



by Select Health of South Carolina

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections
MEDICAID 



2027 List of Covered Drugs

(Drug List or Formulary)

HPMS Approved Formulary File Submission ID: 27184, Version Number: 6

This *Drug List* was updated on 01/01/2027. 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.
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First Choice VIP Care (HMO D-SNP) 2027 List of Covered Drugs (Drug List or Formulary)

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

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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. **For more information**, visit **www.firstchoicevipcare.com**.

Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

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*.

Table of Contents

A. Disclaimers3

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



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Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

C. Overview of the List of Covered Drugs..... 11

 C1. List of Drugs by Medical Condition..... 13

D. Index of Covered Drugs105



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. **For more information**, visit **www.firstchoicevipcare.com**.
Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

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.”



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Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

- 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,
 - 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. **For more information**, visit **www.firstchoicevipcare.com**.

Formulary last updated 01/01/2027

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.



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Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

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.

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 at www.firstchoicevipcare.com. 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.

First Choice VIP Care | 2027 List of Covered Drugs

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/Drug Type 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 or drug type.

To search **alphabetically**, look for your drug or drug type 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 drugs as well as over-the-counter (OTC) drugs are listed in the Index.

To search **by medical condition**, find **Section C1** labeled “List of Drugs by Medical Condition”. 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. **For more information**, visit **www.firstchoicevipcare.com**.

Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

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 happens when you move from a hospital to a long-term care facility, or from a hospital back home. If you have a Level of Care change, you may be able to get a temporary supply of a non-formulary drug (a drug that is not on the *Drug List*) or a drug that has special coverage rules.

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*.

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.



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Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

- 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 G2**, 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 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*.



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Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

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 90-day supply of your drugs sent directly to your home.
 - **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered drugs.
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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 prescription drugs as long as the member follows the plan's rules.

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

- Tier 1: Preferred Generics — \$0
- Tier 2: Generics — \$10/\$20/\$30
- Tier 3: Preferred Brands — 25%
- Tier 4: Non-Preferred Drugs — 25%
- Tier 5*: Specialty — 25%

* 60/90-day supply not available on Tier 5

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



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Formulary last updated 01/01/2027

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., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

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 PA: 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.

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.

ST NSO: Step Therapy for New Starts Only. 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.

PAN SO: Prior Authorization for New Starts Only. 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.

 **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. **For more information**, visit **www.firstchoicevipcare.com**.

Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

NDS: This drug is limited to a 30-day supply.



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Formulary last updated 01/01/2027

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

First Choice VIP Care | 2027 List of Covered Drugs

Antiparkinson Agents	Treatment of Parkinson’s Disease
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First Choice VIP Care | 2027 List of Covered Drugs

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

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Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

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

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Formulary last updated 01/01/2027

First Choice VIP Care | 2027 List of Covered Drugs

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. **For more information**, visit **www.firstchoicevipcare.com**.

Formulary last updated 01/01/2027

First Choice VIP Care (HMO D-SNP)

2027 Formulary

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen-codeine oral solution</i>	3	NDS
<i>acetaminophen-codeine oral tablet</i>	2	NDS
<i>buprenorphine transdermal patch weekly</i>	4	QL (4 EA per 28 days); NDS
<i>celecoxib oral capsule</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	3	
<i>diclofenac sodium external solution 1.5 %</i>	4	PA; QL (300 ML per 30 days)
<i>diclofenac sodium oral tablet delayed release</i>	2	
<i>ec-naproxen oral tablet delayed release 375 mg</i>	2	
<i>ec-naproxen oral tablet delayed release 500 mg</i>	4	
<i>endocetoral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	NDS
<i>endocet oral tablet 5-325 mg</i>	2	NDS
<i>etodolac oral capsule</i>	3	
<i>etodolac oral tablet</i>	3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	NDS
<i>jlurbiprofen oral tablet</i>	2	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	3	NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	NDS
<i>hydromorphone hcl injection solution 2 mg/ml, 4 mg/ml</i>	4	NDS
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	NDS
<i>hydromorphone hcl oral tablet 8 mg</i>	4	NDS
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	NDS
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release</i>	3	
<i>indomethacin oral capsule</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
JOURNAVX ORAL TABLET	4	QL (30 EA per 90 days)
<i>ketorolac tromethamine + rfid injection solution</i>	4	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	4	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	4	
<i>ketorolac tromethamine oral tablet</i>	4	QL (20 EA per 30 days)
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	4	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	4	
<i>meloxicam oral tablet</i>	1	
<i>methadone hcl intensol oral concentrate</i>	3	NDS
<i>methadone hcl oral concentrate</i>	3	NDS
<i>methadone hcl oral solution</i>	3	NDS
<i>methadone hcl oral tablet</i>	2	NDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	NDS
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml</i>	2	NDS
<i>morphine sulfate er oral tablet extended release</i>	3	NDS
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml</i>	2	NDS
<i>morphine sulfate oral solution</i>	3	NDS
<i>morphine sulfate oral tablet</i>	3	NDS
<i>nabumetone oral tablet</i>	2	
<i>naproxen dr oral tablet delayed release</i>	4	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	2	
<i>naproxen oral tablet delayed release 500 mg</i>	4	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>oxaprozin oral tablet</i>	3	
<i>oxycodone hcl oral solution</i>	3	NDS
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2	NDS
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	3	NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	NDS
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam oral capsule</i>	3	
<i>sulindac oral tablet</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	1	NDS
<i>tramadol-acetaminophen oral tablet</i>	2	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	NDS
Anesthetics		
<i>lidocaine external ointment 5 %</i>	3	PA; QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine-prilocaine external cream</i>	2	PA; QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release</i>	4	
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	3	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	2	QL (60 EA per 30 days)
<i>disulfiram oral tablet</i>	3	
KLOXXADO NASAL LIQUID	4	
<i>naloxone hcl injection solution</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	
<i>naltrexone hcl oral tablet</i>	2	
NICOTROL NS NASAL SOLUTION	4	QL (360 ML per 365 days)
OPVEE NASAL SOLUTION	3	
REXTOVY NASAL LIQUID	4	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate(continue) oral tablet</i>	4	QL (504 EA per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	NDS
Antibacterials		
ALCOHOLPREPPAD70%	3	
ALCOHOL PREP PADS PAD , 70 %	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>amikacin sulfate injection solution</i>	4	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable</i>	2	
<i>amoxicillin trihydrate oral suspension reconstituted</i>	1	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour</i>	4	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg</i>	4	
<i>amoxicillin-potassium clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	
<i>ampicillin oral capsule</i>	2	
<i>ampicillin sodium injection solution reconstituted</i>	3	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm</i>	3	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	3	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	3	
ARIKAYCE INHALATION SUSPENSION	5	PA; QL (235.2 ML per 28 days); NDS
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	4	
AUM ALCOHOL PREP PADS PAD	3	
<i>azithromycin intravenous solution reconstituted</i>	3	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet</i>	1	
<i>aztreonam injection solution reconstituted</i>	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted</i>	4	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	4	
<i>cefazolin sodium intravenous solution reconstituted</i>	4	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted</i>	4	
<i>cefepime hcl intravenous solution</i>	4	
<i>cefepime hcl intravenous solution reconstituted</i>	4	
<i>cefepime-dextrose intravenous solution reconstituted</i>	4	
<i>cefixime oral capsule</i>	4	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED	2	
<i>cefotetan disodium injection solution reconstituted</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	3	
<i>cefpodoxime proxetil oral tablet</i>	4	
<i>cefprozil oral suspension reconstituted</i>	3	
<i>cefprozil oral tablet</i>	2	
<i>ceftaroline fosamil intravenous solution reconstituted</i>	5	NDS
<i>ceftazidime injection solution reconstituted</i>	3	
<i>ceftazidime intravenous solution reconstituted</i>	3	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	3	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	3	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted</i>	3	
<i>cefuroxime sodium intravenous solution reconstituted</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral suspension reconstituted</i>	2	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in d5w intravenous solution</i>	3	
<i>clarithromycin er oral tablet extended release 24 hour</i>	4	
<i>clarithromycin oral suspension reconstituted</i>	4	
<i>clarithromycin oral tablet</i>	2	
<i>clindacin etz external swab</i>	3	QL (69 EA per 30 days)
<i>clindacin-p external swab</i>	3	QL (69 EA per 30 days)
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	4	
<i>clindamycin phosphate external swab</i>	3	QL (69 EA per 30 days)
<i>clindamycin phosphate injection solution</i>	3	
<i>clindamycin phosphate vaginal cream</i>	4	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	4	
<i>daptomycin intravenous solution reconstituted</i>	4	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	4	
<i>demeclocycline hcl oral tablet</i>	4	
<i>dicloxacillin sodium oral capsule</i>	3	
<i>doxycycline hyclate intravenous solution reconstituted</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	3	
DROPSAFE ALCOHOL PREP PAD	3	
<i>ertapenem sodium injection solution reconstituted</i>	4	
<i>erythromycin base oral tablet delayed release</i>	4	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	4	
<i>erythromycin oral tablet delayed release</i>	4	
<i>fidaxomicin oral tablet</i>	5	QL (20 EA per 10 days); NDS
<i>fosfomycin tromethamine oral packet</i>	4	
<i>gentamicin sulfate external cream</i>	3	
<i>gentamicin sulfate external ointment</i>	3	
<i>gentamicin sulfate injection solution</i>	3	
GOODSENSE ALCOHOL SWABS PAD	3	
HUMATIN ORAL CAPSULE	5	NDS
<i>imipenem-cilastatin intravenous solution reconstituted</i>	3	
IMPAVIDO ORAL CAPSULE	5	NDS
<i>levojlloxacin in d5w intravenous solution</i>	4	
<i>levojlloxacin intravenous solution</i>	4	
<i>levojlloxacin oral solution</i>	4	
<i>levojlloxacin oral tablet</i>	2	
<i>linezolid intravenous solution</i>	4	
<i>linezolid oral suspension reconstituted</i>	5	QL (1800 ML per 28 days); NDS
<i>linezolid oral tablet</i>	4	QL (56 EA per 28 days)
<i>meropenem intravenous solution reconstituted</i>	3	
<i>methenamine hippurate oral tablet</i>	4	
<i>metronidazole intravenous solution</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel</i>	3	
<i>minocycline hcl oral capsule</i>	3	
<i>moxifloxacin hcl in nacl intravenous solution</i>	4	
<i>moxifloxacin hcl oral tablet</i>	3	
<i>nafcillin sodium injection solution reconstituted</i>	4	
<i>nafcillin sodium intravenous solution reconstituted</i>	4	
<i>neomycin sulfate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium injection solution reconstituted</i>	5	NDS
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	QL (6 EA per 30 days); NDS
SIVEXTRO ORAL TABLET	5	QL (6 EA per 30 days); NDS
<i>streptomycin sulfate intramuscular solution reconstituted</i>	5	QL (60 EA per 30 days); NDS
<i>sulfadiazine oral tablet</i>	5	NDS
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>tazicef injection solution reconstituted</i>	3	
<i>tazicef intravenous solution reconstituted</i>	3	
<i>tetracycline hcl oral capsule</i>	3	
<i>tigecycline intravenous solution reconstituted</i>	4	
<i>tinidazole oral tablet</i>	4	
<i>tobramycin sulfate injection solution</i>	4	
<i>tobramycin sulfate injection solution reconstituted</i>	4	
<i>trimethoprim oral tablet</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 500 mg, 750 mg</i>	3	
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	QL (240 EA per 30 days)
Anticonvulsants		
<i>brivaracetam oral solution</i>	4	PA NSO; QL (600 ML per 30 days)
<i>brivaracetam oral tablet 100 mg</i>	4	PANSO
<i>brivaracetam oral tablet 100 mg, 25 mg, 50 mg, 75 mg</i>	4	PA NSO; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	4	
<i>carbamazepine er oral tablet extended release 12 hour</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension</i>	3	
<i>carbamazepine oral tablet</i>	3	
<i>carbamazepine oral tablet chewable</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	4	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	4	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE	5	PANSO;NDS
DIACOMIT ORAL PACKET	5	PANSO;NDS
<i>diazepam rectal gel 10 mg</i>	4	QL (5 EA per 30 days)
<i>diazepam rectal gel 2.5 mg, 20 mg</i>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	
<i>divalproex sodium oral tablet delayed release</i>	2	
EPIDIOLEX ORAL SOLUTION	5	PANSO;NDS
<i>eslicarbazepine acetate oral tablet 200 mg</i>	4	QL (30 EA per 30 days)
<i>eslicarbazepine acetate oral tablet 400 mg</i>	4	
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	4	QL (60 EA per 30 days)
<i>ethosuximide oral capsule</i>	3	
<i>ethosuximide oral solution</i>	3	
<i>felbamate oral suspension</i>	4	
<i>felbamate oral tablet</i>	4	
FINTEPLA ORAL SOLUTION	5	PA NSO; QL (360 ML per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution</i>	4	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (150 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	4	
<i>lacosamide oral tablet</i>	4	
<i>lamotrigine er oral tablet extended release 24 hour</i>	4	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	2	
<i>lamotrigine starter kit-blue oral kit</i>	4	
<i>lamotrigine starter kit-green oral kit</i>	4	
<i>lamotrigine starter kit-orange oral kit</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour</i>	3	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	QL (60 EA per 30 days)
<i>methsuximide oral capsule</i>	4	
NAYZILAM NASAL SOLUTION	4	QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	2	
<i>perampanel oral suspension</i>	5	NDS
<i>perampanel oral tablet</i>	4	QL (30 EA per 30 days)
<i>phenobarbital oral elixir</i>	4	
<i>phenobarbital oral tablet</i>	4	
<i>phenytek oral capsule</i>	2	
<i>phenytoin infatabs oral tablet chewable</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	4	QL (900 ML per 30 days)
<i>primidone oral tablet</i>	2	
<i>roweepra oral tablet</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide oral suspension 40 mg/ml</i>	5	NDS
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	QL (60 EA per 30 days)
SUBVENITE ORAL SUSPENSION	4	
<i>subvenite oral tablet</i>	1	
<i>subvenite starter kit-blue oral kit</i>	4	
<i>subvenite starter kit-green oral kit</i>	4	
<i>subvenite starter kit-orange oral kit</i>	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	NDS
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet</i>	4	
<i>topiramate oral capsule sprinkle</i>	3	
<i>topiramate oral solution 25 mg/ml</i>	4	
<i>topiramate oral tablet</i>	1	
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID	5	QL (10 EA per 30 days); NDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days); NDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days); NDS
VALTOCO 5 MG DOSE NASAL LIQUID	5	QL (10 EA per 30 days); NDS
<i>vigabatrin oral packet</i>	5	PANSO;NDS
<i>vigabatrin oral tablet</i>	5	PA NSO; QL (180 EA per 30 days); NDS
VIGADRONE ORAL PACKET	5	PANSO;NDS
VIGADRONE ORAL TABLET	5	PA NSO; QL (180 EA per 30 days); NDS
VIGAFYDE ORAL SOLUTION	5	PANSO;NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA NSO; QL (30 EA per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA NSO; QL (60 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 150 MG & 14 X200 MG	5	PA NSO; QL (56 EA per 28 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG& 14X25 MG	4	PA NSO; QL (56 EA per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 50 MG& 14X100 MG	5	PA NSO; QL (56 EA per 365 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 150 & 200 MG	5	PANSO;NDS
ZONISADE ORAL SUSPENSION	4	STNSO
<i>zonisamide oral capsule</i>	2	
ZTALMY ORAL SUSPENSION	5	PANSO;NDS
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	4	
<i>donepezil hcl oral tablet dispersible</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	4	
<i>galantamine hydrobromide oral solution</i>	4	
<i>galantamine hydrobromide oral tablet</i>	4	
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (7.2 ML per 28 days); NDS
<i>memantine hcl er oral capsule extended release 24 hour</i>	4	QL (30 EA per 30 days)
<i>memantine hcl oral tablet</i>	2	
<i>rivastigmine tartrate oral capsule</i>	4	
<i>rivastigmine transdermal patch 24 hour</i>	4	
Antidepressants		
<i>amitriptyline hcl oral tablet</i>	3	
<i>amoxapine oral tablet</i>	4	
AUVELITY ORAL TABLET EXTENDED RELEASE	4	QL (60 EA per 30 days)
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK	4	QL (102 EA per 365 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour JOO mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180 EA per 30 days)
<i>citalopram hydrobromide oral solution</i>	4	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet</i>	1	QL (30 EA per 30 days)
<i>clomipramine hcl oral capsule</i>	4	
<i>desipramine hcl oral tablet</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (120 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>doxepin hcl oral capsule</i>	3	
<i>doxepin hcl oral concentrate</i>	4	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
<i>escitalopram oxalate oral solution</i>	3	
<i>escitalopram oxalate oral tablet</i>	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST NSO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST NSO; QL (56 EA per 365 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral solution</i>	4	
<i>fluvoxamine maleate oral tablet</i>	2	
<i>imipramine hcl oral tablet</i>	4	
MARPLAN ORAL TABLET	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet dispersible</i>	3	
<i>nefazodone hcl oral tablet</i>	4	
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	4	
<i>paroxetine hcl oral suspension</i>	4	
<i>paroxetine hcl oral tablet</i>	2	
<i>phenelzine sulfate oral tablet</i>	3	
<i>protriptyline hcl oral tablet</i>	4	
RALDESY ORAL SOLUTION	4	
<i>sertraline hcl oral concentrate</i>	3	
<i>sertraline hcl oral tablet</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PANSO;NDS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PANSO;NDS
<i>tranylcypromine sulfate oral tablet</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trimipramine maleate oral capsule</i>	4	
TRINTELLIX ORAL TABLET	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	
<i>venlafaxine hcl oral tablet</i>	2	
<i>vilazodone hcl oral tablet</i>	4	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; QL (28 EA per 14 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; QL (14 EA per 14 days); NDS
Antiemetics		
<i>aprepitant oral capsule 125 mg</i>	5	BID PA; QL (2 EA per 30 days); NDS
<i>aprepitant oral capsule 40 mg</i>	4	BID PA; QL (1 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant oral capsule 80 mg</i>	4	<i>BID</i> PA; QL (8 EA per 30 days)
<i>aprepitant oral capsule therapy pack</i>	4	<i>BID</i> PA; QL (6 EA per 30 days)
COMPRO RECTAL SUPPOSITORY	4	
<i>dronabinol oral capsule</i>	4	PA; QL (60 EA per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	4	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	4	<i>BID</i> PA; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	<i>BIDPA</i>
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	2	<i>BIDPA</i>
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	4	
<i>promethazine hcl oral solution</i>	3	PA
<i>promethazine hcl oral tablet</i>	2	PA
<i>promethazine hcl rectal suppository</i>	4	PA
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	4	PA
<i>scopolamine transdermal patch 72 hour</i>	4	
Antifungals		
<i>amphotericin b intravenous solution reconstituted</i>	4	<i>BIDPA</i>
<i>amphotericin b liposome intravenous suspension reconstituted</i>	5	<i>BID</i> PA; NDS
<i>caspofungin acetate intravenous solution reconstituted</i>	4	
<i>clotrimazole external cream</i>	2	QL (90 GM per 30 days)
<i>clotrimazole external solution</i>	2	QL (60 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	3	
CRESEMBA ORAL CAPSULE 186 MG	5	PA; QL (70 EA per 30 days); NDS
CRESEMBA ORAL CAPSULE 74.5 MG	5	PA; QL (175 EA per 30 days); NDS
<i>econazole nitrate external cream</i>	2	QL (85 GM per 30 days)
<i>fluconazole in sodium chloride intravenous solution</i>	3	
<i>fluconazole oral suspension reconstituted</i>	3	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	5	NDS
<i>griseofulvin microsize oral suspension</i>	4	
<i>griseofulvin microsize oral tablet</i>	4	

Last Update 1/11/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250mg</i>	4	
<i>itraconazole oral capsule</i>	4	PA
JUBLIA EXTERNAL SOLUTION	5	NDS
<i>ketconazole external cream</i>	2	QL (90 GM per 30 days)
<i>ketconazole external shampoo</i>	2	QL (120 ML per 30 days)
<i>ketconazole oral tablet</i>	2	
<i>klayesta external powder</i>	2	QL (120 GM per 30 days)
<i>micafungin sodium intravenous solution reconstituted</i>	4	
<i>nyamyc external powder 100000 unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin external cream</i>	2	QL (60 GM per 30 days)
<i>nystatin external ointment</i>	2	QL (60 GM per 30 days)
<i>nystatin external powder</i>	2	QL (120 GM per 30 days)
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>nystop external powder</i>	2	QL (120 GM per 30 days)
<i>posaconazole oral suspension</i>	5	PA; QL (600 ML per 30 days); NDS
<i>posaconazole oral tablet delayed release</i>	5	PA; QL (93 EA per 30 days); NDS
<i>terbinafine hcl oral tablet</i>	2	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	3	
<i>voriconazole intravenous solution reconstituted</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	5	QL (600 ML per 30 days); NDS
<i>voriconazole oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	QL (480 EA per 30 days)
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	3	
<i>colchicine-probenecid oral tablet</i>	2	
<i>febuxostat oral tablet</i>	4	
<i>probenecid oral tablet</i>	2	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 28 days)
AIMOVIG	3	PA; QL (2 ML per 28 days)
<i>dihydroergotamine mesylate nasal solution</i>	4	PA; QL (8 ML per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days); NDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
<i>ergotamine-caffeine oral tablet</i>	3	QL (40 EA per 28 days)
<i>naratriptan hcl oral tablet</i>	3	QL (9 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	5	PA; QL (18 EA per 30 days); NDS
<i>rizatriptan benzoate oral tablet</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	3	QL (18 EA per 30 days)
<i>sumatriptan nasal solution</i>	4	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	QL (5 ML per 30 days)
<i>timolol maleate oral tablet</i>	3	
UBRELVY ORAL TABLET	5	PA; QL (16 EA per 30 days); NDS
<i>zolmitriptan oral tablet</i>	3	QL (12 EA per 30 days)
Antimyasthenic Agents		
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
VYVGARTHYTRULOSUBCUTANEOUS SOLUTION	5	PA;NDS
Antimycobacterials		
<i>cycloserine oral capsule</i>	5	NDS
<i>dapsone oral tablet</i>	3	
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid injection solution</i>	4	
<i>isoniazid oral syrup</i>	4	
<i>isoniazid oral tablet</i>	1	
PRETOMANID ORAL TABLET	4	
PRIFTIN ORAL TABLET	4	
<i>pyrazinamide oral tablet</i>	3	
<i>rifabutin oral capsule</i>	4	
<i>rifampin intravenous solution reconstituted</i>	4	
<i>rifampin oral capsule</i>	3	
SIRTURO ORAL TABLET	5	NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PANSO
<i>abiraterone acetate oral tablet 500 mg</i>	5	PANSO;NDS
<i>abirtega oral tablet</i>	4	PANSO
AKEEGA ORAL TABLET	5	PANSO;NDS
ALECENSA ORAL CAPSULE	5	PANSO;NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; QL (30 EA per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; QL (120 EA per 30 days); NDS
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA NSO; QL (60 EA per 365 days); NDS
<i>anastrozole oral tablet</i>	1	
AUGTYRO ORAL CAPSULE	5	PANSO;NDS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	5	PANSO;NDS
AYVAKIT ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
BALVERSA ORAL TABLET	5	PANSO;NDS
<i>bexarotene external gel</i>	5	PA NSO; QL (60 GM per 30 days); NDS
<i>bexarotene oral capsule</i>	5	PANSO;NDS
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL CAPSULE	5	PANSO;NDS
BOSULIF ORAL TABLET 100 MG, 500 MG	5	PANSO;NDS
<i>bosutinib oral tablet</i>	5	PANSO;NDS
BRAFTOVI ORAL CAPSULE	5	PANSO;NDS
BRUKINSA ORAL CAPSULE	5	PANSO;NDS
BRUKINSA ORAL TABLET	5	PANSO;NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; QL (30 EA per 30 days); NDS
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; QL (60 EA per 30 days); NDS
CALQUENCE ORAL TABLET	5	PANSO;NDS
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; QL (60 EA per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; QL (30 EA per 30 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
CAVHANZA ORAL TABLET DISPERSIBLE	5	PANSO;NDS
<i>cisplatin intravenous solution 100 mg/100ml</i>	4	
COMETRIQ ORAL KIT	5	PANSO;NDS
COPIKTRA ORAL CAPSULE	5	PANSO;NDS
COTELLIC ORAL TABLET	5	PANSO;NDS
<i>cyclophosphamide oral capsule</i>	3	B/DPA
DANZITEN ORAL TABLET	5	PANSO;NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 70 mg</i>	5	PA NSO; QL (30 EA per 30 days); NDS
<i>dasatinib oral tablet 20 mg, 50 mg</i>	5	PA NSO; QL (90 EA per 30 days); NDS
<i>dasatinib oral tablet 80 mg</i>	5	PA NSO; QL (60 EA per 30 days); NDS
DAURISMO ORAL TABLET	5	PANSO;NDS
DROXIA ORAL CAPSULE	3	
ENSACOVE ORAL CAPSULE	5	PANSO;NDS
ERIVEDGE ORAL CAPSULE	5	PANSO;NDS
ERLEADA ORAL TABLET	5	PANSO;NDS
<i>erlotinib hcl oral tablet</i>	4	PANSO
EULEXIN ORAL CAPSULE	4	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; QL (30 EA per 30 days); NDS
<i>everolimus oral tablet soluble</i>	5	PANSO;NDS
<i>exemestane oral tablet</i>	4	
FOTIVDA ORAL CAPSULE	5	PANSO;NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; QL (84 EA per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; QL (21 EA per 28 days); NDS
GAVRETO ORAL CAPSULE	5	PANSO;NDS
<i>gefitinib oral tablet</i>	5	PANSO;NDS
GILOTRIF ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
GOMEKLI ORAL CAPSULE	5	PANSO;NDS
GOMEKLIALTABLETSOLUBLE	5	PANSO;NDS
HERNEXEOSORALTABLET	5	PANSO;NDS
<i>hydroxyurea oral capsule</i>	2	
HYRNUO ORAL TABLET	5	PANSO;NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE ORAL CAPSULE	5	PANSO;NDS
IBRANCE ORAL TABLET	5	PANSO;NDS
IBTROZI ORAL CAPSULE	5	PANSO;NDS
ICLUSIG ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
IDHIFA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
<i>imatinib mesylate oral tablet 100 mg</i>	3	PANSO
<i>imatinib mesylate oral tablet 400 mg</i>	4	PANSO
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; QL (120 EA per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; QL (28 EA per 28 days); NDS
IMBRUVICA ORAL SUSPENSION	5	PA NSO; QL (240 ML per 30 days); NDS
IMBRUVICA ORAL TABLET	5	PA NSO; QL (28 EA per 28 days); NDS
IMKELDI ORAL SOLUTION	5	PANSO;NDS
INLURIYO ORAL TABLET	5	PANSO;NDS
INLYTA ORAL TABLET 1 MG	5	PA NSO; QL (180 EA per 30 days); NDS
INLYTA ORAL TABLET 5 MG	5	PA NSO; QL (120 EA per 30 days); NDS
INQOVI ORAL TABLET	5	PANSO;NDS
INREBIC ORAL CAPSULE	5	PANSO;NDS
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; QL (60 EA per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	5	PANSO;NDS
IWILFIN ORAL TABLET	5	PANSO;NDS
JAKAFI ORAL TABLET	5	PA NSO; QL (60 EA per 30 days); NDS
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA NSO; QL (30 EA per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; QL (90 EA per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; QL (30 EA per 30 days); NDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (21 EA per 21 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (42 EA per 21 days); NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA NSO; QL (63 EA per 21 days); NDS
KOMZIFTI ORAL CAPSULE	5	PANSO;NDS
KOSELUGO ORAL CAPSULE	5	PANSO;NDS
KOSELUGO ORAL CAPSULE SPRINKLE	5	PANSO;NDS
KRAZATI ORAL TABLET	5	PANSO;NDS
<i>lapatinib ditosylate oral tablet</i>	5	PANSO;NDS
LAZCLUZE ORAL TABLET 240 MG	5	PANSO;NDS
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; QL (60 EA per 30 days); NDS
<i>lederle leucovorin oral tablet</i>	3	
<i>lenalidomide oral capsule</i>	5	PA NSO; QL (30 EA per 30 days); NDS
LENVIMA ORAL CAPSULE THERAPY PACK 10&4MG, 10MG, 10MG&2X4MG,2X 10 MG, 2 X 10MG&4MG, 2X4MG, 3 X4MG, 4MG	5	PANSO;NDS
<i>letrozole oral tablet</i>	2	
<i>leucovorin calcium oral tablet</i>	3	
LEUKERAN ORAL TABLET	5	NDS
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK	5	PANSO;NDS
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK	5	PANSO;NDS
<i>lomustine oral capsule</i>	4	
LONSURF ORAL TABLET	5	PANSO;NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	5	PA NSO; QL (90 EA per 30 days); NDS
LUMAKRASORALTABLET	5	PANSO;NDS
LYNPARZA ORAL TABLET	5	PA NSO; QL (120 EA per 30 days); NDS
LYSODREN ORAL TABLET	5	NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PANSO;NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PANSO;NDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PANSO;NDS
MATULANE ORAL CAPSULE	5	NDS
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PANSO;NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; QL (90 EA per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	5	PA NSO; QL (30 EA per 30 days); NDS
MEKTOVIORAL TABLET	5	PANSO;NDS
<i>mercaptopurine oral suspension</i>	5	NDS
<i>mercaptopurine oral tablet</i>	3	
<i>mesna oral tablet</i>	3	
MODEYSO ORAL CAPSULE	5	PANSO;NDS
NERL YNX ORAL TABLET	5	PA NSO; QL (180 EA per 30 days); NDS
<i>nilotinib hcl oral capsule 150 mg</i>	5	PA NSO; QL (140 EA per 28 days); NDS
<i>nilotinib hcl oral capsule 200 mg</i>	5	PA NSO; QL (112 EA per 28 days); NDS
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA NSO; QL (420 EA per 30 days); NDS
<i>nilutamide oral tablet</i>	5	NDS
NINLARO ORAL CAPSULE	5	PANSO;NDS
NUBEQA ORAL TABLET	5	PANSO;NDS
ODOMZO ORAL CAPSULE	5	PANSO;NDS
OGSIVEO ORAL TABLET 100 MG, 50 MG	5	PANSO;NDS
OGSIVEO ORAL TABLET 150 MG	5	PA NSO; QL (60 EA per 30 days); NDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PANSO;NDS
OJEMDA ORAL TABLET	5	PANSO;NDS
OJJAARA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
ONUREG ORAL TABLET	5	PANSO;NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; QL (30 EA per 30 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
ORSERDU ORAL TABLET 86 MG	5	PA NSO; QL (90 EA per 30 days); NDS
PANRETIN EXTERNAL GEL	5	QL (120 GM per 30 days); NDS
<i>pazopanib hcl oral tablet</i>	5	PANSO;NDS
PEMAZYRE ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
PHESGO SUBCUTANEOUS SOLUTION	5	PANSO;NDS
PIQRAY ORAL TABLET THERAPY PACK	5	PANSO;NDS
<i>pomalidomide oral capsule</i>	5	PA NSO; QL (30 EA per 30 days); NDS
POMALYST ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days); NDS
QINLOCK ORAL TABLET	5	PANSO;NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80MG	5	PA NSO; QL (60 EA per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	5	PA NSO; QL (90 EA per 30 days); NDS
REVUFORJ ORAL TABLET	5	PANSO;NDS
REZLIDHIA ORAL CAPSULE	5	PANSO;NDS
ROMVIMZA ORAL CAPSULE	5	PANSO;NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; QL (150 EA per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; QL (90 EA per 30 days); NDS
ROZLYTREK ORAL PACKET	5	PANSO;NDS
RUBRACA ORAL TABLET 200 MG	5	PA NSO; QL (120 EA per 30 days); NDS
RUBRACA ORAL TABLET 250 MG, 300 MG	5	PANSO;NDS
RYDAPT ORAL CAPSULE	5	PANSO;NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; QL (120 EA per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; QL (60 EA per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; QL (240 EA per 30 days); NDS
SOLTAMOX ORAL SOLUTION	5	NDS
<i>sorafenib tosylate oral tablet</i>	5	PANSO;NDS
STIVARGA ORAL TABLET	5	PANSO;NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i>	5	PA NSO; QL (28 EA per 28 days); NDS
<i>sunitinib malate oral capsule 37.5 mg</i>	5	PA NSO; QL (56 EA per 28 days); NDS
TABLOID ORAL TABLET	5	NDS
TABRECTA ORAL TABLET	5	PA NSO; QL (120 EA per 30 days); NDS
TAFINLAR ORAL CAPSULE	5	PANSO;NDS
TAFINLAR ORAL TABLET SOLUBLE	5	PANSO;NDS
TAGRISSE ORAL TABLET 40 MG	5	PA NSO; QL (30 EA per 30 days); NDS
TAGRISSE ORAL TABLET 80 MG	5	PANSO;NDS
TALZENNA ORAL CAPSULE 0.1 MG, 1 MG	5	PANSO;NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; QL (90 EA per 30 days); NDS
TALZENNA ORAL CAPSULE 0.35 MG, 0.5 MG, 0.75 MG	5	PA NSO; QL (30 EA per 30 days); NDS
<i>tamoxifen citrate oral tablet</i>	2	
TAZVERIK ORAL TABLET 200 MG	5	PANSO;NDS
TEPMETKO ORAL TABLET	5	PANSO;NDS
TEVIMBRA INTRAVENOUS SOLUTION	5	PANSO;NDS
THALOMID ORAL CAPSULE 100 MG	5	PA NSO; QL (112 EA per 28 days); NDS
THALOMID ORAL CAPSULE 50 MG	5	PANSO;NDS
TIBSOVO ORAL TABLET	5	PANSO;NDS
<i>topotecan hcl intravenous solution</i>	5	NDS
<i>topotecan hcl intravenous solution reconstituted</i>	5	NDS
<i>toremifene citrate oral tablet</i>	4	
<i>tretinoin oral capsule</i>	5	NDS
TRUQAP ORAL TABLET	5	PANSO;NDS
TRUQAP ORAL TABLET THERAPY PACK	5	PANSO;NDS
TUKYSA ORAL TABLET	5	PANSO;NDS
TURALIO ORAL CAPSULE	5	PANSO;NDS
VALCHLOR EXTERNAL GEL	5	PA NSO; QL (60 GM per 30 days); NDS
VANFLYTA ORAL TABLET	5	PANSO;NDS
VENCLEXTA ORAL TABLET 10 MG	4	PANSO
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PANSO;NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA NSO; QL (84 EA per 365 days); NDS
VEPPANU ORAL TABLET 100 MG	5	PA NSO; QL (30 EA per 30 days); NDS
VEPPANU ORAL TABLET 200 MG	5	PANSO;NDS
VERZENIO ORAL TABLET	5	PA NSO; QL (56 EA per 28 days); NDS
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; QL (120 EA per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; QL (180 EA per 30 days); NDS
VITRAKVI ORAL SOLUTION	5	PA NSO; QL (600 ML per 30 days); NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PANSO;NDS
VONJO ORAL CAPSULE	5	PANSO;NDS
VORANIGO ORAL TABLET 10 MG	5	PA NSO; QL (60 EA per 30 days); NDS
VORANIGO ORAL TABLET 40 MG	5	PA NSO; QL (30 EA per 30 days); NDS
XALKORI ORAL CAPSULE	5	PANSO;NDS
XALKORI ORAL CAPSULE SPRINKLE	5	PANSO;NDS
XOSPATA ORAL TABLET	5	PANSO;NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PANSO;NDS
XTANDI ORAL CAPSULE	5	PANSO;NDS
XTANDI ORAL TABLET	5	PANSO;NDS
YONSA ORAL TABLET	5	PANSO;NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>yulithira oral tablet</i>	4	PA NSO; QL (30 EA per 30 days)
ZEJULA ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
ZELBORAF ORAL TABLET	5	PANSO;NDS
ZOLINZA ORAL CAPSULE	5	PANSO;NDS
ZYDELIG ORAL TABLET	5	PANSO;NDS
ZYKADIA ORAL TABLET	5	PANSO;NDS
Antiparasitics		
<i>albendazole oral tablet</i>	4	
<i>atovaquone oral suspension</i>	4	QL (300 ML per 30 days)
<i>atovaquone-proguanil hcl oral tablet</i>	4	
BENZNIDAZOLE ORAL TABLET	3	
<i>chloroquine phosphate oral tablet</i>	3	
COARTEM ORAL TABLET	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200mg</i>	2	
<i>ivermectin oral tablet</i>	3	PA
<i>mefloquine hcl oral tablet</i>	2	
<i>nitazoxanide oral tablet</i>	5	QL (60 EA per 30 days); NDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/DPA
<i>pentamidine isethionate injection solution reconstituted</i>	3	
<i>praziquantel oral tablet</i>	4	
<i>primaquine phosphate oral tablet</i>	3	
<i>pyrimethamine oral tablet</i>	5	PA;NDS
<i>quinine sulfate oral capsule</i>	3	PA
Antiparkinson Agents		
<i>benztropine mesylate oral tablet</i>	2	
<i>bromocriptine mesylate oral capsule</i>	4	
<i>bromocriptine mesylate oral tablet</i>	4	
<i>carbidopa oral tablet</i>	4	
<i>carbidopa-levodopa er oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	4	
<i>entacapone oral tablet</i>	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
INBRIJA INHALATION CAPSULE	5	PA;NDS
<i>pramipexole dihydrochloride oral tablet</i>	2	
<i>rasagiline mesylate oral tablet</i>	4	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	4	
<i>ropinirole hcl oral tablet</i>	2	
<i>selegiline hcl oral capsule</i>	3	
<i>selegiline hcl oral tablet</i>	3	
<i>trihexyphenidyl hcl oral tablet</i>	4	
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 EA per 30 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 EA per 30 days); NDS
<i>aripiprazole oral solution</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 ML per 60 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 ML per 30 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 ML per 30 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 ML per 30 days); NDS
<i>asenapine maleate sublingual tablet sublingual</i>	4	QL (60 EA per 30 days)
BYSANTI ORAL TABLET 1 MG	5	ST NSO; QL (180 EA per 30 days); NDS
BYSANTI ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST NSO; QL (60 EA per 30 days); NDS
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK	4	ST NSO; QL (16 EA per 365 days)
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK	4	ST NSO; QL (24 EA per 365 days)
BYSANTI TITRATION PACK CORAL TABLET THERAPY PACK	4	ST NSO; QL (16 EA per 365 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
CAPLYTA ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days); NDS
<i>chlorpromazine hcl oral concentrate</i>	4	
<i>chlorpromazine hcl oral tablet</i>	4	
<i>clozapine oral tablet 100 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST NSO; QL (60 EA per 30 days); NDS
FANAPT ORAL TABLET 2 MG	4	ST NSO; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET	4	ST NSO; QL (16 EA per 365 days)
FANAPT TITRATION PACK B ORAL TABLET	4	ST NSO; QL (24 EA per 365 days)
FANAPT TITRATION PACK CORAL TABLET	4	ST NSO; QL (16 EA per 365 days)
<i>fluphenazine decanoate injection solution</i>	4	
<i>fluphenazine hcl injection solution</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	4	
<i>haloperidol decanoate intramuscular solution</i>	3	
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>haloperidol oral tablet 20 mg</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	STNSO;NDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	ST NSO; QL (5 ML per 180 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 ML per 30 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 ML per 30 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 ML per 30 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 ML per 30 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 ML per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 ML per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 ML per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 ML per 84 days); NDS
<i>loxapine succinate oral capsule</i>	2	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
LYBALVIO [®] RAL [®] TABLET	5	ST NSO; QL (30 EA per 30 days); NDS
<i>molindone hcl oral tablet</i>	4	
NUPLAZID [®] ORAL CAPSULE	5	PA NSO; QL (30 EA per 30 days); NDS
NUPLAZID [®] ORAL TABLET	5	PA NSO; QL (30 EA per 30 days); NDS
<i>olanzapine intramuscular solution reconstituted</i>	4	
<i>olanzapine oral tablet</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	3	QL (30 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA NSO; QL (90 EA per 30 days); NDS
OPIPZA ORAL FILM 2 MG	5	PA NSO; QL (30 EA per 30 days); NDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>perphenazine oral tablet</i>	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG	5	QL (1 EA per 30 days); NDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 90 MG	5	NDS
<i>pimozide oral tablet</i>	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
REXULTIORAL TABLET	5	QL (30 EA per 30 days); NDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	4	QL (2 EA per 28 days)
<i>rfaperidone microspheres er intramuscular suspension reconstituted er 37.5 mg</i>	4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	5	QL (2 EA per 28 days); NDS
<i>rfaperidone oral solution 1 mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone oral tablet</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible</i>	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST NSO; QL (30 EA per 30 days); NDS
<i>thioridazine hcl oral tablet</i>	3	
<i>thiothixene oral capsule</i>	4	
<i>trifluoperazine hcl oral tablet</i>	3	
VERSACLOZ ORAL SUSPENSION	5	QL (540 ML per 30 days); NDS
VRAYLAR ORAL CAPSULE	3	QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule</i>	3	QL (60 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	5	NDS
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>baclofen oral tablet 5 mg</i>	3	
<i>dantrolene sodium oral capsule</i>	4	
<i>tizanidine hcl oral tablet</i>	2	
Antivirals		
<i>abacavir sulfate oral solution</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	3	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	4	QL (30 EA per 30 days)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5ml, 800 mg/20ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/DPA
<i>adefovir dipivoxil oral tablet</i>	4	QL (30 EA per 30 days)
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	2	
APTIVUS ORAL CAPSULE	5	QL (120 EA per 30 days); NDS
<i>atazanavir sulfate oral capsule 150 mg</i>	4	
<i>atazanavir sulfate oral capsule 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	5	QL (600 ML per 30 days); NDS
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days); NDS
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	5	NDS
CIMDUO ORAL TABLET	5	QL (30 EA per 30 days); NDS
<i>darunavir oral tablet 600 mg</i>	4	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	4	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	5	QL (30 EA per 30 days); NDS
DESCOVY ORAL TABLET	5	QL (30 EA per 30 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
DOVATO ORAL TABLET	5	QL (30 EA per 30 days); NDS
EDURANT PED ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days); NDS
<i>efavirenz oral tablet</i>	4	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir df oral tablet</i>	3	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	QL (30 EA per 30 days); NDS
<i>emtricitabine oral capsule</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	5	QL (30 EA per 30 days); NDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	2	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofovir df oral tablet</i>	5	QL (30 EA per 30 days); NDS
EMTRIVA ORAL SOLUTION	4	QL (850 ML per 30 days)
<i>entecavir oral tablet</i>	4	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	4	QL (60 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days); NDS
EVOTAZ ORAL TABLET	5	QL (30 EA per 30 days); NDS
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	QL (60 EA per 30 days)
<i>famciclovir oral tablet 500 mg</i>	3	QL (90 EA per 30 days)
<i>fosamprenavir calcium oral tablet</i>	5	QL (120 EA per 30 days); NDS
<i>ganciclovir sodium intravenous solution</i>	2	B/DPA
<i>ganciclovir sodium intravenous solution reconstituted</i>	2	B/DPA
GENVOYA ORAL TABLET	5	QL (30 EA per 30 days); NDS
IDVYNZO ORAL TABLET	5	QL (30 EA per 30 days); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET	5	QL (60 EA per 30 days); NDS
ISENTRESS ORAL PACKET	5	QL (60 EA per 30 days); NDS
ISENTRESS ORAL TABLET	5	QL (60 EA per 30 days); NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days); NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (180 EA per 30 days)
JULUCA ORAL TABLET	5	QL (30 EA per 30 days); NDS
KALETRA ORAL SOLUTION	4	QL (480 ML per 30 days)
<i>lamivudine oral solution</i>	3	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine oral tablet</i>	3	QL (60 EA per 30 days)
LIVTENCITY ORAL TABLET	5	QL (360 EA per 30 days); NDS
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (240 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60 EA per 30 days); NDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (120 EA per 30 days); NDS
MAVYRETORALPACKET	5	PA; QL (560 EA per 365 days); NDS
MAVYRETORALTABLET	5	PA; QL (336 EA per 365 days); NDS
<i>nevirapine er oral tablet extended release 24 hour</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	3	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	2	QL (60 EA per 30 days)
NORVIR ORAL PACKET	4	QL (360 EA per 30 days)
ODEFSEY ORAL TABLET	5	QL (30 EA per 30 days); NDS
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	3	QL (1080 ML per 365 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	3	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	QL (30 EA per 5 days)
PIFELTRO ORAL TABLET	5	QL (30 EA per 30 days); NDS
PREVYMIS ORAL PACKET	5	QL (120 EA per 30 days); NDS
PREVYMIS ORAL TABLET	5	QL (28 EA per 28 days); NDS
PREZCOBIX ORAL TABLET	5	QL (30 EA per 30 days); NDS
PREZISTA ORAL SUSPENSION	5	QL (400 ML per 30 days); NDS
PREZISTA ORAL TABLET 150 MG	5	QL (180 EA per 30 days); NDS
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
REYATAZORALPACKET	5	QL (180 EA per 30 days); NDS
<i>ribavirin oral tablet</i>	3	
<i>rilpivirine hcl oral tablet</i>	5	QL (30 EA per 30 days); NDS
<i>ritonavir oral tablet</i>	3	QL (360 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	QL (60 EA per 30 days); NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET	5	PA; QL (84 EA per 365 days); NDS
STRIBILD ORAL TABLET	5	QL (30 EA per 30 days); NDS
SUNLENCA ORAL TABLET	5	QL (24 EA per 168 days); NDS
SUNLENCA ORAL TABLET THERAPY PACK 4X300MG	5	QL (8 EA per 365 days); NDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X300 MG	5	QL (10 EA per 365 days); NDS
SUNLENCA SUBCUTANEOUS SOLUTION	5	NDS
SYMTUZA ORAL TABLET	5	QL (30 EA per 30 days); NDS
<i>tenofovir disoproxil fumarate oral tablet</i>	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET	5	QL (60 EA per 30 days); NDS
TIVICAY PD ORAL TABLET SOLUBLE	4	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET	5	QL (30 EA per 30 days); NDS
TRIUMEQ PD ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days); NDS
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet</i>	3	QL (120 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	5	QL (1080 ML per 30 days); NDS
<i>valganciclovir hcl oral tablet</i>	3	QL (120 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days); NDS
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days); NDS
VIREAD ORAL POWDER	5	QL (240 GM per 30 days); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250MG	5	QL (30 EA per 30 days); NDS
VOCABRIA ORAL TABLET	5	NDS
VOSEVI ORAL TABLET	5	PA; QL (84 EA per 365 days); NDS
VYJUVEK EXTERNAL GEL	5	PA;NDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	QL (1 EA per 30 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	QL (1 EA per 30 days)
<i>zidovudine oral capsule</i>	3	QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	3	QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	3	QL (60 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
Anxiolytics		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral concentrate</i>	2	
<i>diazepam oral solution</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>lorazepam intensol oral concentrate</i>	3	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	3	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
Bipolar Agents		
IGALMI SUBLINGUAL FILM	4	PANSO
<i>lithium carbonate er oral tablet extended release</i>	2	
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium oral solution</i>	3	
Blood Glucose Regulators		
<i>acarbose oral tablet</i>	2	
BAQSIMI ONE PACK NASAL POWDER	3	
BAQSIMI TWO PACK NASAL POWDER	3	
<i>diazoxide oral suspension</i>	5	NDS
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet</i>	1	
<i>glucagon emergency kit injection solution reconstituted 1 mg</i>	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYXAMBIORAL TABLET	3	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	
GVOKE KIT SUBCUTANEOUS SOLUTION	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
HUMALOG INJECTION SOLUTION	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	
HUMULIN N KWIKPEN	3	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	3	
HUMULIN R U-500 KWIKPEN	3	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R VIAL INJECTION SOLUTION	3	
INSULIN LISPRO INJECTION SOLUTION	3	
JANUMET ORAL TABLET	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
JANUVIA ORAL TABLET	3	QL (30 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO ORAL TABLET	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
LANTUS U-100 SOLOSTAR	3	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	3	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LYUMJEV VIAL INJECTION SOLUTION	3	
<i>metformin hcl er (osm) oral tablet extended release 24 hour</i>	2	
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	1	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	3	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	3	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	3	
NOVOLIN R RELION INJECTION SOLUTION	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R VIAL INJECTION SOLUTION	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG U-100 FLEXPEN	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	3	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	3	
NOVOLOG U-100 PENFILL	3	
NOVOLOG RELION INJECTION SOLUTION	3	
NOVOLOG U-100 VIAL INJECTION SOLUTION	3	
OZEMPIC ORAL TABLET 1.5 MG	3	PA; QL (60 EA per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	
<i>repaglinide oral tablet</i>	1	
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (15 ML per 24 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 5-500 MG	3	
SYNJARDY ORAL TABLET 12.5-500 MG, 5-1000 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)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRADJENTA ORAL TABLET	3	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRESIBA SUBCUTANEOUS SOLUTION	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
Blood Products and Modifiers		
<i>anagrelide hcl oral capsule</i>	3	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	4	
CABLIVI INJECTION KIT	5	PA; QL (30 EA per 30 days); NDS
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dabigatran etexilate mesylate oral capsule</i>	4	QL (60 EA per 30 days)
DOPTELET ORAL TABLET	5	PA; QL (90 EA per 30 days); NDS
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE	3	QL (420 EA per 28 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE	3	QL (560 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	3	QL (84 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE	3	QL (140 EA per 28 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine oral packet</i>	5	PA; QL (180 EA per 30 days); NDS
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 EA per 30 days); NDS
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA; QL (60 EA per 30 days); NDS
<i>enoxaparin sodium injection solution</i>	4	
<i>enoxaparin sodium injection solution pre.filled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution pre.filled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution pre.filled syringe 30 mg/0.3ml</i>	4	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution pre.filled syringe 40 mg/0.4ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution pre.filled syringe 60 mg/0.6ml</i>	4	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 ML per 30 days); NDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	3	
<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	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA;NDS
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA;NDS
NEULASTA SUBCUTANEOUS SOLUTION	5	PA;NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 ML per 28 days); NDS
<i>prasugrel hcl oral tablet</i>	2	
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;NDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA;NDS
<i>rivaroxaban oral suspension reconstituted</i>	4	QL (600 ML per 30 days)
<i>rivaroxaban oral tablet</i>	4	QL (360 EA per 30 days)
<i>ticagrelor oral tablet</i>	3	
<i>tranexamic acid oral tablet</i>	3	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA;NDS
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.2 ML per 28 days); NDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 ML per 28 days); NDS
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	3	QL (60 EA per 30 days)
XOLREMDI ORAL CAPSULE	5	PA; QL (120 EA per 30 days); NDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	NDS
Cardiovascular Agents		
<i>acebutolol hcl oral capsule</i>	2	
<i>aliskiren fumarate oral tablet</i>	2	
<i>amiloride hcl oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	3	
<i>amiodarone hcl oral tablet 200 mg</i>	1	
<i>amlodipine besylate oral tablet</i>	1	
<i>amlodipine besylate-benazepril hcl oral capsule</i>	1	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan oral tablet</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	2	
<i>atorvastatin calcium oral tablet</i>	1	
<i>azilsartan medoxomil oral tablet</i>	4	
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>betaxolol hcl oral tablet</i>	3	
<i>bisoprolol Jumarate oral tablet</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	
<i>candesartan cilexetil oral tablet</i>	1	
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captopril oral tablet</i>	2	
<i>captopril-hydrochlorothiazide oral tablet</i>	2	
<i>cartia xt oral capsule extended release 24 hour</i>	2	
<i>carvedilol oral tablet</i>	1	
<i>chlorthalidone oral tablet</i>	2	
<i>cholestyramine light oral packet</i>	4	
<i>cholestyramine light oral powder</i>	4	
<i>cholestyramine oral packet</i>	3	
<i>cholestyramine oral powder</i>	3	
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	4	
<i>colesevelam hcl oral tablet</i>	4	
<i>colestipol hcl oral tablet</i>	3	
<i>dapagliflozin oral tablet</i>	3	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	4	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	4	
<i>diltiazem hcl oral tablet</i>	2	
<i>dilt-xr oral capsule extended release 24 hour</i>	2	
<i>disopyramide phosphate oral capsule</i>	3	
<i>dofetilide oral capsule</i>	4	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180 EA per 30 days); NDS
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>eplerenone oral tablet</i>	4	
<i>ezetimibe oral tablet</i>	2	
<i>ezetimibe-simvastatin oral tablet</i>	2	
FARXIGA ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour</i>	2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67mg</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</i>	3	
FILSPARI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days); NDS
FILSPARI ORAL TABLET 400 MG	5	PA; QL (60 EA per 30 days); NDS
<i>jlecainide acetate oral tablet</i>	2	
<i>jluvastatin sodium er oral tablet extended release 24 hour</i>	4	
<i>jluvastatin sodium oral capsule</i>	4	
<i>fosinopril sodium oral tablet</i>	1	
<i>fosinopril sodium-hctz oral tablet</i>	2	
<i>furosemide oral solution</i>	1	
<i>furosemide oral tablet</i>	1	
<i>furosemide solution 10 mg/ml injection</i>	2	
FUROSEMIDE SOLUTION 10 MG/ML INJECTION	2	
<i>gemfibrozil oral tablet</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl oral tablet</i>	4	
<i>hydralazine hcl oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	4	
<i>indapamide oral tablet</i>	1	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet</i>	4	
<i>isosorbide dinitrate oral tablet IO mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	
<i>isosorbide mononitrate oral tablet</i>	2	
<i>ivabradine hcl oral tablet</i>	4	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
KERENDIAORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan potassium oral tablet</i>	1	
<i>losartan potassium-hctz oral tablet</i>	1	
<i>lovastatin oral tablet</i>	1	
<i>matzim la oral tablet extended release 24 hour</i>	4	
<i>methyldopa oral tablet</i>	4	
<i>metolazone oral tablet</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule</i>	5	PA;NDS
<i>mexiletine hcl oral capsule 150 mg</i>	3	
<i>mexiletine hcl oral capsule 200 mg, 250 mg</i>	4	
<i>midodrine hcl oral tablet</i>	2	
<i>minoxidil oral tablet</i>	2	
<i>moexipril hcl oral tablet</i>	2	
MULTAQ ORAL TABLET	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>nadolol oral tablet</i>	2	
<i>nebivolol hcl oral tablet</i>	3	
NEXLETOL ORAL TABLET	4	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	3	
<i>nifedipine er oral tablet extended release 24 hour</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	
<i>nimodipine oral capsule</i>	4	
<i>nitro-bid transdermal ointment</i>	4	
<i>nitroglycerin sublingual tablet sublingual</i>	2	
<i>nitroglycerin transdermal ointment</i>	4	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	4	
<i>olmesartan medoxomil oral tablet</i>	1	
<i>olmesartan medoxomil-hctz oral tablet</i>	1	
<i>omega-3-acid ethyl esters oral capsule</i>	3	
PACERONE ORAL TABLET 100 MG	3	
PACERONE ORAL TABLET 200 MG	2	
<i>pentoxifylline er oral tablet extended release</i>	2	
<i>perindopril erbumine oral tablet</i>	2	
<i>pindolol oral tablet</i>	3	
<i>pitavastatin calcium oral tablet</i>	4	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet</i>	1	
<i>prazosin hcl oral capsule</i>	2	
<i>prevalite oral packet</i>	4	
<i>prevalite oral powder</i>	4	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	4	
<i>propafenone hcl oral tablet</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	
<i>propranolol hcl oral tablet</i>	2	
<i>quinapril hcl oral tablet</i>	1	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>quinidine sulfate oral tablet</i>	4	
<i>ramipril oral capsule</i>	1	
<i>ranolazine er oral tablet extended release 12 hour</i>	3	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium oral tablet</i>	1	
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	3	QL (180 EA per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	3	QL (60 EA per 30 days)
<i>simvastatin oral tablet</i>	1	
<i>sotalol hcl (aj) oral tablet</i>	2	
<i>sotalol hcl oral tablet</i>	2	
<i>spironolactone oral tablet</i>	1	
<i>spironolactone-hctz oral tablet</i>	2	
<i>telmisartan oral tablet</i>	1	
<i>telmisartan-hctz oral tablet</i>	1	
<i>tiadylt er oral capsule extended release 24 hour</i>	2	
<i>toremide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>triamterene oral capsule</i>	4	
<i>triamterene-hctz oral capsule</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.8 ML per 28 days); NDS
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	3	
<i>verapamil hcl er oral tablet extended release</i>	2	
<i>verapamil hcl oral tablet</i>	1	
VERQUVO ORAL TABLET	3	PA; QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE	5	PA; QL (30 EA per 30 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	3	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	3	QL (90 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
AUSTEDO ORAL TABLET	5	PA; QL (120 EA per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days); NDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (56 EA per 365 days); NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 EA per 28 days); NDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 EA per 28 days); NDS
<i>bac (butalbital-acetamin-cajj) oral tablet</i>	3	
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 EA per 30 days); NDS
<i>butalbital-apap-caffeine oral tablet</i>	3	
COBENFY ORAL CAPSULE	5	PA NSO; QL (60 EA per 30 days); NDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA NSO; QL (112 EA per 365 days); NDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	3	PA; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (90 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	4	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	4	PA; QL (120 EA per 365 days)
<i>fingolimod hcl oral capsule</i>	5	PA; QL (30 EA per 30 days); NDS
<i>glatiramer acetate subcutaneous solution pre.filled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days); NDS
<i>glatiramer acetate subcutaneous solution pre.filled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days); NDS
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days); NDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days); NDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 EA per 30 days); NDS
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80MG	5	PA; QL (30 EA per 30 days); NDS
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days); NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.4 ML per 28 days); NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days); NDS
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days); NDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (14 EA per 365 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	4	
<i>methylphenidate hcl oral tablet</i>	2	QL (90 EA per 30 days)
NUEDEXTA ORAL CAPSULE	5	PA; QL (60 EA per 30 days); NDS
<i>riluzole oral tablet</i>	4	
SAVELLA ORAL TABLET	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	3	QL (110 EA per 365 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days); NDS
VEOZAH ORAL TABLET	4	PA; QL (30 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days); NDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; QL (14 EA per 365 days); NDS
ZEPOSIA ORAL CAPSULE	5	PA; QL (30 EA per 30 days); NDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days); NDS
Dental and Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	3	
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
<i>periogard mouth/throat solution</i>	1	
<i>pilocarpine hcl oral tablet</i>	4	
<i>triamcinolone acetonide mouth/throat paste</i>	3	
Dermatological Agents		
<i>acitretin oral capsule</i>	4	
<i>acyclovir external ointment</i>	4	QL (60 GM per 30 days)
ADBRYSUBCUTANEOUSSOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days); NDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 ML per 28 days); NDS
<i>ala-cart external cream</i>	2	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>amnesteam oral capsule</i>	4	
<i>azelaic acid external gel</i>	4	QL (100 GM per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	4	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	4	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	3	
<i>betamethasone dipropionate external cream</i>	3	
<i>betamethasone dipropionate external lotion</i>	3	
<i>betamethasone dipropionate external ointment</i>	4	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate external cream</i>	3	
<i>betamethasone valerate external lotion</i>	3	
<i>betamethasone valerate external ointment</i>	2	
<i>calcipotriene external cream</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	3	QL (60 ML per 30 days)
<i>ciclodan external solution</i>	2	PA; QL (13.2 ML per 30 days)
<i>ciclopirox external gel</i>	2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	3	QL (120 ML per 30 days)
<i>ciclopirox external solution</i>	2	PA; QL (13.2 ML per 30 days)
<i>ciclopirox olamine external cream</i>	2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	3	QL (120 ML per 30 days)
<i>claravis oral capsule</i>	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	2	
<i>clindamycin phosphate external lotion</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution</i>	2	QL (60 ML per 30 days)
<i>clobetasol prop emollient base external cream</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate e external cream</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external foam</i>	2	
<i>clobetasol propionate external gel</i>	3	
<i>clobetasol propionate external ointment</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	4	
<i>clobetasol propionate external solution</i>	3	
<i>clotrimazole-betamethasone external cream</i>	2	QL (90 GM per 30 days)
<i>desonide external cream</i>	3	
<i>desonide external ointment</i>	2	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.25 %</i>	3	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	3	
<i>diclofenac sodium external gel 3 %</i>	4	ST; QL (300 GM per 30 days)
EBGLYSSSUBCUTANEOUSSOLUTION AUTO-INJECTOR	5	PA;NDS
ERY EXTERNAL PAD	3	QL (60 EA per 30 days)
<i>erythromycin external gel</i>	3	QL (60 GM per 30 days)
<i>erythromycin external solution</i>	2	QL (60 ML per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
EUCRISA EXTERNAL OINTMENT	4	PA
FINACEA EXTERNAL FOAM	3	QL (50 GM per 30 days)
<i>fluocinolone acetonide external cream</i>	3	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	3	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	3	QL (60 ML per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	2	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	2	QL (60 ML per 30 days)
<i>fluorouracil external cream 5 %</i>	2	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	3	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
GAUZE PADS PAD 2"X2"	3	
<i>halobetasol propionate external cream</i>	3	
<i>halobetasol propionate external ointment</i>	4	
<i>hydrocortisone external cream I %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment I %</i>	2	QL (100 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>hydrocortisone valerate external cream</i>	3	QL (60 GM per 30 days)
<i>imiquimod external cream 5 %</i>	3	QL (48 EA per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>malathion external lotion</i>	4	QL (59 ML per 30 days)
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external gel I %</i>	4	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
<i>mupirocin calcium external cream</i>	4	
<i>mupirocin external ointment</i>	2	QL (110 GM per 30 days)
<i>nystatin-triamcinolone external cream</i>	2	
<i>nystatin-triamcinolone external ointment</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA ORAL TABLET	5	PA; QL (60 EA per 30 days); NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days); NDS
<i>permethrin external cream</i>	3	QL (60 GM per 30 days)
<i>pimecrolimus external cream</i>	4	QL (100 GM per 30 days)
<i>podofilox external solution</i>	3	
SANTYL EXTERNAL OINTMENT	4	QL (180 GM per 30 days)
<i>selenium sulfide external lotion</i>	2	
SILIGENTLE FOAM DRESSING PAD 2"X2"	3	
<i>silver sulfadiazine external cream</i>	2	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (4 ML per 28 days); NDS
<i>ssd external cream</i>	2	
<i>tacrolimus external ointment</i>	4	QL (100 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	4	QL (60 GM per 30 days)
<i>tretinoin external cream 0.025 %</i>	3	PA
<i>tretinoin external cream 0.05 %</i>	4	PA
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %</i>	3	
<i>triamcinolone acetonide external lotion 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.5 %</i>	2	
<i>triderm external cream</i>	2	
<i>urea external lotion</i>	4	
<i>zenatane oral capsule</i>	4	
Electrolytes/Minerals/MetalsNitamins		
AMINOSYN II INTRAVENOUS SOLUTION	4	B/DPA
AMINOSYN-PF INTRAVENOUS SOLUTION	4	B/DPA
<i>calcium acetate (phos binder) oral capsule</i>	4	
<i>calcium acetate (phos binder) oral tablet</i>	3	
<i>calcium acetate oral tablet 667 mg</i>	3	
<i>carglumic acid oral tablet soluble</i>	5	NDS
CHEMET ORAL CAPSULE	5	NDS
<i>deferasirox granules oral packet</i>	5	PA;NDS
<i>deferasirox oral packet</i>	5	PA;NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg</i>	4	PA
<i>deferasirox oral tablet soluble 500 mg</i>	5	PA;NDS
<i>dextrose intravenous solution 5 %</i>	2	
<i>dextrose-nae! intravenous solution</i>	4	
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	4	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	
KIONEX COMBINATION SUSPENSION	3	
<i>klor-con 10 oral tablet extended release</i>	2	
<i>klor-con ml 0 oral tablet extended release</i>	2	
<i>klor-con ml 5 oral tablet extended release</i>	2	
<i>klor-con m20 oral tablet extended release</i>	2	
<i>klor-con oral packet</i>	4	
<i>klor-con oral tablet extended release</i>	2	
LOKELMA ORAL PACKET	4	QL (90 EA per 30 days)
<i>magnesium sulfate injection solution</i>	3	
<i>penicillamine oral tablet</i>	5	NDS
PLENAMINE INTRAVENOUS SOLUTION	4	B/DPA
<i>potassium chloride crys er oral tablet extended release</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	
<i>potassium chloride er oral tablet extended release</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral solution</i>	4	
<i>potassium citrate er oral tablet extended release</i>	4	
<i>prenatal oral tablet 27-1 mg</i>	2	
<i>sevelamer hcl oral tablet</i>	4	
<i>sodium chloride intravenous solution 0.45 %</i>	3	
SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS	3	
<i>sodium chloride solution 0.9 % intravenous</i>	3	
<i>sodium polystyrene sulfonate combination suspension</i>	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate oral powder</i>	3	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	3	
<i>tolvaptan oral tablet</i>	5	PA; QL (120 EA per 30 days); NDS
<i>trientine hcl oral capsule</i>	5	PA;NDS
VELPHORO ORAL TABLET CHEWABLE	5	NDS
VELTASSA ORAL PACKET 1 GM	4	QL (120 EA per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM,8.4GM	4	QL (30 EA per 30 days)
Gastrointestinal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	PA; QL (120 EA per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	5	PA; QL (60 EA per 30 days); NDS
<i>bis subcit-metronid-tetracycl oral capsule</i>	4	
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	4	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	5	PA;NDS
BYLVAY ORAL CAPSULE	5	PA;NDS
CLENPIQ ORAL SOLUTION	3	
<i>constulose oral solution</i>	2	
CTEXLIORALTABLET	5	PA;NDS
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	3	
<i>enulose oral solution</i>	2	
<i>esomeprazole magnesium oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>famotidine oral suspension reconstituted</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	
<i>generlac oral solution</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	PA
<i>lactulose encephalopathy oral solution</i>	2	
<i>lactulose oral solution</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
<i>loperamide hcl oral capsule</i>	2	
<i>lubiprostone oral capsule</i>	4	QL (60 EA per 30 days)
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	1	
<i>misoprostol oral tablet</i>	3	
MOVANTIK ORAL TABLET	3	QL (30 EA per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution</i>	3	
<i>nitroglycerin rectal ointment</i>	4	QL (30 GM per 30 days)
<i>nizatidine oral capsule</i>	4	
<i>omeprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL (60 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nae! oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>rabeprazole sodium oral tablet delayed release</i>	3	QL (60 EA per 30 days)
<i>sucralfate oral tablet</i>	2	
SUTAB ORAL TABLET	3	
TALICIA ORAL CAPSULE DELAYED RELEASE	4	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet</i>	3	
VOWST ORAL CAPSULE	5	PA; QL (12 EA per 3 days); NDS
XERMELO ORAL TABLET	5	PA; QL (90 EA per 30 days); NDS
XIFAXAN ORAL TABLET	3	PA; QL (90 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	5	NDS
CHOLBAM ORAL CAPSULE	5	PA;NDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>cromolyn sodium oral concentrate</i>	4	
CYSTAGON ORAL CAPSULE	4	
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; QL (240 ML per 30 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA;NDS
<i>l-glutamine oral packet</i>	5	PA;NDS
<i>miglustat oral capsule</i>	5	PA; QL (90 EA per 30 days); NDS
<i>nitisinone oral capsule</i>	5	NDS
ONPATTRO INTRAVENOUS SOLUTION	5	PA;NDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA;NDS
PYRUKYND ORAL TABLET 20 MG, 5 MG	5	PA; QL (60 EA per 30 days); NDS
PYRUKYND ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days); NDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	5	PA; QL (30 EA per 30 days); NDS
REVCovi INTRAMUSCULAR SOLUTION	5	PA;NDS
<i>sapropterin dihydrochloride oral packet</i>	5	PA;NDS
<i>sapropterin dihydrochloride oral tablet</i>	5	PA;NDS
<i>sodium phenylbutyrate oral powder</i>	5	NDS
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA;NDS
SUCRAID ORAL SOLUTION	5	PA;NDS
WELIREGORAL TABLET	5	PANSO;NDS
<i>yargesa oral capsule</i>	5	PA; QL (90 EA per 30 days); NDS
<i>zelvysia oral packet</i>	5	PA;NDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
Genitourinary Agents		
<i>acetic acid irrigation solution</i>	1	
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>bethanechol chloride oral tablet</i>	2	
<i>doxazosin mesylate oral tablet</i>	2	
<i>dutasteride oral capsule</i>	2	
ELMIRON ORAL CAPSULE	4	QL (90 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	4	
<i>finasteride oral tablet 5 mg</i>	1	
GEMTESA ORAL TABLET	4	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	
<i>oxybutynin chloride oral solution</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>silodosin oral capsule</i>	4	QL (30 EA per 30 days)
<i>solifenacin succinate oral tablet</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	1	QL (60 EA per 30 days)
<i>terazosin hcl oral capsule</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	3	
<i>tolterodine tartrate oral tablet</i>	3	
<i>trospium chloride er oral capsule extended release 24 hour</i>	4	
<i>trospium chloride oral tablet</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
CORTISONE ACETATE ORAL TABLET	5	NDS
<i>deflazacort oral suspension</i>	5	PA;NDS
<i>deflazacort oral tablet</i>	5	PA;NDS
<i>dexamethasone oral elixir</i>	3	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>fludrocortisone acetate oral tablet</i>	2	
<i>hydrocortisone oral tablet</i>	2	
<i>jaythari oral suspension</i>	5	PA;NDS
<i>jaythari oral tablet</i>	5	PA;NDS
<i>kymbee oral suspension</i>	5	PA;NDS
<i>kymbee oral tablet</i>	5	PA;NDS
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	4	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	2	
<i>pyquvi oral suspension</i>	5	PA;NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	4	
<i>desmopressin acetate oral tablet</i>	3	
<i>desmopressin acetate spray nasal solution</i>	4	
GENOTROPIN MINIQUEICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUEICK 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;NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA;NDS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA;NDS
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days); NDS
ISTURISA ORAL TABLET 5 MG	5	PA; QL (360 EA per 30 days); NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>abigale lo oral tablet</i>	4	
<i>abigale oral tablet</i>	4	
<i>afirmelle oral tablet</i>	3	
<i>altavera oral tablet</i>	3	
<i>alyacen 1/35 oral tablet</i>	3	
<i>alyacen 7/7/7 oral tablet</i>	3	
<i>amethyst oral tablet</i>	3	
<i>ashlyna oral tablet</i>	4	QL (91 EA per 91 days)
<i>aubra eq oral tablet</i>	3	
<i>aurovela 1.5/30 oral tablet</i>	3	
<i>aurovela 1/20 oral tablet</i>	3	
<i>aurovelafe 1.5/30 oral tablet</i>	3	
<i>aurovelafe 1/20 oral tablet</i>	3	
<i>aviane oral tablet</i>	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>ayuna oral tablet</i>	3	
<i>azurette oral tablet</i>	3	
<i>balziva oral tablet</i>	3	
<i>blisovife 1.5/30 oral tablet</i>	3	
<i>blisovife 1/20 oral tablet</i>	3	
<i>briellyn oral tablet</i>	3	
<i>camila oral tablet</i>	2	
<i>camrese lo oral tablet</i>	4	QL (91 EA per 91 days)
<i>camrese oral tablet</i>	4	QL (91 EA per 91 days)
<i>chateal eq oral tablet</i>	3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	QL (4 EA per 28 days)
<i>cryselle oral tablet</i>	3	
<i>cryselle-28 oral tablet</i>	3	
<i>danazol oral capsule</i>	4	
<i>dasetta 1/35 (28) oral tablet</i>	3	
<i>dasetta 7/7/7 oral tablet</i>	3	
<i>daysee oral tablet</i>	4	QL (91 EA per 91 days)
<i>deblitane oral tablet</i>	2	
<i>delyla oral tablet</i>	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL (0.65 ML per 90 days)
<i>desogestrel-ethinyl estradiol oral tablet</i>	3	
<i>dolishale oral tablet</i>	3	
<i>dotti transdermal patch twice weekly</i>	4	QL (8 EA per 28 days)
<i>elimest oral tablet</i>	3	
<i>eluryng vaginal ring</i>	4	QL (1 EA per 28 days)
<i>emzahh oral tablet</i>	2	
<i>enilloring vaginal ring</i>	4	QL (1 EA per 28 days)
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>errin oral tablet</i>	2	
<i>estarylla oral tablet</i>	3	
<i>estradiol oral tablet</i>	2	
<i>estradiol transdermal gel</i>	4	
<i>estradiol transdermal patch twice weekly</i>	4	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	3	QL (4 EA per 28 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol-norethindrone acet oral tablet</i>	4	
ESTRING VAGINAL RING	4	QL (1 EA per 90 days)
<i>estrogens conjugated oral tablet</i>	4	QL (30 EA per 30 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	3	QL (1 EA per 28 days)
<i>falmina oral tablet</i>	3	
<i>feirza 1.5/30 oral tablet</i>	3	
<i>feirza 1/20 oral tablet</i>	3	
<i>fyavolv oral tablet</i>	4	
<i>gallifrey oral tablet</i>	2	
<i>hailey 1.5/30 oral tablet</i>	3	
<i>hailey fe 1.5/30 oral tablet</i>	3	
<i>hailey fe 1/20 oral tablet</i>	3	
<i>heather oral tablet</i>	2	
<i>iclevia oral tablet</i>	4	QL (91 EA per 91 days)
<i>incassia oral tablet</i>	2	
<i>introvale oral tablet</i>	4	QL (91 EA per 91 days)
<i>Jaimiess oral tablet</i>	4	QL (91 EA per 91 days)
<i>Jencycla oral tablet</i>	2	
<i>Jinteli oral tablet</i>	4	
<i>Jolessa oral tablet</i>	4	QL (91 EA per 91 days)
<i>June! 1.5/30 oral tablet</i>	3	
<i>June! 1/20 oral tablet</i>	3	
<i>Junelfe 1.5/30 oral tablet</i>	3	
<i>Junelfe 1/20 oral tablet</i>	3	
<i>kariva oral tablet</i>	3	
<i>kelnor 1/35 oral tablet</i>	3	
<i>kurvelo oral tablet</i>	3	
<i>Zarin 1.5/30 oral tablet</i>	3	
<i>Zarin 1/20 oral tablet</i>	3	
<i>larinfe 1.5/30 oral tablet</i>	3	
<i>larinfe 1/20 oral tablet</i>	3	
<i>lessina oral tablet</i>	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>levonest oral tablet</i>	3	
<i>levonorgest-eth estrad 91-day oral tablet</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet</i>	3	
<i>levonorg-eth estrad triphasic oral tablet</i>	3	
<i>levora 0.15/30 (28) oral tablet</i>	3	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	3	
<i>lojaimiess oral tablet</i>	4	QL (91 EA per 91 days)
<i>low-ogestrel oral tablet</i>	3	
<i>luizza 1.5/30 oral tablet</i>	3	
<i>luizza 1/20 oral tablet</i>	3	
<i>lutra oral tablet</i>	3	
<i>lyleq oral tablet</i>	2	
<i>lyllana transdermal patch twice weekly</i>	4	QL (8 EA per 28 days)
<i>lyza oral tablet</i>	2	
<i>marlissa oral tablet</i>	3	
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet</i>	2	
<i>meleya oral tablet</i>	2	
<i>microgestin 1.5/30 oral tablet</i>	3	
<i>microgestin 1/20 oral tablet</i>	3	
<i>microgestinfe 1.5/30 oral tablet</i>	3	
<i>microgestinfe 1/20 oral tablet</i>	3	
<i>mili oral tablet</i>	3	
<i>mimvey oral tablet</i>	4	
<i>mono-linyah oral tablet</i>	3	
<i>necon 0.5/35 (28) oral tablet</i>	3	
NEXPLANON SUBCUTANEOUS IMPLANT	3	
<i>nora-be oral tablet</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	4	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	3	
<i>norethindrone acetate oral tablet</i>	2	
<i>norethindrone acet-ethinyl est oral tablet</i>	3	
<i>norethindrone oral tablet</i>	2	
<i>norethindrone-eth estradiol oral tablet</i>	4	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>norlyroc oral tablet</i>	2	
<i>nortrel 0.5/35 (28) oral tablet</i>	3	
<i>nortrel 1/35 (21) oral tablet</i>	3	
<i>nortrel 1/35 (28) oral tablet</i>	3	
<i>nortrel 7/7/7 oral tablet</i>	3	
<i>nylia 1/35 oral tablet</i>	3	
<i>nylia 7/7/7 oral tablet</i>	3	
<i>orquidea oral tablet</i>	2	
OSPHENA ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>philith oral tablet</i>	3	
<i>pimtrea oral tablet</i>	3	
<i>portia-28 oral tablet</i>	3	
PREMARIN VAGINAL CREAM	4	
PREMPHASE ORAL TABLET	4	QL (28 EA per 28 days)
PREMPRO ORAL TABLET	4	QL (28 EA per 28 days)
<i>progesterone oral capsule</i>	2	
<i>raloxifene hcl oral tablet</i>	2	
<i>setlakin oral tablet</i>	4	QL (91 EA per 91 days)
<i>sharobel oral tablet</i>	2	
<i>simliya oral tablet</i>	3	
<i>simpesse oral tablet</i>	4	QL (91 EA per 91 days)
<i>sprintec 28 oral tablet</i>	3	
<i>sronyx oral tablet</i>	3	
<i>tarina fe 1/20 eq oral tablet</i>	3	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	2	PA; QL (10 ML per 28 days)
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	2	PA; QL (10 ML per 28 days)
TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR	2	PA; QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>	3	PA; QL (5 ML per 28 days)
<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>	3	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>	4	PA; QL (300 GM per 30 days)
<i>tri-estarylla oral tablet</i>	3	
<i>tri-linyah oral tablet</i>	3	
<i>tri-mili oral tablet</i>	3	
<i>tri-sprintec oral tablet</i>	3	
<i>tri-vylibra oral tablet</i>	3	
<i>turqoz oral tablet</i>	3	
<i>valtya 1/35 oral tablet</i>	3	
<i>valtya 1/50 oral tablet</i>	3	
<i>vienva oral tablet</i>	3	
<i>viorele oral tablet</i>	3	
<i>volnea oral tablet</i>	3	
<i>vyfemla oral tablet</i>	3	
<i>vylibra oral tablet</i>	3	
<i>wera oral tablet</i>	3	
<i>xulane transdermal patch weekly</i>	3	
<i>yuvafer vaginal tablet</i>	4	
<i>zafemy transdermal patch weekly</i>	4	
<i>zovia 1/35 (28) oral tablet</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>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</i>	3	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl oral tablet</i>	2	
<i>liomny oral tablet</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium oral tablet</i>	2	
REZDIFFRA ORAL TABLET	5	PA; QL (30 EA per 30 days); NDS
SYNTHROID ORAL TABLET	3	
<i>unithroid oral tablet</i>	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline oral tablet</i>	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA NSO; QL (4 EA per 365 days); NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA NSO; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit</i>	4	PANSO
LUPRON DEPOT (I-MONTH) INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 28 days); NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 84 days); NDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 112 days); NDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	5	PA NSO; QL (1 EA per 168 days); NDS
LUPRON DEPOT-PED (I-MONTH) INTRAMUSCULAR KIT	5	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	5	PA; QL (1 EA per 84 days); NDS
<i>mifepristone oral tablet 200 mg</i>	4	
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days); NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA;NDS
ORGOVYX ORAL TABLET	5	PANSO;NDS
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; QL (60 ML per 30 days); NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (30 EA per 30 days); NDS

Last Update 1/1/2027

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

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA NSO; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PA NSO; QL (1 EA per 168 days); NDS
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral tablet</i>	2	
<i>propylthiouracil oral tablet</i>	2	
Immunological Agents		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PANSO;NDS
ADACEL INTRAMUSCULAR SUSPENSION	1	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (3 EA per 28 days); NDS
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	5	PA; QL (2 EA per 28 days); NDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (3 EA per 28 days); NDS
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	5	PA; QL (6 EA per 28 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	5	PA; QL (2 EA per 28 days); NDS
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 28 days); NDS
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	5	PA; QL (2 EA per 28 days); NDS
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40MG/0.8ML	5	PA; QL (6 EA per 28 days); NDS
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	QL (1 EA per 999 days)
<i>azathioprine oral tablet 50 mg</i>	2	B/DPA
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA;NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA;NDS
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PANSO;NDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PANSO;NDS
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BIVIGAM INTRAVENOUS SOLUTION	5	PA;NDS
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA;NDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (10 ML per 28 days); NDS
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML	5	PA;NDS
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL (10 ML per 28 days); NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (10 ML per 28 days); NDS

Last Update 1/1/2027

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYXSENSOREADYPEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (10 ML per 28 days); NDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (10 ML per 28 days); NDS
<i>cyclosporine modified oral capsule</i>	4	B/DPA
<i>cyclosporine modified oral solution</i>	4	B/DPA
<i>cyclosporine oral capsule</i>	4	B/DPA
DAPTACELINTRAMUSCULAR SUSPENSION	3	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
EBGLYSSSUBCUTANEOUSSOLUTION PREFILLED SYRINGE	5	PA;NDS
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA;NDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (8 ML per 28 days); NDS
ENBRELSUBCUTANEOUSSOLUTION	5	PA; QL (4 ML per 28 days); NDS
ENBRELSUBCUTANEOUSSOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days); NDS
ENBRELSUBCUTANEOUSSOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days); NDS
ENGERIX-B INJECTION SUSPENSION	1	B/DPA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	B/DPA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.36 ML per 28 days); NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/DPA

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	BID PA; NDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	4	BIDPA
<i>everolimus oral tablet 1 mg</i>	5	BID PA; NDS
GAMASTAN INTRAMUSCULAR SOLUTION	3	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>gengraf oral capsule</i>	4	BIDPA
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL UIML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL UI0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	BIDPA
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	
HIZENTRA SUBCUTANEOUS SOLUTION	5	PA;NDS
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA;NDS
HYPERHEPBINTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	BIDPA
<i>icatibant acetate subcutaneous solution prejilled syringe</i>	5	PA; QL (36 ML per 30 days); NDS
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BIDPA
INFANRIX INTRAMUSCULAR SUSPENSION	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	5	PA;NDS
IPOL INJECTION SUSPENSION	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYLAMVO ORAL SOLUTION	4	PANSO
JYNNEOS SUBCUTANEOUS SUSPENSION	1	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA;NDS
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>leflunomide oral tablet</i>	2	

Last Update 1/112027

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Drug Name	Drug Tier	Requirements/Limits
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
<i>methotrexate sodium (pf) injection solution</i>	2	
<i>methotrexate sodium injection solution</i>	2	
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>methotrexate sodium oral tablet</i>	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL (0.5 ML per 999 days)
<i>mycophenolate mofetil oral capsule</i>	4	B/DPA
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	4	B/DPA
<i>mycophenolate sodium oral tablet delayed release</i>	4	B/DPA
<i>mycophenolic acid oral tablet delayed release</i>	4	B/DPA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (4 ML per 28 days); NDS
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA;NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days); NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days); NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days); NDS
OTEZLA ORAL TABLET THERAPY PACK	5	PA; QL (110 EA per 365 days); NDS
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK	5	PA; QL (82 EA per 365 days); NDS
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAXHIB INTRAMUSCULAR SUSPENSION	3	
PEGASYSSUBCUTANEOUSSOLUTION	5	PA; QL (4 ML per 28 days); NDS
PEGASYSSUBCUTANEOUSSOLUTION PREFILLED SYRINGE	5	PA; QL (2 ML per 28 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
PENBRAYAINTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PRIVIGEN INTRAVENOUS SOLUTION	5	PA;NDS
PROGRAFORALPACKET	4	B/DPA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
RABAVERTINTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/DPA
RECOMBIVAX HB INJECTION SUSPENSION	1	B/DPA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	1	B/DPA
REZUROCK ORAL TABLET	5	PA; QL (60 EA per 30 days); NDS
RINVOQ LQ ORAL SOLUTION	5	PA; QL (360 ML per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (30 EA per 30 days); NDS
ROTARIX ORAL SUSPENSION	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	QL (2 EA per 999 days)
<i>sirolimus oral solution</i>	4	B/DPA
<i>sirolimus oral tablet</i>	4	B/DPA
SKYRIZI INTRAVENOUS SOLUTION	5	PA; QL (60 ML per 365 days); NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1 ML per 28 days); NDS
SKYRIZISUBCUTANEOUS	5	PA; QL (1.2 ML per 56 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 ML per 56 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (1 ML per 28 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	5	PA; QL (0.37 ML per 28 days); NDS
STARJEMZA INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
STARJEMZA SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
STEQEYMA INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
STEQEYMA SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
<i>tacrolimus er oral capsule extended release 24 hour</i>	4	B/DPA
<i>tacrolimus oral capsule</i>	4	B/DPA
TAVNEOS ORAL CAPSULE	5	PA; QL (180 EA per 30 days); NDS
TENIVAC INTRAMUSCULAR SUSPENSION	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	
<i>tofacitinib citrate er oral tablet extended release 24 hour</i>	5	PA; QL (30 EA per 30 days); NDS
<i>tofacitinib citrate oral solution</i>	5	PA; QL (300 ML per 30 days); NDS
<i>tofacitinib citrate oral tablet</i>	5	PA; QL (60 EA per 30 days); NDS
TREMFYA INTRAVENOUS SOLUTION	5	PA;NDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2 ML per 56 days); NDS
TREMFYAPENSUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (2 ML per 56 days); NDS
TREMFYAPENSUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; QL (4 ML per 28 days); NDS
TREMFYASUBCUTANEOUS	5	PA; QL (2 ML per 56 days); NDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	5	PA; QL (4 ML per 28 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (4 ML per 28 days); NDS
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3.6 ML per 28 days); NDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (3.6 ML per 28 days); NDS
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
VEOPOZ INJECTION SOLUTION	5	PA;NDS
VIMKUNY A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	QL (4 EA per 999 days)
VYVGARTHYTRULOSUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (20 ML per 28 days); NDS
XATMEP ORAL SOLUTION	4	PANSO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (1 ML per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (1 ML per 28 days); NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 EA per 28 days); NDS
YESINTEK INTRAVENOUS SOLUTION	4	PA; QL (104 ML per 365 days)
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
ZYMFENTRA(IPEN)SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (2 EA per 28 days); NDS
ZYMFENTRA(2PEN)SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (2 EA per 28 days); NDS
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; QL (2 EA per 28 days); NDS
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium oral capsule</i>	4	
<i>budesonide er oral tablet extended release 24 hour</i>	5	NDS
<i>budesonide oral capsule delayed release particles</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	QL (300 GM per 30 days)
<i>hydrocortisone rectal enema</i>	4	
<i>mesalamine er oral capsule 0.375 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine er oral capsule extended release 500 mg</i>	4	QL (240 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	QL (120 EA per 30 days)
<i>mesalamine rectal enema</i>	4	QL (1800 ML per 30 days)
<i>mesalamine rectal suppository</i>	4	QL (30 EA per 30 days)
<i>mesa/amine-cleanser rectal kit</i>	5	NDS
<i>procto-med he external cream</i>	2	QL (300 GM per 30 days)
SFROWASA RECTAL ENEMA 4 GM/60ML	5	NDS
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet delayed release</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days); NDS
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	1	
<i>alendronate sodium oral tablet 70 mg</i>	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2.24 ML per 28 days); NDS
<i>calcitonin (salmon) nasal solution</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	2	
<i>cinacalcet hcl oral tablet</i>	4	
<i>ibandronate sodium oral tablet</i>	2	QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL (2 ML per 365 days)
OSENVELT SUBCUTANEOUS SOLUTION	5	PA;NDS
<i>paricalcitol oral capsule</i>	4	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	QL (60 EA per 30 days); NDS
<i>risedronate sodium oral tablet 150 mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	4	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL (2 ML per 365 days)
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	5	PA; QL (2.24 ML per 28 days); NDS
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	5	PA; QL (2.24 ML per 28 days); NDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (1.56 ML per 30 days); NDS
WYOST SUBCUTANEOUS SOLUTION	5	PA;NDS
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD	3	
ALCOHOLPREPPADSPAD70%	3	
AQ INSULIN SYRINGE	2	QL (200 EA per 30 days)
AQINJECT PEN NEEDLE	2	QL (200 EA per 30 days)
ASSURE ID DUO PRO PEN NEEDLES	2	QL (200 EA per 30 days)
ASSURE ID PRO PEN NEEDLES	2	QL (200 EA per 30 days)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4MM	2	QL (200 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
AUM MINI INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
AUM PEN NEEDLE 32G X 5 MM, 33G X 4 MM, 33GX 5 MM, 33GX6MM	2	QL (200 EA per 30 days)
AUM READYGARD DUO PEN NEEDLE	2	QL (200 EA per 30 days)
AUM SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
AUTOKEEPER SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
BD AUTOSHIELD DUO PEN NEEDLES	2	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	2	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE	2	QL (200 EA per 30 days)
BD ULTRA-FINE INSULIN SYRINGES 27G 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, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 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	2	QL (200 EA per 30 days)
BD ULTRA-FINE PEN NEEDLES	2	QL (200 EA per 30 days)
BD VEO INSULIN SYR ULTRAFINE	2	QL (200 EA per 30 days)
COMFORT EZ PRO PEN NEEDLES	2	QL (200 EA per 30 days)
DROPLET MICRON	2	QL (200 EA per 30 days)
DROPSAFE AUTOPROTECT DUO	2	QL (200 EA per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL (200 EA per 30 days)
ELLA ORAL TABLET	3	
EMBECTA AUTOSHIELD DUO	2	QL (200 EA per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYR ULTRAFINE	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-100	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-500	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE	2	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES	2	QL (200 EA per 30 days)

Last Update 1/1/2027

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM, 29G X 12MM, 29G X 4MM, 29G X 5MM, 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM, 31GX 6MM, 31GX 8 MM, 32GX4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM, 33GX4MM, 33GX 5 MM, 33GX6 MM, 34GX3.5 MM	2	QL (200 EA per 30 days)
INSULIN SYRINGES 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" 0.5 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 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, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	QL (200 EA per 30 days)
INSUPEN32G EXTR3ME	2	QL (200 EA per 30 days)
KYGEVVIORALPACKET	5	PA;NDS
<i>levocarnitine oral solution</i>	4	
<i>levocarnitine oral tablet</i>	4	
<i>levocarnitine sforal solution</i>	4	
NOVOFINE PEN NEEDLE	2	QL (200 EA per 30 days)
NOVOFINE PLUS PEN NEEDLE	2	QL (200 EA per 30 days)
NUTRILIPID INTRAVENOUS EMULSION	4	B/DPA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXCOM PODS	3	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS	3	QL (30 EA per 30 days)
PEN NEEDLE/5-BEVEL TIP	2	QL (200 EA per 30 days)
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	QL (200 EA per 30 days)
PIP PEN NEEDLES 32G X 4MM	2	QL (200 EA per 30 days)
PURE COMFORT SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
RAYA SURE PEN NEEDLE	2	QL (200 EA per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION	5	PA; QL (1 ML per 28 days); NDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	5	PA; QL (0.8 ML per 28 days); NDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; QL (1 ML per 28 days); NDS
SAFETY PEN NEEDLES	2	QL (200 EA per 30 days)
SKYCLARYS ORAL CAPSULE	5	PA; QL (90 EA per 30 days); NDS
<i>sodium chloride irrigation solution</i>	2	
TECHLITE PLUS PEN NEEDLES	2	QL (200 EA per 30 days)
TOPFINE INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
TRUE COMFORT SAFETY PEN NEEDLE	2	QL (200 EA per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE	2	QL (200 EA per 30 days)
UNIFINE OTC PEN NEEDLES	2	QL (200 EA per 30 days)
UNIFINE PROTECT PEN NEEDLE	2	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE	2	QL (200 EA per 30 days)
VERIFINE INSULIN SYRINGE	2	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE	2	QL (200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
WEGOVY ORAL TABLET 1.5 MG	3	PA; QL (60 EA per 365 days)
WEGOVY ORAL TABLET 25 MG, 4 MG, 9 MG	3	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; QL (3 ML per 28 days)
ZOKINVY ORAL CAPSULE	5	PA; QL (120 EA per 30 days); NDS
Ophthalmic Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	3	
<i>acetazolamide oral tablet</i>	3	
<i>atropine sulfate ophthalmic solution I %</i>	2	
<i>azelastine hcl ophthalmic solution</i>	2	

Last Update 1/1/2027

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

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	4	QL (7 GM per 28 days)
<i>bacitracin-polymyxin b ophthalmic ointment</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	3	
BESIVANCE OPHTHALMIC SUSPENSION	4	
<i>betaxolol hcl ophthalmic solution</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	3	
<i>brinzolamide ophthalmic suspension</i>	4	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	4	QL (12 ML per 365 days)
<i>carteolol hcl ophthalmic solution</i>	2	
<i>ciprojloxacin hcl ophthalmic solution</i>	2	
COMBIGAN OPHTHALMIC SOLUTION	3	
<i>cromolyn sodium ophthalmic solution</i>	2	
<i>cyclosporine (pf) ophthalmic emulsion</i>	3	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION	5	QL (60 ML per 28 days); NDS
<i>dexamethasone sodium phosphate ophthalmic solution</i>	3	
<i>diclofenac sodium ophthalmic solution</i>	2	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	2	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	2	
<i>erythromycin ophthalmic ointment</i>	2	
FLAREX OPHTHALMIC SUSPENSION	3	
<i>fluorometholone ophthalmic suspension</i>	3	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
<i>gatifloxacin ophthalmic solution</i>	4	
<i>gentamicin sulfate ophthalmic solution</i>	2	
ILEVRO OPHTHALMIC SUSPENSION	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	3	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost ophthalmic solution</i>	1	
<i>levobunolol hcl ophthalmic solution</i>	2	
<i>levojlloxacin ophthalmic solution</i>	3	
<i>loteprednol etabonate ophthalmic gel</i>	4	QL (20 GM per 365 days)
LUMIGAN OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
MIEBO OPHTHALMIC SOLUTION	4	QL (12 ML per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN OPHTHALMIC SUSPENSION	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	3	
<i>ojloxacin ophthalmic solution</i>	2	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
<i>prednisolone acetate ophthalmic suspension</i>	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	3	QL (5.5 ML per 25 days)
RESTASIS OPHTHALMIC EMULSION	3	QL (60 EA per 30 days)
RHOPRESSA OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION	3	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION	3	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>timolol maleate ophthalmic solution</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	4	
<i>tobramycin ophthalmic solution</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	4	
<i>travoprost (bakfree) ophthalmic solution</i>	4	QL (2.5 ML per 25 days)
<i>trifluridine ophthalmic solution</i>	4	
TYRVAYA NASAL SOLUTION	4	QL (8.4 ML per 30 days)

Last Update 1/1/2027

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

Drug Name	Drug Tier	Requirements/Limits
VYZULTA OPHTHALMIC SOLUTION	4	QL (5 ML per 25 days)
XDEMVY OPHTHALMIC SOLUTION	5	QL (10 ML per 42 days); NDS
XIIDRA OPHTHALMIC SOLUTION	4	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC GEL	4	
Otic Agents		
<i>acetic acid otic solution</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	4	
<i>hydrocortisone-acetic acid otic solution</i>	4	
<i>neomycin-polymyxin-hc otic solution</i>	3	
<i>neomycin-polymyxin-hc otic suspension</i>	3	
<i>ofloxacin otic solution</i>	2	
Respiratory Tract/Pulmonary Agents		
ADEMPAS ORAL TABLET	5	PA; QL (90 EA per 30 days); NDS
ADVAIR HFA INHALATION AEROSOL	3	QL (24 GM per 30 days)
AIRSUPRA INHALATION AEROSOL	3	QL (32.1 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	<i>BID</i> PA; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	4	<i>BID</i> PA; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	<i>BID</i> PA; QL (100 EA per 30 days)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	2	<i>BID</i> PA; QL (100 EA per 30 days)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	2	<i>BID</i> PA; QL (100 ML per 30 days)
<i>alyq oral tablet</i>	4	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	5	PA; QL (30 EA per 30 days); NDS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>arformoterol tartrate inhalation nebulization solution</i>	4	PA; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (30 EA per 30 days)

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL	4	QL (13 GM per 30 days)
<i>azelastine hcl nasal solution</i>	2	QL (60 ML per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>breyndra inhalation aerosol</i>	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (23.6 GM per 28 days)
<i>budesonide inhalation suspension</i>	4	B/D PA; QL (120 ML per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	4	QL (10.3 GM per 30 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA; QL (84 ML per 28 days); NDS
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	2	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (8 GM per 30 days)
<i>cromolyn sodium inhalation nebulization solution</i>	3	B/DPA
<i>cyproheptadine hcl oral tablet</i>	4	
<i>diphenhydramine hcl injection solution</i>	4	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	4	PA; QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	4	PA; QL (13 GM per 30 days)
<i>epinephrine injection solution auto-injector</i>	3	QL (4 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1 ML per 28 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days); NDS
<i>jlunisolide nasal solution</i>	4	QL (50 ML per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>jluticasone propionate nasal suspension</i>	1	QL (16 GM per 30 days)
<i>jluticasone-salmeterol inhalation aerosol powder breath activated I 00-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml</i>	4	PA
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>hydroxyzine pamoate oral capsule</i>	4	PA
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (30 EA per 30 days)
<i>ipratropium bromide hfa inhalation aerosol solution</i>	4	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	<i>BID</i> PA; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (45 ML per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	2	<i>BID</i> PA; QL (540 ML per 30 days)
KALYDECO ORAL PACKET	5	PA; QL (56 EA per 28 days); NDS
KALYDECO ORAL TABLET	5	PA; QL (60 EA per 30 days); NDS
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	4	<i>BID</i> PA; QL (540 ML per 30 days)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL (30 GM per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	2	QL (30 EA per 30 days)
<i>macitentan oral tablet</i>	5	PA; QL (30 EA per 30 days); NDS
<i>mometasone furoate nasal suspension</i>	4	QL (34 GM per 30 days)
<i>montelukast sodium oral packet</i>	2	
<i>montelukast sodium oral tablet</i>	1	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	2	QL (30 EA per 30 days)
<i>nintedanib esylate oral capsule</i>	5	PA; QL (60 EA per 30 days); NDS

Last Update 1/1/2027

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 EA per 28 days); NDS
OFEV ORAL CAPSULE	5	PA; QL (60 EA per 30 days); NDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (336 EA per 365 days); NDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (672 EA per 365 days); NDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA; QL (504 EA per 365 days); NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA;NDS
ORKAMBI ORAL TABLET	5	PA; QL (112 EA per 28 days); NDS
<i>pirfenidone oral capsule</i>	5	PA; QL (270 EA per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 EA per 30 days); NDS
<i>pirfenidone oral tablet 534 mg</i>	5	PA;NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90 EA per 30 days); NDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA per 30 days)
PULMOZYME INHALATION SOLUTION	5	PA;NDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	3	QL (21.2 GM per 30 days)
<i>roflumilast oral tablet 250 mcg</i>	4	PA; QL (56 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	4	PA; QL (30 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)

Last Update 1/1/2027

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

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (24 GM per 30 days)
<i>tadalafil (pah) oral tablet</i>	4	PA; QL (60 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
<i>tiotropium bromide inhalation capsule</i>	4	QL (30 EA per 30 days)
TOBI PODHALER INHALATION CAPSULE	5	QL (224 EA per 56 days); NDS
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	5	<i>BID</i> PA; QL (280 ML per 28 days); NDS
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	<i>BID</i> PA; QL (280 ML per 28 days); NDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 EA per 28 days); NDS
WINREVAIR SUBCUTANEOUS KIT	5	PA; QL (1 EA per 21 days); NDS
<i>wixela inhub inhalation aerosol powder breath activated</i>	2	QL (60 EA per 30 days)
YUPELRI INHALATION NEBULIZATION SOLUTION	5	<i>BID</i> PA; QL (90 ML per 30 days); NDS
<i>zafirlukast oral tablet</i>	4	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	3	PA; QL (90 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	3	
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet</i>	4	QL (30 EA per 30 days)
<i>modafinil oral tablet</i>	3	PA; QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	4	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	5	PA; QL (540 ML per 30 days); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60 EA per 30 days)

Last Update 1/1/2027

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

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon oral capsule 5 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	2	QL (30 EA per 30 days)
Therapeutic Nutrients/Minerals/Electrolytes		
<i>pnv 27-calfelfa oral tablet</i>	2	
<i>pnv prenatal plus multivit+dha oral</i>	2	
<i>pnv tabs 20-1 oral tablet</i>	2	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	2	

Last Update 1/1/2027

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

First Choice VIP Care | 2027 List of Covered Drugs

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. **For more information**, visit **www.firstchoicevipcare.com**.

Formulary last updated 01/01/2027

INDEX

<i>abacavir sulfate</i>	31	ALCOHOL PREP PADS	3, 74	AQ INSULIN SYRINGE.....	74
<i>abacavir sulfate-lamivudine</i>	31	ALECENSA.....	18	AQINJECT PEN NEEDLE	74
<i>abigale</i>	58	<i>alendronate sodium</i>	74	AREXVY	66
<i>abigale lo</i>	58	<i>alfuzosin hcl er</i>	56	<i>arformoterol tartrate</i>	80
ABILIFY MAINTENA	27	<i>aliskiren fumarate</i>	41	ARIKAYCE	4
<i>abiraterone acetate</i>	18	<i>allopurinol</i>	16	<i>aripiprazole</i>	27
<i>abirtega</i>	18	<i>alosetron hcl</i>	54	ARISTADA.....	27
ABRYSVO.....	65	<i>alprazolam</i>	35	ARISTADA INITIO.....	27
<i>acamprosate calcium</i>	3	<i>altavera</i>	58	<i>armodafinil</i>	84
<i>acarbose</i>	35	ALUNBRIG	18	ARNUITY ELLIPTA	80
<i>acebutolol hcl</i>	41	<i>alyacen 1/35</i>	58	<i>asenapine maleate</i>	27
<i>acetaminophen-codeine</i>	1	<i>alyacen 7/7/7</i>	58	<i>ashlyna</i>	58
<i>acetazolamide</i>	77	<i>alyq</i>	80	ASMANEX (120 METERED	
<i>acetazolamide er</i>	77	<i>amantadine hcl</i>	31	DOSES).....	81
<i>acetic acid</i>	56, 80	<i>ambrisentan</i>	80	ASMANEX (14 METERED	
<i>acitretin</i>	49	<i>amethyst</i>	58	DOSES).....	81
ACTHIB.....	65	<i>amikacin sulfate</i>	4	ASMANEX (30 METERED	
ACTIMMUNE	65	<i>amiloride hcl</i>	41	DOSES).....	81
<i>acyclovir</i>	31, 49	<i>amiloride-hydrochlorothiazide</i>	41	ASMANEX (60 METERED	
<i>acyclovir sodium</i>	31	AMINOSYN II.....	52	DOSES).....	81
ADACEL	65	AMINOSYN-PF	52	ASMANEX HFA	81
ADALIMUMAB-AATY (1		<i>amiodarone hcl</i>	41	<i>aspirin-dipyridamole er</i>	39
PEN).....	65	<i>amitriptyline hcl</i>	12	ASSURE ID DUO PRO PEN	
ADALIMUMAB-AATY (2		<i>amlodipine besylate</i>	41	NEEDLES	74
PEN).....	65	<i>amlodipine besylate-benazepril</i>		ASSURE ID PRO PEN	
ADALIMUMAB-AATY (2		<i>hcl</i>	41	NEEDLES	74
SYRINGE).....	65	<i>amlodipine besylate-valsartan</i>	42	<i>atazanavir sulfate</i>	31
ADALIMUMAB-AA TY		<i>amlodipine-olmesartan</i>	42	<i>atenolol</i>	42
CD/UC/HS START	65	<i>ammonium lactate</i>	49	<i>atenolol-chlorthalidone</i>	42
ADALIMUMAB-ADBM (2		<i>amnestem</i>	49	<i>atomoxetine hcl</i>	47
PEN).....	65	<i>amoxapine</i>	12	<i>atorvastatin calcium</i>	42
ADALIMUMAB-ADBM (2		<i>amoxicillin</i>	4	<i>atovaquone</i>	26
SYRINGE)	65, 66	<i>amoxicillin trihydrate</i>	4	<i>atovaquone-proguanil hcl</i>	26
ADALIMUMAB-FKJP (2		<i>amoxicillin-potassium</i>		<i>atropine sulfate</i>	77
PEN).....	66	<i>clavulanate</i>	4	<i>aubra eq</i>	58
ADALIMUMAB-FKJP (2		<i>amoxicillin-potassium</i>		AUGMENTIN	4
SYRINGE)	66	<i>clavulanate er</i>	4	AUGTYRO	18
ADBRY.....	49	<i>amphetamine-</i>		AUM ALCOHOL PREP PADS... 4	
<i>adefovir dipivoxil</i>	31	<i>dextroamphetamine</i>	47	AUM INSULIN SAFETY PEN	
ADEMPAS.....	80	<i>amphetamine-</i>		NEEDLE	74
ADVAIR HFA	80	<i>dextroamphetamine er</i>	47	AUM MINI INSULIN PEN	
<i>afirmelle</i>	58	<i>amphotericin b</i>	15	NEEDLE	75
AIMOVIG.....	16	<i>amphotericin b liposome</i>	15	AUM PEN NEEDLE	75
AIRSUPRA.....	80	<i>ampicillin</i>	4	AUM READYGARD DUO	
AKEEGA	18	<i>ampicillin sodium</i>	4	PEN NEEDLE.....	75
<i>ala-cart</i>	49	<i>ampicillin-sulbactam sodium</i>	4	AUM SAFETY PEN NEEDLE .. 75	
<i>albendazole</i>	26	<i>anagrelide hcl</i>	39	<i>aurovela 1.5/30</i>	58
<i>albuterol sulfate</i>	80	<i>anastrozole</i>	18	<i>aurovela 1/20</i>	58
ALBUTEROL SULFATE	80	ANORO ELLIPTA.....	80	<i>aurovelafe 1.5/30</i>	58
<i>albuterol sulfate hfa</i>	80	<i>aprepitant</i>	14, 15	<i>aurovelafe 1/20</i>	58
<i>alclometasone dipropionate</i>	49	APTIVUS	31	AUSTEDO	47

AUSTEDO XR.....	47	BELSOMRA.....	84	buprenorphine hcl-naloxone hcl...	3
AUSTEDO XRPATIENT		benazepril hcl.....	42	bupropion hcl.....	13
TITRATION.....	47	benazepril-hydrochlorothiazide....	42	bupropion hcl er (smoking det)....	3
AUTOKEEPER SAFETY PEN		BENLYSTA.....	66	bupropion hcl er (sr).....	12
NEEDLE.....	75	BENZNIDAZOLE.....	26	bupropion hcl er (xl).....	13
AUVELITY.....	12	benzoyl peroxide-erythromycin....	49	buspirone hcl.....	35
AUVELITY TITRATION		benztropine mesylate.....	26	butalbital-apap-caffeine.....	47
PACK.....	12	BESIVANCE.....	78	BYLVAY.....	54
aviane.....	58	BESREMI.....	66	BYLVAY (PELLETS).....	54
AVMAPKI FAKZYNJA CO-		BESREMI PEN.....	66	BYSANTI.....	27
PACK.....	18	betaine.....	55	BYSANTI TITRATION PACK	
AVONEXPEN.....	47	betamethasone dipropionate.....	49	A.....	27
AVONEX PREFILLED.....	47	betamethasone dipropionate		BYSANTI TITRATION PACK	
ayuna.....	59	aug.....	49	B.....	27
AYVAKIT.....	18	betamethasone valerate.....	50	BYSANTI TITRATION PACK	
azathioprine.....	66	BETASERON.....	47	C.....	27
azelaic acid.....	49	betaxolol hcl.....	42, 78	CABENUVA.....	31
azelastine hcl.....	77, 81	bethanechol chloride.....	56	cabergoline.....	64
azilsartan medoxomil.....	42	bexarotene.....	18	CABLIVI.....	39
azithromycin.....	4	BEXSERO.....	66	CABOMETYX.....	18
aztreonam.....	4	bicalutamide.....	18	calcipotriene.....	50
azurette.....	59	BICILLIN L-A.....	4	calcitonin (salmon).....	74
bac (butalbital-acetamin-cajj)	47	BIKTARVY.....	31	calcitriol.....	74
bacitracin.....	78	bis subcit-metronid-tetracyc.....	54	calcium acetate.....	52
bacitracin-polymyxin b.....	78	bismuth/metronidaz/tetracyclin.....	54	calcium acetate (phos binder)	52
bacitra-neomycin-polymyxin-hc.	78	bisoprolol fumarate.....	42	CALQUENCE.....	18
baclofen.....	31	bisoprolol-hydrochlorothiazide....	42	camila.....	59
balsalazide disodium.....	73	BIVIGAM.....	66	camrese.....	59
BALVERSA.....	18	blisovife 1.5/30.....	59	camrese lo.....	59
balziva.....	59	blisovife 1/20.....	59	candesartan cilexetil.....	42
BAQSIMI ONE PACK.....	35	BONSITY.....	74	candesartan cilexetil-hctz.....	42
BAQSIMI TWO PACK.....	35	BOOSTRIX.....	66	CAPLYTA.....	28
BARACLUDE.....	31	BOSULIF.....	18	CAPRELSA.....	18
BCG VACCINE.....	66	bosutinib.....	18	captopril.....	42
BD AUTOSHIELD DUO PEN		BRAFTOVI.....	18	captopril-hydrochlorothiazide.....	42
NEEDLES.....	75	BREO ELLIPTA.....	81	carbamazepine.....	9
BD PEN NEEDLE MICRO		breyana.....	81	carbamazepine er.....	8
ULTRAFINE.....	75	BREZTRI AEROSPHERE.....	81	carbidopa.....	26
BD PEN NEEDLE MINI		briellyn.....	59	carbidopa-levodopa.....	26
ULTRAFINE.....	75	brimonidine tartrate.....	78	carbidopa-levodopa er.....	26
BD PEN NEEDLE NANO		brimonidine tartrate-timolol.....	78	carglumic acid.....	52
ULTRAFINE.....	75	brinzolamide.....	78	carteolol hcl.....	78
BD PEN NEEDLE ORIG		brivaracetam.....	8	cartia xt.....	42
ULTRAFINE.....	75	bromfenac sodium.....	78	carvedilol.....	42
BD PEN NEEDLE SHORT		bromocriptine mesylate.....	26	casprofungin acetate.....	15
ULTRAFINE.....	75	BRUKINSA.....	18	CAVHANZA.....	19
BD ULTRA-FINE INSULIN		budesonide.....	73, 81	CAYSTON.....	81
SYRINGES.....	75	budesonide er.....	73	cefaclor.....	4
BD ULTRA-FINE PEN		budesonide-formoterol fumarate	81	cefadroxil.....	5
NEEDLES.....	75	bumetanide.....	42	cefazolin sodium.....	5
BD VEO INSULIN SYR		buprenorphine.....	1	cefdinir.....	5
ULTRAFINE.....	75	buprenorphine hcl.....	3	cefepime hcl.....	5

<i>cefepime-dextrose</i>	5	<i>clomipramine hcl</i>	13	<i>dantrolene sodium</i>	31
<i>cefixime</i>	5	<i>clonazepam</i>	9	DANZITEN	19
CEFOTAXIME SODIUM	5	<i>clonidine</i>	42	<i>dapaglijlozin</i>	42
<i>cefotetan disodium</i>	5	<i>clonidine hcl</i>	42	<i>dapsone</i>	17
<i>cefoxitin sodium</i>	5	<i>clopidogrel bisulfate</i>	39	DAPTACEL	67
<i>cejpodoxime proxetil</i>	5	<i>clorazepate dipotassium</i>	35	<i>daptomycin</i>	6
<i>cefpimizil</i>	5	<i>clotrimazole</i>	15	DAPTOMYCIN-SODIUM	
<i>ceftaroline fosamil</i>	5	<i>clotrimazole-betamethasone</i>	50	CHLORIDE	6
<i>ceftazidime</i>	5	<i>clozapine</i>	28	<i>darunavir</i>	31
<i>ceftriaxone sodium</i>	5	COARTEM	26	<i>dasatinib</i>	19
<i>cefuroxime axetil</i>	5	COBENFY	47	<i>dasetta 1/35 (28)</i>	59
<i>cefuroxime sodium</i>	5	COBENFY STARTER PACK	47	<i>dasetta 7/7/7</i>	59
<i>celecoxib</i>	1	<i>colchicine</i>	16	DAURISMO	19
<i>cephalexin</i>	5, 6	<i>colchicine-probenecid</i>	16	<i>daysee</i>	59
<i>cetirizine hcl</i>	81	<i>colesevelam hcl</i>	42	<i>deblitane</i>	59
<i>chateal eq</i>	59	<i>colestipol hcl</i>	42	<i>deferasirox</i>	52, 53
CHEMET	52	<i>colistimethate sodium (cba)</i>	6	<i>deferasirox granules</i>	52
<i>chlorhexidine gluconate</i>	49	COMBIGAN	78	<i>dejlazacort</i>	57
<i>chloroquine phosphate</i>	26	COMBIVENT RESPIMAT	81	DELSTRIGO	31
<i>chlorpromazine hcl</i>	28	COMETRIQ	19	<i>delyla</i>	59
<i>chlorthalidone</i>	42	COMFORT EZ PRO PEN		<i>demeclocycline hcl</i>	6
CHOLBAM	55	NEEDLES	75	DENG VAXIA	67
<i>cholestyramine</i>	42	COMPRO	15	DEPO-SUBQ PROVERA 104	59
<i>cholestyramine light</i>	42	<i>constulose</i>	54	DESCOVY	31
<i>ciclodan</i>	50	COPIKTRA	19	<i>desipramine hcl</i>	13
<i>ciclopirox</i>	50	CORTISONE ACETATE	57	<i>desmopressin ace spray refig</i>	58
<i>ciclopirox olamine</i>	50	COSENTYX (300 MG DOSE) ...66		<i>desmopressin acetate</i>	58
<i>cilostazol</i>	39	COSENTYX 150 MG/ML	66	<i>desmopressin acetate spray</i>	58
CIMDUO	31	COSENTYX SENSOREADY		<i>desogestrel-ethinyl estradiol</i>	59
<i>cinacalcet hcl</i>	74	(300 MG)	66	<i>desonide</i>	50
CINRYZE	66	COSENTYX SENSOREADY		<i>desoximetasone</i>	50
<i>ciprojloxacin hcl</i>	6, 78	PEN	67	<i>desvenlafaxine succinate er</i>	13
<i>ciprojloxacin in d5w</i>	6	COSENTYX UNOREADY	67	<i>dexamethasone</i>	57
<i>ciprojloxacin-dexamethasone</i>	80	COTELLIC	19	<i>dexamethasone sodium</i>	
<i>cisplatin</i>	19	CREON	55	<i>phosphate</i>	78
<i>citalopram hydrobromide</i>	13	CRESEMBA	15	<i>dexmethylphenidate hcl</i>	47
<i>claravis</i>	50	<i>cromolyn sodium</i>	55, 78, 81	<i>dextroamphetamine sulfate</i>	47
<i>clarithromycin</i>	6	<i>cryselle</i>	59	<i>dextrose</i>	53
<i>clarithromycin er</i>	6	<i>cryselle-28</i>	59	<i>dextrose-nacl</i>	53
CLENPIQ	54	CTEXLI	54	<i>dextrose-sodium chloride</i>	53
CLIMARA PRO	59	<i>cyclobenzaprine hcl</i>	84	DIACOMIT	9
<i>clindacin etz</i>	6	<i>cyclophosphamide</i>	19	<i>diazepam</i>	9, 35
<i>clindacin-p</i>	6	<i>cycloserine</i>	17	<i>diazepam intensol</i>	35
<i>clindamycin hcl</i>	6	<i>cyclosporine</i>	67	<i>diazoxide</i>	35
<i>clindamycin palmitate hcl</i>	6	<i>cyclosporine (pf)</i>	78	<i>diclofenac potassium</i>	1
<i>clindamycin phosphate</i>	6, 50	<i>cyclosporine modified</i>	67	<i>diclofenac sodium</i>	1, 50, 78
<i>clindamycin phosphate-benzoyl</i>		<i>cyproheptadine hcl</i>	81	<i>diclofenac sodium er</i>	1
<i>peroxide</i>	50	CYSTAGON	55	<i>dicloxacin sodium</i>	6
<i>clobazam</i>	9	CYSTARAN	78	<i>dicyclomine hcl</i>	54
<i>clobetasol prop emollient base</i>	50	<i>dabigatran etexilate mesylate</i>	39	<i>digoxin</i>	42
<i>clobetasol propionate</i>	50	<i>dalfampridine er</i>	47	<i>dihydroergotamine mesylate</i>	16
<i>clobetasol propionate e</i>	50	<i>danazol</i>	59	DILANTIN	9

<i>diltiazem hcl</i>43	ELIQUIS (2 MG PACK)39	<i>eplerenone</i> 43
<i>diltiazem hcl er</i>42, 43	ELIQUIS DVT/PE STARTER	<i>ergotamine-caffeine</i> 17
<i>diltiazem hcl er beads</i> 42	PACK..... 39	ERIVEDGE 19
<i>diltiazem hcl er coated beads</i> 42	ELLA..... 75	ERLEADA 19
<i>dilt-xr</i>43	ELMIRON..... 56	<i>erlotinib hcl</i> 19
<i>dimethyl fumarate</i>47	<i>eltrombopag olamine</i> 40	<i>errin</i> 59
<i>dimethyl fumarate starter pack</i> 47	<i>eluryng</i> 59	<i>ertapenem sodium</i> 6
<i>diphenhydramine hcl</i> 81	EMBECTA AUTOSHIELD	ERYPAD2% 50
<i>diphenoxylate-atropine</i> 54	DUO 75	<i>erythromycin</i>7, 50, 78
<i>disopyramide phosphate</i> 43	EMBECTA INS SYR U/F 1/2	<i>erythromycin base</i> 6
<i>disulfiram</i> 3	UNIT75	<i>erythromycin ethylsuccinate</i> 7
<i>divalproex sodium</i> 9	EMBECTA INSULIN SYR	<i>escitalopram oxalate</i> 13
<i>divalproex sodium er</i> 9	ULTRAFINE.....75	<i>eslicarbazepine acetate</i> 9
<i>dofetilide</i>43	EMBECTA INSULIN	<i>esomeprazole magnesium</i> 54
<i>dolishale</i>59	SYRINGE 75	<i>estaryl</i> 59
<i>donepezil hcl</i> 12	EMBECTA INSULIN	<i>estradiol</i> 59, 60
DOPTELET 39	SYRINGE U-100 75	<i>estradiol-norethindrone acet</i> 60
DORZOLAMIDE HCL78	EMBECTA INSULIN	ESTRING 60
<i>dorzolamide hcl</i>78	SYRINGE U-500 75	<i>estrogens conjugated</i> 60
<i>dorzolamide hcl-timolol mal</i>78	EMBECTA PEN NEEDLE	<i>eszopiclone</i> 84
<i>dorzolamide hcl-timolol mal pf</i>78	NANO 75	<i>ethambutol hcl</i> 17
<i>dotti</i> 59	EMBECTA PEN NEEDLE	<i>ethosuximide</i> 9
DOVATO 32	NANO 2 GEN 75	<i>ethynodiol diac-eth estradiol</i> 60
<i>doxazosin mesylate</i> 56	EMBECTA PEN NEEDLE	<i>etodolac</i> 1
<i>doxepin hcl</i> 13	ULTRAFINE..... 75	<i>etonogestrel-ethinyl estradiol</i> 60
<i>doxycycline hyclate</i> 6, 49	EMBRACE PEN NEEDLES 75	<i>etravirine</i> 32
<i>doxycycline monohydrate</i> 6	EMGALITY 17	EUCRISA..... 51
DRIZALMA SPRINKLE.....13	EMPAVELI..... 67	EULEXIN..... 19
<i>dronabinol</i> 15	EMSAM 13	<i>everolimus</i> 19, 68
DROPLET MICRON.....75	<i>emtricitabine</i> 32	EVOTAZ 32
DROPSAFE ALCOHOL PREP.... 6	<i>emtricitabine-tenofovir df</i> 32	EVRYSDI..... 55
DROPSAFE AUTOPROTECT	<i>emtricitab-rilpivir-tenofov df</i> 32	<i>exemestane</i> 19
DUO75	EMTRIVA..... 32	EXXUA 13
DROPSAFE SAFETY	<i>emzahn</i> 59	EXXUA TITRATION PACK..... 13
SYRINGE/NEEDLE75	<i>enalapril maleate</i> 43	<i>ezetimibe</i> 43
DROXIA 19	<i>enalapril-hydrochlorothiazide</i> 43	<i>ezetimibe-simvastatin</i> 43
<i>droxidopa</i>43	ENBREL67	FABRAZYME 56
DULERA 81	ENBREL MINI67	<i>falmina</i> 60
<i>duloxetine hcl</i>13	ENBREL SURECLICK67	<i>famciclovir</i> 32
DUPIXENT67	<i>endocet</i> 1	<i>famotidine</i> 54
<i>dutasteride</i>56	ENGERIX-B67	FANAPT 28
EBGLYSS 50, 67	<i>enilloring</i>59	FANAPT TITRATION PACK
<i>ec-naproxen</i>1	<i>enoxaparin sodium</i>40	A..... 28
<i>econazole nitrate</i> 15	<i>enpresse-28</i> 59	FANAPT TITRATION PACK
EDURANT PED 32	ENSACOVE 19	B..... 28
<i>efavirenz</i> 32	<i>entacapone</i>26	FANAPT TITRATION PACK
<i>efavirenz-emtricitab-tenofo df</i> 32	<i>entecavir</i>32	C..... 28
<i>efavirenz-lamivudine-tenofovir</i> 32	ENTYVIO PEN 67	FARXIGA43
EFFER-K53	<i>enulose</i> 54	FASENRA..... 82
<i>elinest</i>59	ENVARUSUS XR.....67, 68	FASENRA PEN 81
ELIQUIS39	EPIDIOLEX9	<i>febuxostat</i> 16
ELIQUIS (1.5 MG PACK)39	<i>epinephrine</i> 81	<i>feirza 1.5/30</i> 60

<i>feirza 1/20</i>	60	<i>gabapentin</i>	9	HAVRIX	68
<i>felbamate</i>	9	<i>galantamine hydrobromide</i>	12	<i>heather</i>	60
<i>felodipine er</i>	43	<i>galantamine hydrobromide er</i>	12	<i>heparin sodium (porcine)</i>	40
<i>fenofibrate</i>	43	<i>gallifrey</i>	60	HEPLISAV-B	68
<i>fenofibrate micronized</i>	43	GAMASTAN	68	HERNEXEOS	19
<i>fenofibric acid</i>	43	<i>ganciclovir sodium</i>	32	HIBERIX.....	68
<i>fentanyl</i>	1	GARDASIL 9.....	68	HIZENTRA.....	68
<i>fesoterodine fumarate er</i>	56	<i>gatifloxacin</i>	78	HUMALOG	36
FETZIMA	13	GAUZE PADS	51	HUMALOG KWIKPEN	36
FETZIMA TITRATION	13	<i>gavilyte-c</i>	54	HUMALOG MIX 50/50	
<i>fidaxomicin</i>	7	<i>gavilyte-g</i>	54	KWIKPEN	36
FILSPARI.....	43	<i>gavilyte-n with flavor pack</i>	54	HUMALOG MIX 75/25	
FINACEA	51	GAVRETO.....	19	KWIKPEN	36
<i>finasteride</i>	56	<i>gefitinib</i>	19	HUMALOG MIX 75/25 VIAL ...	36
<i> fingolimod hcl</i>	47	<i>gemfibrozil</i>	43	HUMALOG U-100 JUNIOR	
FINTEPLA	9	GEMTESA.....	56	KWIKPEN	36
FIRMAGON	64	<i>generlac</i>	54	HUMATIN	7
FIRMAGON (240 MG DOSE)...	64	<i>engraf</i>	68	HUMULIN 70/30 KWIKPEN ...	36
FLAREX	78	GENOTROPIN	58	HUMULIN 70/30 VIAL.....	36
<i>flecainide acetate</i>	43	GENOTROPIN MINIQUEL	58	HUMULIN N KWIKPEN	36
<i>fluconazole</i>	15	<i>gentamicin sulfate</i>	7, 78	HUMULIN N VIAL	36
<i>fluconazole in sodium chloride</i> ...	15	GENVOYA.....	32	HUMULIN R U-500	
<i>flucytosine</i>	15	GILOTRIF.....	19	KWIKPEN	36
<i>fludrocortisone acetate</i>	57	<i>glatiramer acetate</i>	47	HUMULIN R U-500 VIAL.....	36
<i>flunisolide</i>	82	<i>glimepiride</i>	35	HUMULIN R VIAL	36
<i>fluocinolone acetonide</i>	51	<i>glipizide er</i>	35	<i>hydralazine hcl</i>	44
<i>fluocinonide</i>	51	<i>glipizide ir</i>	35	<i>hydrochlorothiazide</i>	44
<i>fluorometholone</i>	78	<i>glipizide xl</i>	35	<i>hydrocodone-acetaminophen</i>	1
<i>fluorouracil</i>	51	<i>glipizide-metformin hcl</i>	35	<i>hydrocortisone</i>	51, 57, 73
<i>fluoxetine hcl</i>	14	<i>glucagon emergency kit</i>	35	<i>hydrocortisone (perianal)</i>	73
<i>fluphenazine decanoate</i>	28	<i>glyburide</i>	36	<i>hydrocortisone valerate</i>	51
<i>fluphenazine hcl</i>	28	<i>glyburide-metformin</i>	36	<i>hydrocortisone-acetic acid</i>	80
<i>flurbiprofen</i>	1	<i>glycopyrrolate</i>	54	<i>hydromorphone hcl</i>	1
<i>flurbiprofen sodium</i>	78	GLYXAMBI	36	<i>hydromorphone hcl pf</i>	1
FLUTICASONE FUROATE-		GOMEKLI	19	<i>hydroxychloroquine sulfate</i>	26
VILANTEROL	82	GOODSENSE ALCOHOL		<i>hydroxyurea</i>	19
<i>fluticasone propionate</i>	51, 82	SWABS	7	<i>hydroxyzine hcl</i>	82
<i>fluticasone-salmeterol</i>	82	<i>griseofulvin microsize</i>	15	<i>hydroxyzine pamoate</i>	82
<i>fluvastatin sodium</i>	43	<i>griseofulvin ultramicrosize</i>	16	HYPERHEP B	68
<i>fluvastatin sodium er</i>	43	<i>guanfacine hcl</i>	44	HYRNUO	19
<i>fluvoxamine maleate</i>	14	<i>guanfacine hcl er</i>	47	<i>ibandronate sodium</i>	74
<i>fondaparinux sodium</i>	40	GVOKE HYPOPEN 1-PACK	36	IBRANCE	20
<i>fosamprenavir calcium</i>	32	GVOKE HYPOPEN 2-PACK.....	36	IBTROZI	20
<i>fosfomycin tromethamine</i>	7	GVOKE KIT	36	<i>ibuprofen</i>	1
<i>fosinopril sodium</i>	43	GVOKE PFS.....	36	<i>icatibant acetate</i>	68
<i>fosinopril sodium-hctz</i>	43	<i>hailey 1.5/30</i>	60	<i>iclevia</i>	60
FOTIVDA	19	<i>haileyfe 1.5/30</i>	60	ICLUSIG	20
FRAGMIN	40	<i>haileyfe 1/20</i>	60	<i>icosapent ethyl</i>	44
FRUZAQLA	19	<i>halobetasol propionate</i>	51	IDHIFA.....	20
<i>furosemide</i>	43	<i>haloperidol</i>	28	IDVYNOS	32
FUROSEMIDE	43	<i>haloperidol decanoate</i>	28	IGALMI	35
<i>fyavolv</i>	60	<i>haloperidol lactate</i>	28	ILEVRO	78

<i>imatinib mesylate</i>	20	IWILFIN	20	KOSELUGO.....	21
IMBRUVICA	20	IXIARO.....	68	KRAZATI.....	21
<i>imipenem-cilastatin</i>	7	<i>Jaimiess</i>	60	<i>kurve/0</i>	60
<i>imipramine hcl</i>	14	JAKAFI.....	20	KYGEVVI	76
<i>imiquimod</i>	51	JAKAFI XR	20	<i>kymbee</i>	57
IMKELDI	20	<i>Jantoven</i>	40	<i>labetalol hcl</i>	44
IMOVAX RABIES	68	JANUMET	36	<i>Zacosamide</i>	10
IMPAVIDO	7	JANUMET XR.....	36	<i>Zactulose</i>	54
INBRIJA.....	27	JANUVIA	36	<i>Zactulose encephalopathy</i>	54
<i>incassia</i>	60	JARDIANCE.....	44	<i>Zamivudine</i>	32
INCONTROL ULTICARE		JAYPIRCA.....	20	<i>Zamivudine-zidovudine</i>	33
PEN NEEDLES.....	75	<i>Jaythari</i>	57	<i>Zamotrigine</i>	10
INCRELEX	58	<i>Jencycla</i>	60	<i>Zamotrigine er</i>	10
INCRUSE ELLIPTA.....	82	JENTADUETO	37	<i>Zamotrigine starter kit-blue</i>	10
<i>indapamide</i>	44	JENTADUETO XR	37	<i>Zamotrigine starter kit-green</i>	10
<i>indomethacin</i>	1	<i>Jinteli</i>	60	<i>Zamotrigine starter kit-orange</i>	10
<i>indomethacin er</i>	1	<i>Jolessa</i>	60	<i>Zansoprazole</i>	55
INFANRIX.....	68	JOURNAVX	2	LANTUS SOLOSTAR	37
INFLIXIMAB.....	68	JUBBONTI	74	LANTUS U-100 VIAL	37
INGREZZA	48	JUBLIA	16	<i>Zapatinib ditosylate</i>	21
INLURIYO.....	20	JULUCA	32	<i>Zarin 1.5/30</i>	60
INLYTA	20	<i>June! 1.5/30</i>	60	<i>Zarin 1120</i>	60
INQOVI.....	20	<i>June! 1/20</i>	60	<i>Zarinfe 1.5/30</i>	60
INREBIC	20	<i>Junelfe 1.5/30</i>	60	<i>Zarinfe J/20</i>	60
INSULIN LISPRO	36	<i>Junelfe 1/20</i>	60	<i>Zatanoprost</i>	79
INSULIN PEN NEEDLES	76	JYLAMVO.....	68	LAZCLUZE.....	21
INSULIN SYRINGES.....	76	JYNNEOS.....	68	<i>Zederle leucovorin</i>	21
INSUPEN32G EXTR3ME.....	76	KALETRA.....	32	<i>Zejlunomide</i>	68
INTELENCE	32	KALYDECO.....	82	<i>lenalidomide</i>	21
<i>introvale</i>	60	<i>kariva</i>	60	LENVIMA.....	21
INVEGA HAFYERA.....	28	<i>kelnor 1/35</i>	60	LEQEMBI IQLIK.....	12
INVEGA SUSTENNA	29	KERENDIA	44	<i>Zessina</i>	60
INVEGA TRINZA	29	KESIMPTA.....	48	<i>ZetrozoZe</i>	21
IPOL	68	<i>ketoconazole</i>	16	<i>leucovorin calcium</i>	21
<i>ipratropium bromide</i>	82	<i>ketorolac tromethamine</i>	2, 78	LEUKERAN.....	21
<i>ipratropium bromide hfa</i>	82	KETOROLAC		LEUKINE	40
<i>ipratropium-albuteroZ</i>	82	TROMETHAMINE.....	2	<i>Zeuprolide acetate</i>	64
<i>irbesartan</i>	44	<i>ketorolac tromethamine +rjid</i>	2	<i>ZevaZbuteroZ hcZ</i>	82
<i>irbesartan-hydrochlorothiazide</i>	44	KINERET.....	68	LEVALBUTEROL HFA	82
ISENTRESS	32	KINRIX.....	68	<i>Zevetiracetam</i>	10
ISENTRESS HD	32	KIONEX	53	LEVETIRACETAM	10
<i>isoniazid</i>	17	KISQALI (200 MG DOSE)	20	<i>Zevetiracetam er</i>	10
<i>isosorb dinitrate-hydralazine</i>	44	KISQALI (400 MG DOSE)	21	<i>ZevobunoloZ hcZ</i>	79
<i>isosorbide dinitrate</i>	44	KISQALI (600 MG DOSE)	21	<i>levocarnitine</i>	76
<i>isosorbide mononitrate</i>	44	<i>klayesta</i>	16	<i>Zevocarnitine sf</i>	76
<i>isosorbide mononitrate er</i>	44	<i>klor-con</i>	53	<i>Zevocetirizine dihydrochloride</i>	82
<i>isotretinoin</i>	51	<i>klor-con IO</i>	53	<i>Zevofloxacin</i>	7, 79
ISTURISA	58	<i>klor-con ml O</i>	53	<i>Zevojloxacin in d5w</i>	7
ITOVEBI.....	20	<i>klor-con ml 5</i>	53	<i>Zevonest</i>	61
<i>itraconazole</i>	16	<i>klor-con m20</i>	53	<i>Zevonorgest-eth estrad 91-day</i>	61
<i>ivabradine hcl</i>	44	KLOXXADO	3	<i>ZevonorgestreZ-ethinyl estrad</i>	61
<i>ivermectin</i>	26	KOMZIFTI.....	21	<i>Zevonorg-eth estrad triphasic</i>	61

<i>levora 0.15/30 (28)</i>	61	LUPRON DEPOT-PED (3-	<i>methadone hcl intensol</i>	2
<i>levo-t</i>	63	MONTH).....	<i>methenamine hippurate</i>	7
<i>levothyroxine sodium</i>	63	<i>lurasidone hcl</i>	<i>methimazole</i>	65
<i>levoxyl</i>	63	<i>luter</i>	<i>methocarbamol</i>	84
<i>l-glutamine</i>	56	LYBALVI	<i>methotrexate sodium</i>	69
<i>lidocaine</i>	3	<i>lyleq</i>	<i>methotrexate sodium (pf)</i>	69
<i>lidocaine viscous hcl</i>	49	<i>lyllana</i>	<i>methsuximide</i>	10
<i>lidocaine-prilocaine</i>	3	LYNPARZA	<i>methyl dopa</i>	44
LIFYORLI (125 MG DOSE).....	21	LYSODREN	<i>methylphenidate hcl</i>	48
LIFYORLI (150 MG DOSE)	21	LYTGOBI (12 MG DAILY	<i>methylphenidate hcl er</i>	48
LILETTA (52 MG).....	61	DOSE).....	<i>methylphenidate hcl er (osm)</i>	48
<i>linezolid</i>	7	LYTGOBI (16 MG DAILY	<i>methylphenidate hcl er(diffus)</i>	48
LINZESS	55	DOSE).....	<i>methylprednisolone</i>	57
<i>liomny</i>	63	LYTGOBI (20 MG DAILY	<i>metoclopramide hcl</i>	55
<i>liothyronine sodium</i>	64	DOSE).....	<i>metolazone</i>	44
<i>lisinopril</i>	44	LYUMJEV KWIKPEN	<i>metoprolol succinate er</i>	44
<i>lisinopril-hydrochlorothiazide</i>	44	LYUMJEV VIAL.....	<i>metoprolol tartrate</i>	44
<i>lithium</i>	35	<i>lyza</i>	<i>metronidazole</i>	7, 51
<i>lithium carbonate</i>	35	<i>macitentan</i>	<i>metyrosine</i>	44
<i>lithium carbonate er</i>	35	<i>magnesium sulfate</i>	<i>mexiletine hcl</i>	44
LIVTENCITY	33	<i>malathion</i>	<i>micafungin sodium</i>	16
<i>lojaimiess</i>	61	<i>maraviroc</i>	<i>microgestin 1.5/30</i>	61
LOKELMA	53	<i>marlissa</i>	<i>microgestin 1/20</i>	61
<i>lomustine</i>	21	MARPLAN	<i>microgestinfe 1.5/30</i>	61
LONSURF	21	MATULANE	<i>microgestinfe 1/20</i>	61
<i>loperamide hcl</i>	55	<i>matzim la</i>	<i>midodrine hcl</i>	44
<i>lopinavir-ritonavir</i>	33	MAVYRET	MIEBO	79
<i>lorazepam</i>	35	MAYZENT	<i>mifepristone</i>	64
<i>lorazepam intensol</i>	35	MAYZENT STARTER PACK ..	<i>miglustat</i>	56
LORBRENA	21	<i>meclizine hcl</i>	<i>mili</i>	61
<i>losartan potassium</i>	44	<i>medroxyprogesterone acetate</i>	<i>mimvey</i>	61
<i>losartan potassium-hctz</i>	44	<i>mejloquine hcl</i>	<i>minocycline hcl</i>	7
<i>loteprednol etabonate</i>	79	<i>megestrol acetate</i>	<i>minoxidil</i>	44
<i>lovastatin</i>	44	MEKINIST.....	<i>mirtazapine</i>	14
<i>low-ogestrel</i>	61	MEKTOVI	<i>misoprostol</i>	55
<i>loxapine succinate</i>	29	<i>meleya</i>	M-M-RII.....	69
<i>lubiprostone</i>	55	<i>meloxicam</i>	<i>modajinil</i>	84
<i>luizza 1.5/30</i>	61	<i>memantine hcl</i>	MODEYSO	22
<i>luizza 1/20</i>	61	<i>memantine hcl er</i>	<i>moexipril hcl</i>	44
LUMAKRAS	21	MENQUADFI.....	<i>molindone hcl</i>	29
LUMIGAN.....	79	MENVEO.....	<i>mometasone furoate</i>	51, 82
LUPRON DEPOT (1-MONTH).64		<i>mercaptopurine</i>	<i>mono-linyah</i>	61
LUPRON DEPOT (3-MONTH).64		<i>meropenem</i>	<i>montelukast sodium</i>	82
LUPRON DEPOT (4-MONTH)		<i>mesalamine</i>	<i>morphine sulfate</i>	2
INTRAMUSCULAR KIT		<i>mesalamine er oral capsule</i>	<i>morphine sulfate (concentrate)</i>	2
30MG.....	64	0.375 gm	<i>morphine sulfate (pf)</i>	2
LUPRON DEPOT (6-MONTH)		<i>mesa/amine-cleanser</i>	<i>morphine sulfate er</i>	2
INTRAMUSCULAR KIT		<i>mesna</i>	MOUNJARO.....	37
45MG.....	64	<i>metformin hcl er</i>	MOVANTIK	55
LUPRON DEPOT-PED (1-		<i>metformin hcl er (osm)</i>	<i>moxifloxacin hcl</i>	7, 79
MONTH).....	64	<i>metformin hcl ir</i>	<i>moxifloxacin hcl in nacl</i>	7
		<i>methadone hcl</i>	MRESVIA.....	69

MULTAQ.....	44	nitroglycerin	45, 55	NUEDEXTA	48
mupirocin	51	nizatidine	55	NUPLAZID	29
mupirocin cream.....	51	nora-be.....	61	NURTEC.....	17
mycophenolate mofetil	69	norelgestromin-eth estradiol.....	62	NUTRILIPID.....	76
mycophenolate sodium.....	69	norethin ace-eth estrad-fe.....	62	nyamyc.....	16
mycophenolic acid.....	69	norethindrone	62	nylia 1/35	62
MYRBETRIQ	56, 57	norethindrone acetate.....	62	nylia 7/7/7	62
na sulfate-k sulfate-mg sulf.....	55	norethindrone acet-ethinyl est.....	62	nystatin.....	16
nabumetone	2	norethindrone-eth estradiol.....	62	nystatin-triamcinolone.....	51
nadolol.....	45	norgestimate-eth estradiol.....	62	nystop	16
nafcillin sodium.....	7	norgestimate-ethinyl estradiol		octreotide acetate.....	64
naloxone hcl.....	3	triphasic.....	62	ODEFSEY	33
naltrexone hcl.....	3	norlyroc	62	ODOMZO	22
naproxen.....	2	nortrel 0.5/35 (28).....	62	OFEV	83
naproxen dr	2	nortrel 1/35 (21).....	62	ofloxacin	79, 80
naproxen sodium.....	2	nortrel 1/35 (28).....	62	OGSIVEO	22
naratriptan hcl.....	17	nortrel 7/7/7	62	OJEMDA.....	22
NATACYN	79	nortriptyline hcl.....	14	OJJAARA	22
nateglinide	37	NORVIR.....	33	olanzapine	29
NAYZILAM	10	NOVOFINE PEN NEEDLE	76	olmesartan medoxomil.....	45
nebivolol hcl	45	NOVOFINE PLUS PEN		olmesartan medoxomil-hctz.....	45
necon 0.5/35 (28)	61	NEEDLE	76	olopatadine hcl.....	79
nefazodone hcl.....	14	NOVOLIN 70/30 FLEXPEN	37	omega-3-acid ethyl esters	45
neomycin sulfate.....	7	NOVOLIN 70/30 FLEXPEN		omeprazole	55
neomycin-bacitracin zn-		RELION	37	OMNIPOD 5 DEXCOM	
polymyx	79	NOVOLIN 70/30 RELION.....	37	INTRO KIT	76
neomycin-polymyxin-dexameth.....	79	NOVOLIN 70/30 VIAL	37	OMNIPOD 5 DEXCOM PODS.	76
neomycin-polymyxin-gramicidin	79	NOVOLIN N FLEXPEN	37	OMNIPOD 5 LIBRE INTRO	
neomycin-polymyxin-hc	80	NOVOLIN N FLEXPEN		KIT	76
NERLYNX.....	22	RELION	37	OMNIPOD 5 LIBRE PODS	76
NEULASTA.....	40, 41	NOVOLIN N RELION	37	OMNIPOD DASH INTRO KIT.	76
NEULASTA ONPRO	40	NOVOLIN N VIAL.....	37	OMNIPOD DASH PDM (GEN	
nevirapine.....	33	NOVOLIN R FLEXPEN.....	37	4)	76
nevirapine er.....	33	NOVOLIN R FLEXPEN		OMNIPOD DASH PODS.....	76
NEXLETOL.....	45	RELION	37	ondansetron hcl.....	15
NEXLIZET	45	NOVOLIN R RELION.....	37	ondansetron odt.....	15
NEXPLANON	61	NOVOLIN R VIAL	38	ONPATTRO.....	56
niacin er (antihyperlipidemic).....	45	NOVOLOG 70/30 FLEXPEN		ONUREG	22
NICOTROL NS	3	RELION	38	OPIPZA.....	30
nifedipine er.....	45	NOVOLOG FLEXPEN	38	OPVEE.....	3
nifedipine er osmotic release.....	45	NOVOLOG FLEXPEN		ORENCIA	69
nilotinib hcl	22	RELION	38	ORENCIA CLICKJECT	69
nilutamide.....	22	NOVOLOG MIX 70/30		ORENITRAM	83
nimodipine.....	45	FLEXPEN	38	ORENITRAM MONTH 1.....	83
NINLARO.....	22	NOVOLOG MIX 70/30		ORENITRAM MONTH 2.....	83
nintedanib esylate.....	82	RELION	38	ORENITRAM MONTH 3.....	83
nitazoxanide	26	NOVOLOG MIX 70/30 VIAL....	38	ORGOVYX.....	64
nitisinone	56	NOVOLOG PENFILL	38	ORKAMBI.....	83
nitro-bid	45	NOVOLOG RELION.....	38	orphenadrine citrate er.....	84
nitrofurantoin macrocrystal	7	NOVOLOG U-100 VIAL	38	orquidea	62
nitrofurantoin monohydrate		NUBEQA	22	ORSERDU	22, 23
macrocrystals.....	7	NUCALA	83	oseltamivir phosphate.....	33

OSENVELT	74	<i>phenytoin sodium extended</i>	10	PREZISTA	33
OSPHENA	62	PHESGO	23	PRIFTIN	17
OTEZLA	52, 69	<i>philith</i>	62	<i>primaquine phosphate</i>	26
OTEZLA XR.....	52	PIFELTRO	33	<i>primidone</i>	10
OTEZLA/OTEZLA XR		<i>pilocarpine hcl</i>	49, 79	PRIORIX	70
INITIATION PK.....	69	<i>pimecrolimus</i>	52	PRIVIGEN	70
<i>oxaprozin</i>	2	<i>pimozide</i>	30	PROAIR RESPICLICK.....	83
<i>oxcarbazepine</i>	10	<i>pimtrea</i>	62	<i>probenecid</i>	16
<i>oxybutynin chloride</i>	57	<i>pindolol</i>	45	<i>prochlorperazine</i>	15
<i>oxybutynin chloride er</i>	57	<i>pioglitazone hcl</i>	38	<i>prochlorperazine maleate</i>	15
<i>oxycodone hcl</i>	2	<i>pioglitazone hcl-metformin hcl</i>	38	PROCRIT	41
<i>oxycodone-acetaminophen</i>	2	PIP PEN NEEDLES 32G X		<i>procto-med he</i>	73
OZEMPIC	38	4MM.....	76	<i>progesterone</i>	62
PACERONE.....	45	<i>piperacillin sod-tazobactam sod</i> ..	8	PROGRAF	70
<i>paliperidone er</i>	30	PIQRAY	23	PROLASTIN-C.....	56
PANRETIN	23	<i>pirfenidone</i>	83	<i>promethazine hcl</i>	15
<i>pantoprazole sodium</i>	55	<i>piroxicam</i>	3	PROMETHEGAN	15
<i>paricalcitol</i>	74	<i>pitavastatin calcium</i>	45	<i>propafenone hcl</i>	45
<i>paroxetine hcl</i>	14	PLENAMINE.....	53	<i>propafenone hcl er</i>	45
PAXLOVID (150/100).....	33	<i>pnv 27-ca/fe/fa</i>	85	<i>propranolol hcl</i>	45
PAXLOVID (300/100 &		<i>pnv prenatal plus multivit+dha</i> ...	85	<i>propranolol hcl er</i>	45
150/100).....	33	<i>pnv tabs 20-1</i>	85	<i>propylthiouracil</i>	65
PAXLOVID (300/100).....	33	<i>podojilox</i>	52	PROQUAD	70
<i>pazopanib hcl</i>	23	<i>polymyxin b-trimethoprim</i>	79	<i>protriptyline hcl</i>	14
PEDIARIX.....	69	<i>pomalidomide</i>	23	PULMOZYME	83
PEDVAXHIB.....	69	POMALYST	23	PURE COMFORT SAFETY	
<i>peg 3350-kcl-na bicarb-nae!</i>	55	<i>portia-28</i>	62	PEN NEEDLE.....	76
<i>peg-3350/electrolytes</i>	55	<i>posaconazole</i>	16	<i>pyquvi</i>	58
PEGASYS.....	69	<i>potassium chloride</i>	53	<i>pyrazinamide</i>	17
PEMAZYRE	23	<i>potassium chloride crys er</i>	53	<i>pyridostigmine bromide</i>	17
PEN NEEDLE/5-BEVEL TIP.....	76	<i>potassium chloride er</i>	53	<i>pyrimethamine</i>	26
PENBRA YA	70	<i>potassium citrate er</i>	53	PYRUKYND.....	56
<i>penicillamine</i>	53	PRALUENT	45	PYRUKYND TAPERPACK.....	56
<i>penicillin g sodium</i>	8	<i>pramipexole dihydrochloride</i>	27	QINLOCK	23
<i>penicillin v potassium</i>	8	<i>prasugrel hcl</i>	41	QUADRACEL	70
PENMENVY	70	<i>pravastatin sodium</i>	45	<i>quetiapine fumarate</i>	30
PENTACEL	70	<i>praziquantel</i>	26	<i>quetiapine fumarate er</i>	30
<i>pentamidine isethionate</i>	26	<i>prazosin hcl</i>	45	QUICK TOUCH INSULIN	
PENTIPS GENERIC PEN		<i>prednisolone</i>	57	PEN NEEDLE.....	76
NEEDLES.....	76	<i>prednisolone acetate</i>	79	<i>quinapril hcl</i>	45
<i>pentoxifylline er</i>	45	<i>prednisolone sodium phosphate</i> . 57		<i>quinapril-hydrochlorothiazide</i>	46
<i>perampanel</i>	10	<i>prednisone</i>	58	<i>quinidine sulfate</i>	46
<i>perindopril erbumine</i>	45	<i>pregabalin</i>	10	<i>quinine sulfate</i>	26
<i>periogard</i>	49	PREMARIN	62	QVAR REDHALER	83
<i>permethrin</i>	52	PREMPHASE	62	RABAVERT	70
<i>perphenazine</i>	30	PREMPRO	62	<i>rabeprazole sodium</i>	55
PERSERIS	30	<i>prenatal</i>	53	RALDESY	14
<i>phenelzine sulfate</i>	14	<i>prenatal plus vitamin/mineral</i>	85	<i>raloxifene hcl</i>	62
<i>phenobarbital</i>	10	PRETOMANID	17	<i>ramelteon</i>	84
<i>phenytek</i>	10	<i>prevalite</i>	45	<i>ramipril</i>	46
<i>phenytoin</i>	10	PREVYMIS.....	33	<i>ranolazine er</i>	46
<i>phenytoin infatabs</i>	10	PREZCOBIX	33	<i>rasagiline mesylate</i>	27

RAYA SURE PEN NEEDLE.....	77	SANTYL	52	SPRAVATO (84 MG DOSE).....	14
RAYALDEE	74	<i>sapropterin dihydrochloride</i>	56	<i>sprintec 28</i>	62
RECOMBIVAX HB	70	SAVELLA.....	48	SPRITAM	11
<i>repaglinide</i>	38	SAVELLA TITRATION PACK	48	SPS (SODIUM	
REPATHA	46	SCSEMBLIX.....	23	POLYSTYRENE SULF).....	54
REPATHA SURECLICK	46	<i>scopolamine</i>	15	<i>sronyx</i>	62
RESTASIS	79	SECUADO	30	ssd.....	52
RESTASIS MULTIDOSE	79	<i>selegiline hcl</i>	27	STARJEMZA.....	71
RETACRIT	41	<i>selenium sulfide</i>	52	STEQEYMA	71
RETEVMO	23	SELZENTRY	34	STIOLTO RESPIMAT.....	84
REVCIVI.....	56	SEREVENT DISKUS	83	STIVARGA.....	23
REVUFORJ	23	<i>sertraline hcl</i>	14	STOBOCLO.....	74
REXTOVY.....	3	<i>setlakin</i>	62	STRENSIQ.....	56
REXULTI.....	30	<i>sevelamer hcl</i>	53	<i>streptomycin sulfate</i>	8
REYATAZ	33	SFROWASA	73	STRIBILD	34
REZDIFFRA	64	<i>sharobel</i>	62	SUBVENITE.....	11
REZLIDHIA	23	SHINGRIX.....	70	<i>subvenite</i>	11
REZUROCK	70	SIGNIFOR	64	<i>subvenite starter kit-blue</i>	11
RHOPRESSA.....	79	<i>sildenafil citrate</i>	83	<i>subvenite starter kit-green</i>	11
<i>ribavirin</i>	33	SILIGENTLE FOAM		<i>subvenite starter kit-orange</i>	11
<i>rifabutin</i>	17	DRESSING	52	SUCRAID	56
<i>rifampin</i>	17	<i>silodosin</i>	57	<i>sucralfate</i>	55
<i>rilpivirine hcl</i>	33	<i>silver sulfadiazine</i>	52	<i>sulfacetamide sodium</i>	79
<i>riluzole</i>	48	SIMBRINZA.....	79	<i>sulfacetamide-prednisolone</i>	79
RINVOQ.....	70	<i>simliya</i>	62	<i>sulfadiazine</i>	8
RINVOQ LQ.....	70	<i>simpease</i>	62	<i>sulfamethoxazole-trimethoprim</i>	8
<i>risedronate sodium</i>	74	<i>simvastatin</i>	46	<i>sulfasalazine</i>	73
<i>risperidone</i>	30	<i>sirolimus</i>	70	<i>sulindac</i>	3
<i>risperidone microspheres er</i>	30	SIRTURO.....	17	<i>sumatriptan</i>	17
<i>ritonavir</i>	33	SIVEXTRO	8	<i>sumatriptan succinate</i>	17
<i>rivaroxaban</i>	41	SKYCLARYS.....	77	<i>sunitinib malate</i>	24
<i>rivastigmine</i>	12	SKYRIZI	70, 71	SUNLENCA.....	34
<i>rivastigmine tartrate</i>	12	SKYRIZI PEN	70	SUTAB.....	55
RIVFLOZA	77	<i>sodium chloride</i>	53, 77	SYMPAZAN	11
<i>rizatriptan benzoate</i>	17	SODIUM CHLORIDE	53	SYMTUZA.....	34
ROCKLATAN	79	<i>sodium oxybate</i>	84	SYNJARDY	38
<i>roflumilast</i>	83	<i>sodium phenylbutyrate</i>	56	SYNJARDY XR	38
ROMVIMZA	23	<i>sodium polystyrene sulfonate</i> 53, 54		SYNTHROID.....	64
<i>ropinirole hcl</i>	27	SOFOSBUVIR-		TABLOID	24
<i>ropinirole hcl er</i>	27	VELPATASVIR	34	TABRECT A.....	24
<i>rosuvastatin calcium</i>	46	<i>solifenacin succinate</i>	57	<i>tacrolimus</i>	52, 71
ROTARIX.....	70	SOLQUA	38	<i>tacrolimus er</i>	71
ROTATEQ.....	70	SOLTAMOX	23	<i>tadalafil</i>	57
<i>roweepra</i>	10	SOMAVERT.....	64	<i>tadalafil (pah)</i>	84
ROZLYTREK.....	23	<i>sorafenib tosylate</i>	23	TAFINLAR	24
RUBRACA	23	<i>sotalol hcl</i>	46	TAGRISSE	24
<i>rufinamide</i>	11	<i>sotalol hcl (aj)</i>	46	TALICIA.....	55
RUKOBIA	34	SPEVIGO	52	TALZENNA.....	24
RYBELSUS	38	SPIRIVA RESPIMAT.....	83	<i>tamoxifen citrate</i>	24
RYDAPT.....	23	<i>spironolactone</i>	46	<i>tamsulosin hcl</i>	57
<i>sacubitril-valsartan</i>	46	<i>spironolactone-hctz</i>	46	<i>tarinafe 1/20 eq</i>	62
SAFETY PEN NEEDLES	77	SPRAVATO (56 MG DOSE).....	14	TARPEYO	74

TAVNEOS	71	TOPFINE INSULIN PEN		TRUQAP	24
tazarotene	52	NEEDLE	77	TRYNGOLZA	46
tazicef	8	topiramate	11	TUKYSA	24
TAZVERIK	24	topotecan hcl	24	TURALIO	24
TECHLITE PLUS PEN		toremifene citrate	24	turqoz	63
NEEDLES	77	torse mide	46	TWINRIX	72
telmisartan	46	TOUJEO MAX SOLOSTAR	38	TYBOST	34
telmisartan-hctz	46	TOUJEO SOLOSTAR	39	TYENNE	72
temazepam	84	TRADJENTA	39	TYMLOS	74
TENIVAC	71	tramadol hcl ir	3	TYPHIM VI	72
tenofovir disoproxil fumarate	34	tramadol-acetaminophen	3	TYRVAYA	79
TEPMETKO	24	trandolapril	46	UBRELVY	17
terazosin hcl	57	tranexamic acid	41	UDENYCA	41
terbinafine hcl	16	tranylcypromine sulfate	14	UDENYCA ONBODY	41
terconazole	16	travoprost (bakfree)	79	ULTIGUARD SAFE PACK	
teriparatide	74	trazodone hcl	14	SYR/NEEDLE	77
TERIPARATIDE	74	TRELEGY ELLIPTA	84	UNIFINE OTC PEN	
testosterone	63	TRELSTAR MIXJECT	65	NEEDLES	77
testosterone cypionate	63	TREMFYA	71	UNIFINE PROTECT PEN	
TESTOSTERONE		TREMFYA ONE-PRESS	71	NEEDLE	77
CYPIONATE	63	TREMFYA PEN	71	unithroid	64
testosterone enanthate	63	TREMFYA-CD/UC		urea	52
tetrabenazine	48	INDUCTION	72	ursodiol	55
tetracycline hcl	8	TRESIBA	39	valacyclovir hcl	34
TEVIMBRA	24	TRESIBA FLEXTOUCH	39	VALCHLOR	24
THALOMID	24	tretinoin	24, 52	valganciclovir hcl	34
theophylline er	84	triamcinolone acetonide	49, 52	valproic acid	11
thioridazine hcl	30	triamterene	46	valsartan	46
thiothixene	30	triamterene-hctz	46	valsartan-hydrochlorothiazide	46
tiadylt er	46	triderm	52	VALTOCO 10 MG DOSE	11
tiagabine hcl	11	trientine hcl	54	VALTOCO 15 MG DOSE	11
TIBSOVO	24	tri-estarylla	63	VALTOCO 20 MG DOSE	11
ticagrelor	41	trifluoperazine hcl	30	VALTOCO 5 MG DOSE	11
TICOVAC	71	trifluridine	79	valtya 1/35	63
tigecycline	8	trihexyphenidyl hcl	27	valtya 1/50	63
timolol maleate	17, 79	TRIJARDY XR	39	vancomycin hcl	8
tinidazole	8	TRIKAFT A	84	VANFLYTA	24
tiotropium bromide	84	tri-lynyah	63	VAQTA	72
TIVICAY	34	trimethoprim	8	varenicline tartrate	3
TIVICAY PD	34	tri-mili	63	varenicline tartrate (starter)	3
tizanidine hcl	31	trimipramine maleate	14	varenicline tartrate (continue)	3
TOBI PODHALER	84	TRINTELLIX	14	VARIVAX	72
TOBRADEX	79	tri-sprintec	63	VAXCHORA	72
tobramycin	79, 84	TRIUMEQ	34	VAXELIS	72
TOBRAMYCIN	84	TRIUMEQ PD	34	VELPHORO	54
tobramycin sulfate	8	tri-vylibra	63	VELTASSA	54
tobramycin-dexamethasone	79	tropium chloride	57	VENCLEXTA	24
tofacinib citrate	71	tropium chloride er	57	VENCLEXTA STARTING	
tofacinib citrate er	71	TRUE COMFORT SAFETY		PACK	25
tolterodine tartrate	57	PEN NEEDLE	77	venlafaxine hcl	14
tolterodine tartrate er	57	TRULiCITY	39	venlafaxine hcl er	14
tolvaptan	54	TRUMENBA	72	VEOPOZ	72

VEOZAH	48	XARELTO	41	<i>ziprasidone mesylate</i>	31
VEPPANU	25	XATMEP	72	ZIRGAN.....	80
<i>verapamil hcl</i>	46	XCOPRI	11, 12	ZOKINVY	77
<i>verapamil hcl er</i>	46	XDEMVY	80	ZOLINZA.....	26
VERIFINE INSULIN PEN		XERMELO	55	<i>zolmitriptan</i>	17
NEEDLE	77	XIFAXAN.....	55	<i>zolpidem tartrate</i>	85
VERIFINE INSULIN		XIGDUO XR.....	39	<i>zolpidem tartrate er</i>	85
SYRINGE	77	XIIDRA.....	80	ZONISADE.....	12
VERIFINE PLUS PEN		XOFLUZA (40 MG DOSE).....	34	<i>zonisamide</i>	12
NEEDLE	77	XOFLUZA (80 MG DOSE).....	34	<i>zovia 1/35 (28)</i>	63
VERQUVO	46	XOLAIR.....	72, 73	ZTALMY	12
VERSACLOZ	30	XOLREMDI.....	41	ZURZUVAE	14
VERZENIO.....	25	XOSPATA	25	ZYDELIG	26
V-GO 20	77	XPOVIO (100 MG ONCE		ZYKADIA.....	26
V-GO 30	77	WEEKLY)	25	ZYMFENTRA (1 PEN).....	73
V-GO 40	77	XPOVIO (40 MG ONCE		ZYMFENTRA (2 PEN).....	73
<i>vienva</i>	63	WEEKLY)	25	ZYMFENTRA (2 SYRINGE).....	73
<i>vigabatrin</i>	11	XPOVIO (40 MG TWICE		ZYPREXA RELPREVV	31
VIGADRONE.....	11	WEEKLY)	25		
VIGAFYDE	11	XPOVIO (60 MG ONCE			
<i>vilazodone hcl</i>	14	WEEKLY)	25		
VIMKUNYA	72	XPOVIO (60 MG TWICE			
<i>viorele</i>	63	WEEKLY)	25		
VIRACEPT	34	XPOVIO (80 MG ONCE			
VIREAD	34	WEEKLY)	25		
VITRAKVI	25	XPOVIO (80 MG TWICE			
VIVITROL.....	3	WEEKLY)	25		
VIVOTIF.....	72	XTAMPZA ER	3		
VIZIMPRO	25	XTANDI	25		
VOCABRIA.....	34	<i>xulane</i>	63		
<i>volnea</i>	63	<i>yargesa</i>	56		
VONJO	25	YESINTEK	73		
VORANIGO	25	YF-VAX.....	73		
<i>voriconazole</i>	16	YONSA	25		
VOSEVI.....	34	<i>yulithira</i>	26		
VOWST	55	YUPELRI.....	84		
VRAYLAR	30	<i>yuvaferm</i>	63		
VUMERITY.....	49	<i>zafemy</i>	63		
<i>vyfemla</i>	63	<i>zafirlukast</i>	84		
VYJUVEK	34	<i>zaleplon</i>	84, 85		
<i>vylibra</i>	63	ZARXIO.....	41		
VYNDAMAX.....	46	ZEJULA	26		
VYVGART HYTRULO	17, 72	ZELBORAF	26		
VYZULTA.....	80	<i>zelvysia</i>	56		
<i>warfarin sodium</i>	41	<i>zenatane</i>	52		
WEGOVY	77	ZENPEP	56		
WELIREG.....	56	ZEPOSIA	49		
<i>wera</i>	63	ZEPOSIA 7-DAY STARTER			
WINREVAIR.....	84	PACK.....	49		
<i>wixela inhub</i>	84	ZEPOSIA STARTER KIT	49		
WYOST	74	<i>zidovudine</i>	34		
XALKORI.....	25	<i>ziprasidone hcl</i>	30		



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