3	
<i>gnp tussin cf cough & cold</i>	T3	QL (1800 ML per 30 days)
<i>gnp tussin dm cough</i>	T3	
<i>gnp tussin dm max oral liquid 20-400 mg/20ml</i>	T3	
<i>goodsense cough dm</i>	T3	
<i>goodsense cough dm childrens</i>	T3	
<i>goodsense sleeptime</i>	T3	
<i>goodsense tussin cf</i>	T3	QL (1800 ML per 30 days)
<i>goodsense tussin dm max</i>	T3	QL (3600 ML per 30 days)
<i>guaifenesin ac</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years)
<i>guaifenesin-codeine oral solution</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years)
<i>guaifenesin-dm oral syrup</i>	T3	QL (1800 ML per 30 days)
<i>hm cough dm oral suspension extended release</i>	T3	
<i>liquid allergy relief</i>	T3	QL (3600 ML per 30 days)
<i>m-dryl</i>	T3	QL (3600 ML per 30 days)
<i>m-end dmx</i>	T3	
<i>mucus relief cough childrens</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>mucus relief dm max oral liquid 20-400 mg/20ml</i>	T3	
<i>mucus relief dm oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>nighttime sleep aid oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>nohist-dm</i>	T3	QL (900 ML per 30 days)
<i>qc allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral tablet 25 mg</i>	T3	
<i>qc rest simply</i>	T3	QL (360 EA per 30 days)
<i>robafen cf multi-symptom cold</i>	T3	QL (1800 ML per 30 days)
<i>siladryl allergy</i>	T3	QL (3600 ML per 30 days)
<i>siltussin dm das</i>	T3	
<i>siltussin-dm alcohol free</i>	T3	QL (1800 ML per 30 days)
<i>sleep aid (diphenhydramine)</i>	T3	QL (360 EA per 30 days)
<i>sleep aid oral liquid</i>	T3	
<i>sleep tabs oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>sleep-aid oral capsule</i>	T3	
<i>sm allergy relief childrens</i>	T3	QL (3600 ML per 30 days)
<i>sm nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
<i>sm tussin cough/chest congest oral syrup</i>	T3	
<i>sm tussin dm</i>	T3	
<i>sm tussin dm max oral liquid 20-400 mg/20ml</i>	T3	
<i>tusnel diabetic</i>	T3	
<i>tussin dm cough + chest oral liquid 200-20 mg/10ml</i>	T3	
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	T3	QL (3600 ML per 30 days)
<i>tussin dm oral liquid 100-10 mg/5ml</i>	T3	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	T3	QL (1800 ML per 30 days)
<i>tussin multi-symptom cold cf</i>	T3	QL (1800 ML per 30 days)
Corticosteroids (Respiratory Tract)		
<i>allergy relief nasal</i>	T3	QL (16 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits

AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>budesonide nasal</i>	T3	
<i>ft allergy relief 24 hr</i>	T3	QL (16 ML per 30 days)
<i>gnp 24 hour nasal allergy</i>	T3	
<i>gnp budesonide nasal spray</i>	T3	
<i>gnp fluticasone propionate</i>	T3	QL (16 ML per 30 days)
<i>goodsense 24-hr allergy nasal</i>	T3	QL (16 ML per 30 days)
<i>goodsense nasal allergy spray</i>	T3	
<i>hm 24 hour nasal allergy</i>	T3	
<i>hm allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>nasal allergy 24 hour</i>	T3	
<i>sm allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>triamcinolone acetonide nasal aerosol</i>	T3	
Expectorants		
<i>chest congestion relief dm oral syrup</i>	T3	QL (1800 ML per 30 days)
<i>chest congestion relief oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml</i>	T3	
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	T3	QL (1800 ML per 30 days)
<i>ed bron gp</i>	T3	
<i>ft mucus relief 12hr max str</i>	T3	QL (60 EA per 30 days); AL (Min 12 Years)
<i>ft mucus relief 12hr oral tablet extended release 12 hour 600 mg</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>ft tussin adult</i>	T3	QL (3600 ML per 30 days)
<i>ft tussin cf adult</i>	T3	QL (1800 ML per 30 days)
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg</i>	T3	QL (60 EA per 30 days); AL (Min 12 Years)
<i>gnp mucus er oral tablet extended release 12 hour 600 mg</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>gnp mucus relief oral tablet extended release 12 hour</i>	T3	QL (60 EA per 30 days); AL (Min 12 Years)
<i>gnp tussin cf cough & cold</i>	T3	QL (1800 ML per 30 days)
<i>gnp tussin dm cough</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp tussin dm max oral liquid 20-400 mg/20ml</i>	T3	
<i>gnp tussin mucus & chest cong</i>	T3	
<i>goodsense mucus er</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>goodsense mucus er maximum str</i>	T3	QL (60 EA per 30 days); AL (Min 12 Years)
<i>goodsense tussin cf</i>	T3	QL (1800 ML per 30 days)
<i>goodsense tussin dm max</i>	T3	QL (3600 ML per 30 days)
<i>guaifenesin ac</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years)
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>guaifenesin oral liquid 100 mg/5ml</i>	T3	QL (3600 ML per 30 days)
<i>guaifenesin-codeine oral solution</i>	T3	QL (120 ML per 30 days); AL (Min 18 Years)
<i>guaifenesin-dm oral syrup</i>	T3	QL (1800 ML per 30 days)
<i>mucus & chest congestion oral liquid 200 mg/10ml</i>	T3	QL (3600 ML per 30 days)
<i>mucus relief cough childrens</i>	T3	
<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>mucus relief dm max oral liquid 20-400 mg/20ml</i>	T3	
<i>mucus relief dm oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>mucus relief max st</i>	T3	QL (60 EA per 30 days); AL (Min 12 Years)
<i>mucus relief oral tablet extended release 12 hour</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>robafen cf multi-symptom cold</i>	T3	QL (1800 ML per 30 days)
<i>siltussin dm das</i>	T3	
<i>siltussin sa oral liquid</i>	T3	QL (3600 ML per 30 days)

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Preferred PDL T2 = Non-Preferred PDL T3 = ADD	Requirements and Limits AL = Age Limit PA = Prior Authorization QL = Quantity Limit ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>siltussin-dm alcohol free</i>	T3	QL (1800 ML per 30 days)
<i>sm mucus relief</i>	T3	QL (120 EA per 30 days); AL (Min 12 Years)
<i>sm mucus relief max strength</i>	T3	QL (60 EA per 30 days); AL (Min 12 Years)
<i>sm tussin cough/chest congest oral syrup</i>	T3	
<i>sm tussin dm</i>	T3	
<i>sm tussin dm max oral liquid 20-400 mg/20ml</i>	T3	
<i>sm tussin mucus+chest congest</i>	T3	QL (3600 ML per 30 days)
<i>tusnel diabetic</i>	T3	
TUSNEL-EX	T3	QL (3600 ML per 30 days)
<i>tussin dm cough + chest oral liquid 200-20 mg/10ml</i>	T3	
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	T3	QL (3600 ML per 30 days)
<i>tussin dm oral liquid 100-10 mg/5ml</i>	T3	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	T3	QL (1800 ML per 30 days)
<i>tussin mucus & chest congest</i>	T3	
<i>tussin mucus+chest congestion oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>tussin multi-symptom cold cf</i>	T3	QL (1800 ML per 30 days)
First Generation Antihist.(Respir Tract)		
<i>aller-chlor oral tablet</i>	T3	
<i>allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>allergy oral tablet 4 mg</i>	T3	
<i>allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>allergy relief oral tablet 25 mg, 4 mg</i>	T3	
<i>allergy relief oral tablet chewable</i>	T3	
BANOPHEN ORAL CAPSULE 25 MG	T3	QL (360 EA per 30 days)
BANOPHEN ORAL CAPSULE 50 MG	T3	QL (180 EA per 30 days)
BANOPHEN ORAL TABLET	T3	
<i>diphenhydramine hcl childrens</i>	T3	QL (3600 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits

AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>diphenhydramine hcl oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>diphenhydramine hcl oral capsule 50 mg</i>	T3	QL (180 EA per 30 days)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	T3	QL (3600 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	T3	
<i>ed chlorped jr</i>	T3	
<i>ft allergy relief childrens oral liquid</i>	T3	QL (3600 ML per 30 days)
<i>ft allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>ft allergy relief oral tablet 25 mg, 4 mg</i>	T3	
<i>ft allergy relief oral tablet chewable</i>	T3	
<i>ft nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
<i>ft sleep aid (doxylamine)</i>	T3	
<i>ft sleep-aid maximum strength</i>	T3	
<i>gnp allergy oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy oral tablet 25 mg</i>	T3	
<i>gnp allergy relief max st</i>	T3	QL (3600 ML per 30 days)
<i>gnp allergy relief oral capsule</i>	T3	QL (360 EA per 30 days)
<i>gnp allergy relief oral tablet 25 mg, 4 mg</i>	T3	
<i>gnp allergy relief oral tablet chewable</i>	T3	
<i>gnp childrens allergy</i>	T3	QL (3600 ML per 30 days)
<i>gnp nighttime sleep-aid max st</i>	T3	
<i>gnp sleep aid</i>	T3	
<i>gnp sleep aid nighttime</i>	T3	QL (360 EA per 30 days)
<i>goodsense sleeptime</i>	T3	
<i>liquid allergy relief</i>	T3	QL (3600 ML per 30 days)
<i>m-dryl</i>	T3	QL (3600 ML per 30 days)
<i>nighttime sleep aid oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral capsule 25 mg</i>	T3	QL (360 EA per 30 days)
<i>qc allergy relief oral tablet 25 mg, 4 mg</i>	T3	
<i>qc rest simply</i>	T3	QL (360 EA per 30 days)
<i>siladryl allergy</i>	T3	QL (3600 ML per 30 days)
<i>sleep aid (diphenhydramine)</i>	T3	QL (360 EA per 30 days)
<i>sleep aid oral liquid</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sleep aid oral tablet</i>	T3	
<i>sleep tabs oral tablet 25 mg</i>	T3	QL (360 EA per 30 days)
<i>sleep-aid</i>	T3	
<i>sm allergy relief childrens</i>	T3	QL (3600 ML per 30 days)
<i>sm nighttime sleep aid</i>	T3	QL (360 EA per 30 days)
Mucolytic Agents		
<i>deep sea nasal spray</i>	T3	
<i>nasal moisturizing spray</i>	T3	
<i>saline mist spray</i>	T3	
<i>saline nasal spray</i>	T3	
<i>sm nasal spray saline</i>	T3	
Nasal Preparations (Steroids)		
<i>allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>budesonide nasal</i>	T3	
<i>ft allergy relief 24 hr</i>	T3	QL (16 ML per 30 days)
<i>gnp 24 hour nasal allergy</i>	T3	
<i>gnp budesonide nasal spray</i>	T3	
<i>gnp fluticasone propionate</i>	T3	QL (16 ML per 30 days)
<i>goodsense 24-hr allergy nasal</i>	T3	QL (16 ML per 30 days)
<i>goodsense nasal allergy spray</i>	T3	
<i>hm 24 hour nasal allergy</i>	T3	
<i>hm allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>nasal allergy 24 hour</i>	T3	
<i>sm allergy relief nasal</i>	T3	QL (16 ML per 30 days)
<i>triamcinolone acetonide nasal aerosol</i>	T3	
Second Generation Antihist(Respir Tract)		
<i>12hr allergy relief</i>	T3	QL (60 EA per 30 days)
<i>24hr allergy relief</i>	T3	QL (30 EA per 30 days)
<i>all day allergy childrens oral solution 5 mg/5ml</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>all day allergy oral tablet</i>	T1	QL (30 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>allergy childrens oral solution</i>	T3	QL (300 ML per 30 days)
<i>allergy childrens oral suspension</i>	T3	QL (1200 ML per 30 days)
<i>allergy rel child (loratadine)</i>	T3	QL (300 ML per 30 days)
<i>allergy relief (cetirizine) oral capsule</i>	T3	
<i>allergy relief (cetirizine) oral tablet</i>	T1	QL (30 EA per 30 days)
<i>allergy relief (loratadine) oral tablet</i>	T1	QL (30 EA per 30 days)
<i>allergy relief cetirizine</i>	T1	QL (30 EA per 30 days)
<i>allergy relief childrens oral solution 1 mg/ml</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>allergy relief oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>allergy relief oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>allergy relief/indoor/outdoor oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>cetirizine hcl allergy child</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>cetirizine hcl childrens alrgy oral solution</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>cetirizine hcl oral solution 1 mg/ml</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>cetirizine hcl oral tablet</i>	T1	QL (30 EA per 30 days)
<i>cetirizine hcl oral tablet chewable</i>	T3	
<i>childrens loratadine oral solution</i>	T3	QL (300 ML per 30 days)
<i>fexofenadine hcl oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 60 mg</i>	T3	QL (60 EA per 30 days)
<i>ft all day allergy</i>	T1	QL (30 EA per 30 days)
<i>ft all day allergy 24 hour</i>	T1	QL (30 EA per 30 days)
<i>ft all day allergy childrens</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>ft all day allergy relief</i>	T1	QL (30 EA per 30 days)
<i>ft allergy childrens</i>	T3	QL (300 ML per 30 days)
<i>ft allergy relief 12 hour</i>	T3	QL (60 EA per 30 days)
<i>ft allergy relief 24 hour</i>	T3	QL (30 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>ft allergy relief cetirizine</i>	T1	QL (30 EA per 30 days)
<i>ft allergy relief childrens oral solution</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>ft allergy relief childrens oral tablet chewable</i>	T1	
<i>ft allergy relief loratadine</i>	T1	QL (30 EA per 30 days)
<i>ft allergy relief oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>ft allergy relief oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>gnp all day allergy</i>	T1	QL (30 EA per 30 days)
<i>gnp all day allergy childrens oral solution</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>gnp all day allergy relief</i>	T3	
<i>gnp allergy relief oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>gnp loratadine childrens oral solution</i>	T3	QL (300 ML per 30 days)
<i>gnp loratadine oral solution</i>	T3	QL (300 ML per 30 days)
<i>gnp loratadine oral tablet</i>	T1	QL (30 EA per 30 days)
<i>gnp loratadine oral tablet dispersible</i>	T1	QL (30 EA per 30 days)
<i>goodsense all day allergy oral solution</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>goodsense all day allergy oral tablet</i>	T1	QL (30 EA per 30 days)
<i>goodsense aller-ease</i>	T3	QL (30 EA per 30 days)
<i>goodsense allergy relief child</i>	T3	QL (300 ML per 30 days)
<i>goodsense allergy relief oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>hm all day allergy childrens</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>hm allergy relief (cetirizine)</i>	T1	QL (30 EA per 30 days)
<i>hm cetirizine hcl</i>	T1	QL (30 EA per 30 days)
<i>hm fexofenadine hcl oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>hm fexofenadine hcl oral tablet 60 mg</i>	T3	QL (60 EA per 30 days)
<i>hm loratadine</i>	T1	QL (30 EA per 30 days)
KLS ALLERCLEAR	T3	QL (30 EA per 30 days)
KLS ALLER-TEC	T3	QL (30 EA per 30 days)
<i>loratadine childrens oral solution</i>	T3	QL (300 ML per 30 days)
<i>loratadine childrens oral tablet chewable</i>	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>loratadine oral solution</i>	T3	QL (300 ML per 30 days)
<i>loratadine oral tablet</i>	T1	QL (30 EA per 30 days)
<i>loratadine oral tablet dispersible 10 mg</i>	T1	QL (30 EA per 30 days); AL (Max 12 Years)
<i>qc allergy relief (cetirizine)</i>	T1	QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>qc allergy relief oral tablet 60 mg</i>	T3	QL (60 EA per 30 days)
<i>sm all day allergy</i>	T1	QL (30 EA per 30 days)
<i>sm all day allergy childrens oral solution 5 mg/5ml</i>	T1	QL (300 ML per 30 days); AL (Max 12 Years)
<i>sm all day allergy relief</i>	T1	QL (30 EA per 30 days)
<i>sm allergy childrens oral solution</i>	T3	QL (300 ML per 30 days)
<i>sm allergy relief oral tablet 60 mg</i>	T3	QL (60 EA per 30 days)
<i>sm allergy relief oral tablet dispersible</i>	T3	QL (30 EA per 30 days)
<i>sm fexofenadine hcl oral tablet 180 mg</i>	T3	QL (30 EA per 30 days)
<i>sm fexofenadine hcl oral tablet 60 mg</i>	T3	QL (60 EA per 30 days)
<i>sm loratadine oral solution</i>	T3	QL (300 ML per 30 days)
<i>sm loratadine oral tablet</i>	T3	QL (30 EA per 30 days)

Skin And Mucous Membrane Agents

Allylamines (Skin And Mucous Membrane)

<i>athletes foot (terbinafine)</i>	T3	
<i>ft athletes foot (terbinafine)</i>	T3	
<i>gnp terbinafine hydrochloride</i>	T3	
<i>sm athletes foot external cream</i>	T3	
<i>terbinafine hcl external</i>	T3	

Antibacterials (84:04)

<i>bacitracin external</i>	T3	
<i>bacitracin zinc external</i>	T3	
<i>bacitracin zinc-aloe</i>	T3	
<i>double antibiotic</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>ft antibiotic</i>	T3	
<i>ft double antibiotic</i>	T3	
<i>ft triple antibiotic</i>	T3	
<i>gnp bacitracin zinc</i>	T3	
<i>gnp triple antibiotic external ointment</i>	T3	
<i>gnp triple antibiotic plus</i>	T3	
<i>goodsense first aid antibiotic</i>	T3	
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	T3	
<i>qc triple antibiotic</i>	T3	
<i>sm antibiotic</i>	T3	
<i>sm double antibiotic external ointment 500-10000 unit/gm</i>	T3	
<i>sm triple antibiotic max st</i>	T3	
<i>sm triple antibiotic original</i>	T3	
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000</i>	T3	
<i>triple antibiotic plus</i>	T3	
<i>triple antibiotic+pain relief</i>	T3	
Antipruritics And Local Anesthetics		
<i>anti-itch external cream 2-0.1 %</i>	T3	
BANOPHEN EXTERNAL	T3	
<i>burn relief external gel</i>	T3	
<i>dibucaine external</i>	T3	
<i>diphenhydramine-zinc acetate</i>	T3	
DOLOGESIC PAIN RELIEF ROLL-ON	T3	
ENEMEEZ PLUS	T3	
<i>ft anti-itch extra strength</i>	T3	
<i>gnp anti-itch external cream</i>	T3	
<i>gnp itch relief spray</i>	T3	
<i>gnp lidocaine pain relieving</i>	T3	
<i>gnp triple antibiotic plus</i>	T3	
<i>hemorrhoidal external cream</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>itch relief extra strength</i>	T3	
LIDAFLEX	T3	
<i>lidocaine external cream 4 %</i>	T3	
<i>lidocaine pain relief max st external cream</i>	T3	
<i>lidocaine pain relief max st external liquid</i>	T3	
<i>poison ivy wash external lotion</i>	T3	
<i>pramoxine hcl (perianal)</i>	T3	
<i>pramoxine hcl external</i>	T3	
PROCTOFOAM EXTERNAL	T3	
<i>sm anti-itch extra strength</i>	T3	
<i>sm triple antibiotic max st</i>	T3	
<i>sore throat mouth/throat lozenge 15-3.6 mg</i>	T3	
<i>triple antibiotic plus</i>	T3	
<i>triple antibiotic+pain relief</i>	T3	
<i>true lido</i>	T3	
Antivirals (Skin And Mucous Membrane)		
<i>docosanol external</i>	T3	
<i>ft docosanol</i>	T3	
<i>gnp docosanol</i>	T3	
Astringents (84:12)		
<i>calamine external lotion 8-8 %</i>	T3	
<i>diaper rash external ointment</i>	T3	
<i>gnp calamine</i>	T3	
<i>gnp zinc oxide</i>	T3	
<i>sm calamine</i>	T3	
Z-BUM EXTERNAL CREAM 22 %	T3	
<i>zinc oxide external ointment 20 %, 25 %</i>	T3	
ZINCTRAL	T3	
Astringents, Anti-Infective		
<i>anti-dandruff</i>	T3	
<i>antiseptic skin cleanser external solution 4 %</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
BETADINE	T3	
BETADINE SURGICAL SCRUB	T3	
BETADINE SWABSTICKS	T3	
<i>chlorhexidine gluconate external solution 4 %</i>	T3	
<i>dandruff shampoo external lotion</i>	T3	
<i>first aid antiseptic external ointment</i>	T3	
<i>gnp antiseptic skin cleanser</i>	T3	
<i>gnp povidone-iodine</i>	T3	
<i>povidone-iodine external solution 10 %</i>	T3	
<i>sm antiseptic skin cleanser</i>	T3	
<i>sm povidone-iodine</i>	T3	
SUMMERS EVE DISP MEDICATED	T3	
Azoles (Skin And Mucous Membrane)		
<i>3 day vaginal</i>	T3	
<i>7 day vaginal</i>	T3	
<i>alevazol</i>	T3	
<i>antifungal (clotrimazole)</i>	T3	
<i>antifungal clotrimazole</i>	T3	
<i>antifungal external cream 2 %</i>	T3	
<i>antifungal external powder</i>	T3	
<i>athletes foot (clotrimazole)</i>	T3	
<i>athletes foot external cream</i>	T3	
<i>athletes foot powder spray external aerosol powder 2 %</i>	T3	
<i>clotrimazole anti-fungal</i>	T3	
<i>clotrimazole athletes foot</i>	T3	
<i>clotrimazole vaginal cream 1 %</i>	T3	
<i>ft antifungal external cream 2 %</i>	T3	
<i>ft athletes foot (clotrimaz)</i>	T3	
<i>ft miconazole 7</i>	T3	
<i>gnp athletes foot external cream</i>	T3	
<i>gnp clotrimazole 3</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp miconazole 1</i>	T3	
<i>gnp miconazole 3</i>	T3	
<i>gnp miconazole 7</i>	T3	
<i>gnp miconazorb af</i>	T3	
<i>miconazole 3 combo pack</i>	T3	
<i>miconazole 3 combo-supp</i>	T3	
<i>miconazole 7</i>	T3	
<i>miconazole nitrate external cream</i>	T3	
<i>miconazole nitrate external solution</i>	T3	
MICOTRIN AC	T3	
MICOTRIN AP	T3	
MYCOZYL AC	T3	
MYCOZYL AP	T3	
<i>qc clotrimazole external</i>	T3	
<i>qc miconazole 7 vaginal cream</i>	T3	
<i>sm 3-day vaginal</i>	T3	
<i>sm clotrimazole vaginal</i>	T3	
<i>sm miconazole 3</i>	T3	
<i>sm miconazole 3 applicator</i>	T3	
<i>sm miconazole 7</i>	T3	
<i>tm-clotrimazole</i>	T3	
<i>votriza-al</i>	T3	
Basic Lotions And Liniments		
<i>ammonium lactate external</i>	T3	
LAC-HYDRIN FIVE	T3	
LUBRISOFT	T3	
<i>mineral oil-hydrophil petrolat external</i>	T3	
MINERIN	T3	
Basic Oils And Other Solvents		
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	
<i>goodsense hemorrhoidal rectal ointment</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>hemorrhoidal external cream</i>	T3	
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	
<i>mineral oil-hydrophil petrolat external</i>	T3	
<i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	
Basic Ointments And Protectants		
<i>baby skin protectant</i>	T3	
<i>calamine external lotion 8-8 %</i>	T3	
<i>daily moisturizer</i>	T3	
<i>gnp calamine</i>	T3	
<i>gnp hydrocortisone/aloe</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone external cream 0.5 %</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone/aloe max str</i>	T3	
MINERIN CREME	T3	
<i>petrolatum external ointment</i>	T3	
<i>sm calamine</i>	T3	
<i>sm hydrocortisone plus</i>	T3	QL (60 GM per 30 days)
Benzylamines (Skin And Mucous Membrane)		
<i>butenafine hcl</i>	T3	
Cell Stimulants And Proliferants		
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	
<i>goodsense hemorrhoidal</i>	T3	
<i>hair regrowth treatment men external solution</i>	T3	
<i>hemorrhoidal external cream</i>	T3	
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	
<i>hemorrhoidal rectal suppository 0.25-88.44 %</i>	T3	
<i>minoxidil for men external solution 5 %</i>	T3	
<i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Corticosteroids (Skin, Mucous Membrane)		
<i>anti-itch maximum strength external cream 1 %</i>	T3	QL (60 GM per 30 days)
AQUANIL HC	T3	QL (120 ML per 30 days)
<i>ft itch relief max strength</i>	T3	QL (60 GM per 30 days)
<i>ft itch relief/aloe max str</i>	T3	QL (60 GM per 30 days)
<i>gnp hydrocortisone external cream 0.5 %</i>	T3	QL (60 GM per 30 days)
<i>gnp hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>gnp hydrocortisone plus</i>	T3	QL (60 GM per 30 days)
<i>gnp hydrocortisone/aloe</i>	T3	QL (60 GM per 30 days)
<i>goodsense anti-itch max str</i>	T3	QL (60 GM per 30 days)
<i>goodsense anti-itch maximum st</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone external cream 0.5 %</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone external ointment 0.5 %</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone max st/12 moist</i>	T3	QL (60 GM per 30 days)
<i>hydrocortisone/aloe max str</i>	T3	
<i>qc hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>sm hydrocortisone external cream 1 %</i>	T3	QL (60 GM per 30 days)
<i>sm hydrocortisone max st</i>	T3	QL (60 GM per 30 days)
<i>sm hydrocortisone plus</i>	T3	QL (60 GM per 30 days)
Detergents		
CETAPHIL EXTERNAL LIQUID	T3	
CETAPHIL GENTLE CLEANSER EXTERNAL LIQUID	T3	
Emollients, Demulcents, And Protectants		
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	
<i>goodsense hemorrhoidal rectal ointment</i>	T3	
<i>hemorrhoidal external cream</i>	T3	
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	T3	
Keratolytic Agents		
<i>adapalene external gel 0.1 %</i>	T3	PA
ATRIX MEDICATED FORMULA	T3	
<i>corn & callus remover</i>	T3	
DERMACINRX ATRIX ANTIBAC WASH	T3	
DERMACINRX ATRIX CLARIFY TONER	T3	
DHS SAL	T3	
DIFFERIN EXTERNAL GEL 0.1 %	T2	PA
<i>gnp callus removers</i>	T3	
<i>gnp corn removers</i>	T3	
<i>gnp wart remover</i>	T3	
<i>medicated callus removers</i>	T3	
<i>medicated corn removers</i>	T3	
<i>sebex</i>	T3	
<i>therapeutic dandruff</i>	T3	
<i>wart remover maximum strength external liquid</i>	T3	
Local Anti-Infectives, Miscellaneous		
<i>acne medication 10</i>	T3	
<i>acne medication 2.5</i>	T3	
<i>acne medication 5</i>	T3	
<i>anti-dandruff</i>	T3	
<i>antiseptic skin cleanser external solution 4 %</i>	T3	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	T3	
<i>benzoyl peroxide external liquid 10 %</i>	T1	
<i>benzoyl peroxide wash external liquid</i>	T1	
BETADINE	T3	
BETADINE SURGICAL SCRUB	T3	
BETADINE SWABSTICKS	T3	
<i>bpo foaming cloths external 6 %</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>chlorhexidine gluconate external solution 4 %</i>	T3	
<i>dandruff shampoo external lotion</i>	T3	
DIFFERIN CLEANSER	T3	
<i>first aid antiseptic external ointment</i>	T3	
<i>gnp antiseptic skin cleanser</i>	T3	
<i>gnp povidone-iodine</i>	T3	
<i>lintera wash</i>	T1	
<i>povidone-iodine external solution 10 %</i>	T3	
<i>sm antiseptic skin cleanser</i>	T3	
<i>sm povidone-iodine</i>	T3	
SUMMERS EVE DISP MEDICATED	T3	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
<i>arthritis pain reliever external</i>	T1	
<i>diclofenac sodium external gel 1 %</i>	T1	
<i>ft arthritis pain</i>	T1	
<i>gnp diclofenac sodium</i>	T1	
<i>goodsense arthritis pain external</i>	T1	
<i>sm arthritis pain</i>	T1	
Scabicides And Pediculicides		
<i>ft lice killing max st</i>	T3	
<i>gnp lice treatment external liquid</i>	T1	QL (120 ML per 30 days)
<i>gnp lice treatment external shampoo</i>	T3	
<i>goodsense lice killing</i>	T1	QL (120 ML per 30 days)
<i>ivermectin external lotion</i>	T3	
<i>lice killing external shampoo 0.33-4 %</i>	T3	
<i>lice killing maximum strength external shampoo</i>	T3	
<i>lice killing shampoo max str</i>	T3	
SKLICE	T3	
<i>sm lice killing max strength</i>	T3	
VANALICE	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Skin And Mucous Membrane Agents, Misc.		
<i>adapalene external gel 0.1 %</i>	T3	PA
<i>arthritis pain reliever external</i>	T1	
<i>diclofenac sodium external gel 1 %</i>	T1	
DIFFERIN EXTERNAL GEL 0.1 %	T2	PA
<i>ft arthritis pain</i>	T1	
<i>gnp diclofenac sodium</i>	T1	
<i>goodsense arthritis pain external</i>	T1	
<i>hair regrowth treatment men external solution</i>	T3	
<i>minoxidil for men external solution 5 %</i>	T3	
<i>sm arthritis pain</i>	T1	
<i>sore throat mouth/throat lozenge 15-3.6 mg</i>	T3	
Thiocarbamates(Skin And Mucous Membrane)		
<i>antifungal (tolnaftate)</i>	T3	
<i>antifungal maximum strength</i>	T3	
<i>athletes foot powder spray external aerosol powder 1 %</i>	T3	
<i>ft antifungal external cream 1 %</i>	T3	
<i>gnp tolnaftate</i>	T3	
MICOMITIN	T3	
MICOTRIN AL	T3	
MYCOZYL AL	T3	
<i>qc antifungal (tolnaftate)</i>	T3	
TINACTIN EXTERNAL CREAM	T3	
<i>tm-tolnaftate</i>	T3	
<i>tm-tolnaftate lr</i>	T3	
<i>tolnaftate antifungal external cream</i>	T3	
<i>tolnaftate external cream</i>	T3	
<i>tolnaftate external powder</i>	T3	
TRITOLNACIDE S	T3	

Vitamins

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Multivitamin Preparations		
BACMIN	T3	
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	T3	
CEROVITE SENIOR	T3	
CERTAVITE SENIOR/ANTIOXIDANT	T3	
CERTAVITE/ANTIOXIDANTS ORAL TABLET	T3	
<i>classic prenatal</i>	T3	
COMPETE	T3	
CORVITA ORAL TABLET	T3	
<i>daily multivitamin</i>	T3	
<i>daily-vite</i>	T3	
DERMACINRX MULTITAM ORAL TABLET	T3	
DERMACINRX RIBOTIN-E	T3	
DERMACINRX ZINTREXYL-C	T3	
DIALYVITE	T3	
DIALYVITE 800 ORAL TABLET	T3	
DIALYVITE 800 ORAL WAFER	T3	
<i>dialyvite 800/ultra d</i>	T3	
DIALYVITE 800/ZINC	T3	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	T3	
DIALYVITE SUPREME D ORAL TABLET	T3	
DIALYVITE/ZINC	T3	
DIATROL	T3	
ELDERTONIC ORAL LIQUID	T3	
ESTER-C ORAL TABLET	T3	
FOLIFLEX	T3	
FOLITIN-Z	T3	
<i>gnp essential one daily</i>	T3	
<i>gnp healthy eyes</i>	T3	
<i>gnp little ones childrens</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>gnp mega multi for men</i>	T3	
<i>gnp mega multi for women</i>	T3	
<i>gnp one daily mens health 50+</i>	T3	
<i>gnp one daily mens/lycopene</i>	T3	
<i>gnp one daily womens</i>	T3	
<i>gnp one daily womens 50+</i>	T3	
<i>gnp prenatal</i>	T3	
ICAPS	T3	
ICAPS AREDS FORMULA	T3	
ICAPS LUTEIN & OMEGA-3	T3	
ICAPS MV	T3	
<i>i-vite</i>	T3	
<i>multiple vitamins-minerals</i>	T3	
MULTITOL-M	T3	
<i>multi-vit/iron/fluoride</i>	T3	
<i>multivitamin/fluoride oral solution</i>	T3	
<i>multivitamin/fluoride oral suspension</i>	T3	
NEPHPLEX RX	T3	
NEPHRO-VITE	T3	
NICADAN	T3	
NUTRIFAC ZX	T3	
OCUVITE ADULT 50+	T3	
OCUVITE ADULT FORMULA	T3	
OCUVITE EXTRA	T3	
OCUVITE EYE + MULTI	T3	
OCUVITE EYE HEALTH FORMULA	T3	
OCUVITE-LUTEIN	T3	
ONCOVITE	T3	
<i>one-daily multi caps</i>	T3	
POLY-VI-FLOR/IRON ORAL SUSPENSION	T3	
<i>prenatal oral tablet 27-0.8 mg</i>	T3	
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
PRESERVISION AREDS	T3	
PRESERVISION AREDS 2	T3	
PRESERVISION AREDS 2+MULTI VIT	T3	
PRESERVISION/LUTEIN	T3	
PRORENAL + D	T3	
PRORENAL + D W/ OMEGA-3	T3	
PROSIGHT ORAL TABLET	T3	
<i>rayavit</i>	T3	
RENAPLEX	T3	
RENAPLEX-D	T3	
STROVITE ONE	T3	
SYSTANE ICAPS AREDS2 ORAL CAPSULE	T3	
SYSTANE ICAPS AREDS2 ORAL TABLET	T3	
TAB-A-VITE/BETA CAROTENE	T3	
THERA	T3	
<i>tm-vite rx</i>	T3	
UDAMIN SP ORAL TABLET	T3	
VENEXA	T3	
VENEXA FE	T3	
VENTRIXYL FE	T3	
VENTRIXYL ORAL TABLET	T3	
VITA S FORTE	T3	
<i>vitamins acd-fluoride</i>	T3	
VITRAMYN	T3	
VITRANOL	T3	
VITRANOL FE	T3	
VITREXATE	T3	
VITREXATE FE	T3	
VITREXYL	T3	
VITREXYL + IRON	T3	
Vitamin A		
<i>true vitamin a oral capsule 10000 unit</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>vitamin a oral capsule 3 mg (10000 ut)</i>	T3	
<i>vitamins acid-fluoride</i>	T3	
Vitamin B Complex		
<i>b-complex/b-12 oral</i>	T3	
<i>classic prenatal</i>	T3	
CORVITA ORAL TABLET	T3	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T3	
DERMACINRX MULTITAM ORAL TABLET	T3	
DIALYVITE	T3	
DIALYVITE 800 ORAL TABLET	T3	
DIALYVITE 800 ORAL WAFER	T3	
DIALYVITE 800/ZINC	T3	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	T3	
DIALYVITE SUPREME D ORAL TABLET	T3	
DIALYVITE/ZINC	T3	
DODEX	T3	
ELDERTONIC ORAL LIQUID	T3	
FERREX 28 ORAL	T3	QL (30 EA per 30 days)
FOLBIC RF	T3	
<i>folic acid oral tablet 1 mg</i>	T3	
FOLTABS 800	T3	
FOLTANX RF	T3	
<i>gnp little ones childrens</i>	T3	
<i>gnp prenatal</i>	T3	
METAFOLBIC PLUS	T3	
NEPHPLEX RX	T3	
NEPHRON FA	T3	
NEPHRO-VITE	T3	
<i>niacin er oral capsule extended release 250 mg</i>	T3	
<i>prenatal oral tablet 27-0.8 mg</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>prenatal vitamins oral tablet 28-0.8 mg</i>	T3	
<i>tm-vite rx</i>	T3	
<i>true folic acid oral tablet 1 mg</i>	T3	
<i>true vitamin b1 oral tablet 100 mg, 50 mg</i>	T3	
<i>true vitamin b12</i>	T3	
UDAMIN SP ORAL TABLET	T3	
VENTRIXYL ORAL TABLET	T3	
<i>vitamin b complex oral capsule</i>	T3	
<i>vitamin b complex w/b-12</i>	T3	
<i>vitamin b1 oral tablet 100 mg</i>	T3	
<i>vitamin b-1 oral tablet 100 mg</i>	T3	
<i>vitamin b-12 oral tablet 1000 mcg, 250 mcg</i>	T3	
<i>vitamin b-6 oral tablet 25 mg</i>	T3	
Vitamin C		
<i>ascorbic acid oral tablet 500 mg</i>	T3	
DIALYVITE	T3	
DIALYVITE 800 ORAL TABLET	T3	
DIALYVITE 800 ORAL WAFER	T3	
DIALYVITE 800/ZINC	T3	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	T3	
DIALYVITE/ZINC	T3	
FERREX 28 ORAL	T3	QL (30 EA per 30 days)
<i>gnp little ones childrens</i>	T3	
NEPHPLEX RX	T3	
NEPHRON FA	T3	
NEPHRO-VITE	T3	
<i>tm-vite rx</i>	T3	
<i>true vitamin c</i>	T3	
<i>vitamin c oral tablet 1000 mg, 500 mg</i>	T3	
<i>vitamins acd-fluoride</i>	T3	
Vitamin D		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	T3	
CALCIDOL ORAL SOLUTION 200 MCG/ML	T3	
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>	T3	
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i>	T3	
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	T3	
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT)	T3	
DIALYVITE VITAMIN D 5000	T3	
DIALYVITE VITAMIN D3 MAX	T3	
DRISDOL ORAL CAPSULE	T3	
<i>ergocalciferol oral capsule</i>	T3	
<i>ergocalciferol oral solution 200 mcg/ml</i>	T3	
<i>gnp calcium citrate +d3</i>	T3	
OYSCO 500+D ORAL TABLET	T3	
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	T3	
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	T3	
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T3	
<i>true vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut)</i>	T3	
<i>true vitamin d3 oral tablet 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut)</i>	T3	
<i>ultra calcium + vitamin d3</i>	T3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T3	
<i>vitamin d oral liquid 10 mcg/ml</i>	T3	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	T3	
<i>vitamin d3 oral liquid 10 mcg/ml</i>	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Preferred PDL
T2 = Non-Preferred PDL
T3 = ADD

Requirements and Limits

AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	T3	
<i>vitamins acd-fluoride</i>	T3	
WEEKLY-D	T3	
Vitamin E		
<i>aqueous vitamin e oral solution 15 mg/0.67ml</i>	T3	
<i>true vitamin e</i>	T3	
<i>vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i>	T3	
<i>vitamin e oral solution 15 mg/0.67ml</i>	T3	
Vitamin K Activity		
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	T3	
<i>phytonadione oral</i>	T3	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	T3	



CS 2313

All images are used under license for illustrative purposes only. Any individual depicted is a model.

Formulary ID: 26321

This List of Covered Drugs was updated 01/20/2026. For more recent information or other questions, please contact First Choice VIP Care Member Services at **1-888-996-0499 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m., or visit **www.firstchoicevipcare.com**.