



# 2025

## *List of Covered Drugs* (Drug List or Formulary)

Formulary ID: 00025403 Version 14

This *List of Covered Drugs* was updated 05/27/2025. **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

For more recent information or other questions, contact AmeriHealth Caritas VIP Care Plus Member Services at **1-888-667-0318 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m., or visit **[www.amerhealthcaritasvipcareplus.com](http://www.amerhealthcaritasvipcareplus.com)**.

# AmeriHealth Caritas VIP Care Plus (Medicare-Medicaid Plan) | 2025 List of Covered Drugs (*Drug List* or Formulary)

## Introduction

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



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.  
05/27/2025

# Table of Contents

- A. Disclaimers ..... iii
- B. Frequently Asked Questions (FAQ)..... iii
  - B1. What prescription drugs are on the *List of Covered Drugs*?  
(We call the *List of Covered Drugs* the “*Drug List*” for short.) ..... iii
  - B2. Does the *Drug List* ever change? ..... iv
  - B3. What happens when there is a change to the *Drug List*? ..... v
  - B4. Are there any restrictions or limits on drug coverage?  
Or are there any required actions to take to get certain drugs? ..... vi
  - B5. How will you know if the drug I want has limits or  
if there are required actions to take to get the drug? ..... vii
  - B6. What happens if AmeriHealth Caritas VIP Care Plus changes their rules about some  
drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)? ..... vii
  - B7. How can I find a drug on the *Drug List*? ..... vii
  - B8. What if the drug I want to take is not on the *Drug List*? ..... vii
  - B9. What if I am a new AmeriHealth Caritas VIP Care Plus member and can’t find  
my drug on the *Drug List* or have a problem getting my drug? ..... viii
  - B10. Can I ask for an exception to cover my drug? ..... viii
  - B11. How can I ask for an exception? ..... ix
  - B12. How long does it take to get an exception? ..... ix
  - B13. What are generic drugs? ..... ix
  - B14. What are original biological products and how are they related to biosimilars? ..... ix
  - B15. What are OTC drugs? ..... x
  - B16. Does AmeriHealth Caritas VIP Care Plus cover non-drug OTC products? ..... x
  - B17. What is my copay? ..... x
  - B18. What are drug tiers? ..... x
- C. Overview of the List of Covered Drugs ..... x
  - C1. Drugs Grouped by Medical Condition ..... xii
- D. Index of Covered Drugs ..... 125



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit [www.amerhealthcaritasvipcareplus.com](http://www.amerhealthcaritasvipcareplus.com).  
05/27/2025

---

## A. Disclaimers

This is a list of drugs that members can get in AmeriHealth Caritas VIP Care Plus.

- ❖ AmeriHealth Caritas VIP Care Plus is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ The formulary may change at any time. You will receive notice when necessary.
- ❖ You can also get this document for free in other formats, such as large print, Braille, or audio. Call **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The 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 **1-888-667-0318 (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 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. The calls are free.

---

## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. 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 *List of Covered Drugs* on pages 1-124 are the drugs covered by AmeriHealth Caritas VIP Care Plus. These 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.”

- AmeriHealth Caritas VIP Care Plus 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, **and**
  - you fill the prescription at an AmeriHealth Caritas VIP Care Plus network pharmacy.
- AmeriHealth Caritas VIP Care Plus may have additional steps to access certain drugs (refer to question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at **[www.amerhealthcaritasvipcareplus.com](http://www.amerhealthcaritasvipcareplus.com)**, ask your Care Coordinator for help, or call Member Services toll-free at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week.



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerhealthcaritasvipcareplus.com](http://www.amerhealthcaritasvipcareplus.com)**.  
05/27/2025

---

## **B2. Does the *Drug List* ever change?**

Yes, and AmeriHealth Caritas VIP Care Plus must follow Medicare and Michigan 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 approval (PA) for a drug. (PA is permission from AmeriHealth Caritas VIP Care Plus 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, see question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will 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 is not safe, **or**
- a drug is removed from the market.

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

- You can always check AmeriHealth Caritas VIP Care Plus’ up to date *Drug List* online at [www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com). Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week.



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit [www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com).  
05/27/2025

---

### B3. What happens when there is a change to the *Drug List*?

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

- **Substitution of certain new version 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 stay the same. 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 will send you information about the specific change we made once it happens.
  - We can make these changes only if the drug we are 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 will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change.
- If you are notified that your medication has been taken off the market and is removed from the *Drug List*, you should contact the provider who wrote the prescription.

**We may make other changes that affect the drugs you take.** We will 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 is not 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.



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.  
05/27/2025

When these changes happen, we will:

- 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 is 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 question B10.

---

#### **B4. Are there any restrictions or limits on drug coverage? Or are there 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 (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from AmeriHealth Caritas VIP Care Plus before you fill your prescription. If you don't get approval, AmeriHealth Caritas VIP Care Plus may not cover the drug.
- **Quantity limits:** Sometimes AmeriHealth Caritas VIP Care Plus limits the amount of a drug you can get.
- **Step therapy:** Sometimes AmeriHealth Caritas VIP Care Plus requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will 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 on pages 1-124. You can also get more information by visiting our website at [www.amerhealthcaritasvipcareplus.com](http://www.amerhealthcaritasvipcareplus.com). We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can also 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 is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Please refer to questions B10 – B12 for more information about exceptions.



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit [www.amerhealthcaritasvipcareplus.com](http://www.amerhealthcaritasvipcareplus.com).  
05/27/2025

---

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

The table of drugs on pages 1-124 has a column labeled “Necessary actions, restrictions, or limits on use.”

---

**B6. What happens if AmeriHealth Caritas VIP Care Plus changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change PA, 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 by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it after the *Drug Listing* on page 125. The index provides an alphabetical list of all the covered drugs. The list includes brand, generic, and over-the-counter drugs. Find your drug name in the index, and next to the drug will be a page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” in section C1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

---

**B8. What if the drug I want to take is not on the *Drug List*?**

If you don't see your drug on the *Drug List*, call Member Services at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week, and ask about it. If you learn that AmeriHealth Caritas VIP Care Plus will not 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**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.  
05/27/2025

---

## **B9. What if I am a new AmeriHealth Caritas VIP Care Plus 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 180 days you are a member of AmeriHealth Caritas VIP Care Plus. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is 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 will allow multiple refills to provide up to a maximum of 30 days of medication.

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

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by AmeriHealth Caritas VIP Care Plus, **or**
- you are taking a drug that is part of a step therapy restriction.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new AmeriHealth Caritas VIP Care Plus member.
- This is in addition to the temporary supply during the first 180 days you are a member of AmeriHealth Caritas VIP Care Plus.

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

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

---

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

Yes. You can ask AmeriHealth Caritas VIP Care Plus to make an exception to cover a drug that is not on the *Drug List*.



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.  
05/27/2025

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

- For example, AmeriHealth Caritas VIP Care Plus may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

---

### **B11. How can I ask for an exception?**

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9, 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 will give you a decision within 72 hours. For more information on how to submit a 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.

AmeriHealth Caritas VIP Care Plus 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 biosimilars 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*.



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.  
05/27/2025

---

### **B15. What are OTC drugs?**

OTC stands for “over-the-counter.” AmeriHealth Caritas VIP Care Plus covers some OTC drugs when they are written as prescriptions by your provider.

You can read the AmeriHealth Caritas VIP Care Plus *Drug List* to see what OTC drugs are covered.

---

### **B16. Does AmeriHealth Caritas VIP Care Plus cover non-drug OTC products?**

AmeriHealth Caritas VIP Care Plus covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include certain contraceptives.

You can read the AmeriHealth Caritas VIP Care Plus *Drug List* to find out what non-drug OTC products are covered.

---

### **B17. What is my copay?**

As an AmeriHealth Caritas VIP Care Plus member, you have no copays for prescription and OTC drugs as long as you follow AmeriHealth Caritas VIP Care Plus’ rules.

---

### **B18. What are drug tiers?**

Tiers are groups of drugs. There are no copays for drugs in any tier.

- Tier 1 drugs are Part D covered generic drugs.
- Tier 2 drugs are Part D covered brand name drugs and some generic drugs.
- Tier 3 drugs are Michigan Medicaid (non-Part D) covered drugs and OTC drugs and products.

---

## **C. Overview of the List of Covered Drugs**

The following list of covered drugs gives you information about the drugs covered by AmeriHealth Caritas VIP Care Plus. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 125. The index alphabetically lists all drugs covered by AmeriHealth Caritas VIP Care Plus.

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

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



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.  
05/27/2025

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

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

**QL:** Quantity Limit. For certain drugs, AmeriHealth Caritas VIP Care Plus limits the amount of the drug that the plan will cover. For example, our plan provides nine tablets per 30-day prescription for sumatriptan succinate. This may be in addition to a standard one-month or three-month supply.

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

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

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

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

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

**Note:** The DP next to a drug means the drug is not a “Part D drug.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. You can also read Chapter 9 in the *Member Handbook* to learn how to appeal a decision.



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.

05/27/2025

---

## C1. Drugs Grouped by Medical Condition

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

Prescription type	Medical condition
Analgesics	Treatment of pain
Anesthetics	Local treatment of pain
Anti-addiction/substance abuse treatment agents	Treatment of substance abuse disorders
Antibacterials	Treatment of bacterial infections
Anticonvulsants	Treatment of seizures
Antidementia agents	Management of dementia
Antidepressants	Treatment of depression
Antiemetics	Treatment of vomiting or nausea
Antifungals	Treatment of fungal or yeast infections
Antigout agents	Treatment or prevention of gouty arthritis
Anti-inflammatory agents	Treatment of inflammation
Antimigraine agents	Treatment of migraine headaches
Antimyasthenic agents	Treatment for myasthenia
Antimycobacterials	Treatment for infections by tuberculosis-type organisms
Antineoplastics	Treatment of cancer
Antiparasitics	Treatment of infections from parasites
Antiparkinson agents	Treatment of Parkinson's disease



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.  
05/27/2025

Prescription type	Medical condition
Antipsychotics	Treatment of behavioral and emotional disorders
Antispasticity agents	Treatment of muscle spasms
Antivirals	Treatment of infections by viruses
Anxiolytics	Treatment of anxiety or nervousness
Bipolar agents	Treatment for bipolar illnesses
Blood glucose regulators	Control of diabetes
Blood products/modifiers/volume expanders	Prevention of clotting and increasing blood cell production
Cardiovascular agents	Treatment of conditions affecting the heart and blood vessels
Central nervous system agents	Treatment of disorders of the brain and spinal column
Dental and oral agents	Treatment of mouth and gum disorders
Dermatological agents	Treatment of skin conditions
Diabetic supplies	Supplies used for diabetes
Enzyme replacement/modifiers	Medications to replace missing or deficient enzyme production
Gastrointestinal agents	Treatment of stomach and intestinal conditions
Genitourinary agents	Treatment of urinary tract and prostate conditions
Hormonal agents, stimulant/replacement/modifying (adrenal)	Treatment of conditions requiring steroids



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.  
05/27/2025

Prescription type	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 of 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
Sleep disorder agents	Treatment of insomnia
Therapeutic nutrients/minerals/electrolytes	Replacement or supplementation of minerals, nutrients, and vitamins



**If you have questions**, please call AmeriHealth Caritas VIP Care Plus at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free. For more information, visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.

05/27/2025

## 2025 AmeriHealth Caritas VIP Care Plus

### 2025 Member Formulary

Formulary ID 25403

**CURRENT AS OF 6/1/2025**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Analgesics - Treatment Of Pain</b>		
<b>Analgesics</b>		
<i>acetaminophen er tablet extended release 650 mg oral</i>	\$0 (Tier 3)	DP
<i>acetaminophen extra strength capsule 500 mg oral</i>	\$0 (Tier 3)	DP
<i>acetaminophen liquid 160 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>acetaminophen solution 160 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>acetaminophen suppository 120 mg rectal</i>	\$0 (Tier 3)	DP
<i>acetaminophen suppository 650 mg rectal</i>	\$0 (Tier 3)	DP
<i>acetaminophen suspension 160 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>acetaminophen tablet 325 mg oral</i>	\$0 (Tier 3)	DP
<i>acetaminophen tablet 500 mg oral</i>	\$0 (Tier 3)	DP
<i>acetaminophen tablet chewable 80 mg oral</i>	\$0 (Tier 3)	DP
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	\$0 (Tier 1)	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	\$0 (Tier 1)	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	\$0 (Tier 1)	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	\$0 (Tier 1)	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	\$0 (Tier 1)	PA; MME
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	\$0 (Tier 1)	PA
EXCEDRIN TENSION HEADACHE TABLET 500-65 MG ORAL	\$0 (Tier 3)	DP
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL	\$0 (Tier 3)	DP
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL	\$0 (Tier 3)	DP

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>nalbuphine hcl injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	\$0 (Tier 1)	
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium external gel 1 %</i>	\$0 (Tier 1)	QL (1000 GM per 28 days)
<i>diclofenac sodium external gel 3 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium external solution 1.5 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium gel 1 % external (otc)</i>	\$0 (Tier 3)	DP
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>ec-naproxen oral tablet delayed release 375 mg</i>	\$0 (Tier 1)	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>ibuprofen 100 junior strength tablet chewable 100 mg oral</i>	\$0 (Tier 3)	DP
<i>ibuprofen capsule 200 mg oral</i>	\$0 (Tier 3)	DP
<i>ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>ibuprofen suspension 100 mg/5ml oral (rx)</i>	\$0 (Tier 3)	DP
<i>ibuprofen tablet 200 mg oral</i>	\$0 (Tier 3)	DP
<i>indomethacin er oral capsule extended release 75 mg</i>	\$0 (Tier 1)	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>infants ibuprofen suspension 50 mg/1.25ml oral</i>	\$0 (Tier 3)	DP
<i>ketorolac tromethamine oral tablet 10 mg</i>	\$0 (Tier 1)	QL (20 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>naproxen dr oral tablet delayed release 500 mg</i>	\$0 (Tier 1)	
<i>naproxen oral suspension 125 mg/5ml</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naproxen sodium capsule 220 mg oral</i>	\$0 (Tier 3)	DP
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)	
<i>naproxen sodium tablet 220 mg oral</i>	\$0 (Tier 3)	DP
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	
<b>Opioid Analgesics, Long-Acting</b>		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	\$0 (Tier 1)	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	\$0 (Tier 1)	PA; MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	\$0 (Tier 1)	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1)	MME; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	\$0 (Tier 1)	PA; MME; QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	\$0 (Tier 1)	PA; MME
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	MME; QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	PA; MME; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	\$0 (Tier 1)	PA; MME; QL (60 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 2)	PA; MME; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	\$0 (Tier 2)	PA; MME; QL (60 EA per 30 days)
<b>Opioid Analgesics, Short-Acting</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	\$0 (Tier 1)	MME; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	\$0 (Tier 1)	MME; QL (5 ML per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	MME
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; MME; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	\$0 (Tier 1)	MME; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (Tier 1)	MME; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	\$0 (Tier 1)	MME
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	\$0 (Tier 1)	MME; QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	\$0 (Tier 1)	MME
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	\$0 (Tier 1)	MME
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1)	MME; QL (120 EA per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	MME; QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	\$0 (Tier 1)	MME; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	\$0 (Tier 1)	MME

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>tramadol hcl oral tablet 100 mg</i>	\$0 (Tier 1)	MME; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$0 (Tier 1)	MME; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 1)	MME; QL (240 EA per 30 days)
<b>Anesthetics - Local Treatment Of Pain</b>		
<b>Local Anesthetics</b>		
<i>lidocaine cream 4 % external</i>	\$0 (Tier 3)	DP
<i>lidocaine external ointment 5 %</i>	\$0 (Tier 1)	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	\$0 (Tier 1)	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	\$0 (Tier 1)	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	\$0 (Tier 1)	
ZTLIDO EXTERNAL PATCH 1.8 %	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<b>Opioid Dependence</b>		
<i>lofexidine hcl oral tablet 0.18 mg</i>	\$0 (Tier 1)	PA; QL (224 EA per 14 days)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl liquid 4 mg/0.1ml nasal (otc)</i>	\$0 (Tier 3)	DP
<b>Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders</b>		
<b>Alcohol Deterrents/Anti-Craving</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	\$0 (Tier 1)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	\$0 (Tier 3)	DP
<b>Opioid Dependence</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	\$0 (Tier 1)	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>naltrexone hcl oral tablet 50 mg</i>	\$0 (Tier 1)	
<b>Opioid Reversal Agents</b>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	\$0 (Tier 2)	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	\$0 (Tier 1)	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	\$0 (Tier 1)	
<i>naloxone hcl liquid 4 mg/0.1ml nasal (otc)</i>	\$0 (Tier 3)	DP
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	\$0 (Tier 2)	
REXTOVY NASAL LIQUID 4 MG/0.25ML	\$0 (Tier 2)	
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0 (Tier 1)	
<i>nicotine kit 21-14-7 mg/24hr transdermal</i>	\$0 (Tier 3)	DP
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	\$0 (Tier 3)	DP
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i>	\$0 (Tier 3)	DP
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex gum 2 mg mouth/throat</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex gum 4 mg mouth/throat</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0 (Tier 3)	DP
NICOTROL INHALATION INHALER 10 MG	\$0 (Tier 2)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0 (Tier 2)	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	\$0 (Tier 1)	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (Tier 1)	QL (56 EA per 28 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	\$0 (Tier 1)	QL (56 EA per 28 days)
<b>Antibacterials - Treatment Of Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	\$0 (Tier 1)	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	\$0 (Tier 2)	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	\$0 (Tier 1)	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	\$0 (Tier 1)	
<i>neomycin sulfate oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	\$0 (Tier 1)	
<b>Antibacterials, Other</b>		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	\$0 (Tier 1)	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	\$0 (Tier 1)	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	\$0 (Tier 1)	
<i>linezolid intravenous solution 600 mg/300ml</i>	\$0 (Tier 1)	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	\$0 (Tier 1)	
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1)	
<i>methenamine hippurate oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>metronidazole intravenous solution 500 mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole oral capsule 375 mg</i>	\$0 (Tier 1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	\$0 (Tier 1)	
<b>PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG</b>	\$0 (Tier 2)	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	\$0 (Tier 1)	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	\$0 (Tier 1)	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	\$0 (Tier 1)	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	\$0 (Tier 1)	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 100 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>vancomycin hcl oral capsule 125 mg</i>	\$0 (Tier 1)	QL (40 EA per 10 days)
<i>vancomycin hcl oral capsule 250 mg</i>	\$0 (Tier 1)	QL (80 EA per 10 days)
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	\$0 (Tier 2)	
<b>Beta-Lactam, Cephalosporins</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	\$0 (Tier 1)	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	\$0 (Tier 1)	
<i>cefadroxil oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium injection solution prefilled syringe 3 gm/30ml</i>	\$0 (Tier 1)	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	\$0 (Tier 1)	
<i>cefazolin sodium intravenous solution prefilled syringe 1 gm/10ml, 2 gm/10ml, 2 gm/20ml</i>	\$0 (Tier 1)	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	\$0 (Tier 1)	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	\$0 (Tier 1)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	\$0 (Tier 1)	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	\$0 (Tier 1)	
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	\$0 (Tier 1)	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	\$0 (Tier 1)	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	\$0 (Tier 1)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	\$0 (Tier 2)	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	\$0 (Tier 2)	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	\$0 (Tier 2)	PA
<b>Beta-Lactam, Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	\$0 (Tier 1)	
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm</i>	\$0 (Tier 1)	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	\$0 (Tier 1)	
<b>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML</b>	\$0 (Tier 2)	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml</i>	\$0 (Tier 1)	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>nafcillin sodium intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	\$0 (Tier 1)	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	\$0 (Tier 1)	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	\$0 (Tier 1)	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	\$0 (Tier 1)	
<b>Carbapenems</b>		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	\$0 (Tier 1)	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Macrolides</b>		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	\$0 (Tier 1)	
<i>azithromycin oral packet 1 gm</i>	\$0 (Tier 1)	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	\$0 (Tier 1)	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	\$0 (Tier 2)	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0 (Tier 2)	
<i>erythrocin stearate oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0 (Tier 1)	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0 (Tier 2)	
<b>Quinolones</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	\$0 (Tier 1)	
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl oral tablet 400 mg</i>	\$0 (Tier 1)	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	\$0 (Tier 1)	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	\$0 (Tier 1)	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (Tier 1)	
<b>Tetracyclines</b>		
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<b>Anticonvulsants - Treatment Of Seizures</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (Tier 2)	PA; QL (360 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
DIACOMIT ORAL CAPSULE 500 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	\$0 (Tier 2)	PA; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2)	PA; QL (480 ML per 30 days)
<i>felbamate oral suspension 600 mg/5ml</i>	\$0 (Tier 1)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 2)	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 2)	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2)	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	\$0 (Tier 2)	ST; QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	\$0 (Tier 1)	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>roweepra oral tablet 500 mg</i>	\$0 (Tier 1)	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0 (Tier 2)	ST; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	\$0 (Tier 2)	ST; QL (360 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	\$0 (Tier 2)	ST; QL (180 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	\$0 (Tier 2)	ST; QL (120 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>valproic acid oral solution 250 mg/5ml</i>	\$0 (Tier 1)	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	\$0 (Tier 2)	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	\$0 (Tier 2)	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2)	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 25 MG	\$0 (Tier 2)	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	\$0 (Tier 2)	ST; QL (28 EA per 28 days)
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5ml</i>	\$0 (Tier 1)	
<i>methsuximide oral capsule 300 mg</i>	\$0 (Tier 1)	
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1)	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	\$0 (Tier 1)	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	\$0 (Tier 1)	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	\$0 (Tier 1)	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 1)	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (Tier 2)	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML, 7.5 MG/0.1ML	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 2 X 10 MG/0.1ML	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	PA; QL (1100 ML per 30 days)
<b>Sodium Channel Agents</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>carbamazepine oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	\$0 (Tier 1)	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	\$0 (Tier 2)	
<i>epitol oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	\$0 (Tier 1)	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	\$0 (Tier 1)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<b>PHENYTEK ORAL CAPSULE 200 MG, 300 MG</b>	\$0 (Tier 2)	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	\$0 (Tier 1)	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	\$0 (Tier 1)	
<i>phenytoin oral tablet chewable 50 mg</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (Tier 1)	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	\$0 (Tier 1)	PA; QL (240 EA per 30 days)
<b>ZONISADE ORAL SUSPENSION 100 MG/5ML</b>	\$0 (Tier 2)	ST; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<b>Antidementia Agents - Management Of Dementia</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates oral tablet 1 mg</i>	\$0 (Tier 1)	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	\$0 (Tier 2)	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	\$0 (Tier 2)	
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	\$0 (Tier 1)	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Antidepressants - Treatment Of Depression</b>		
<b>Antidepressants, Other</b>		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (Tier 2)	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (Tier 2)	PA; QL (14 EA per 14 days)
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2)	
<i>phenelzine sulfate oral tablet 15 mg</i>	\$0 (Tier 1)	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	\$0 (Tier 1)	
<b>Ssri/Snri (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>	\$0 (Tier 1)	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (Tier 2)	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	\$0 (Tier 2)	ST
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	\$0 (Tier 1)	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<b>RALDESY ORAL SOLUTION 10 MG/ML</b>	\$0 (Tier 2)	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>amitriptyline hcl oral tablet 150 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>amoxapine oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>amoxapine oral tablet 150 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>clomipramine hcl oral capsule 25 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	\$0 (Tier 1)	PA; QL (150 EA per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>desipramine hcl oral tablet 10 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>desipramine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>doxepin hcl oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	PA; QL (450 ML per 30 days)
<i>imipramine hcl oral tablet 10 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>imipramine hcl oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>imipramine pamoate oral capsule 100 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>imipramine pamoate oral capsule 125 mg, 150 mg, 75 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>nortriptyline hcl oral capsule 50 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>nortriptyline hcl oral capsule 75 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1)	QL (2250 ML per 30 days)
<i>protriptyline hcl oral tablet 10 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>protriptyline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>trimipramine maleate oral capsule 100 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<b>Antiemetics - Treatment Of Vomiting Or Nausea</b>		
<b>Antiemetics, Other</b>		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 1)	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	\$0 (Tier 1)	QL (3600 ML per 30 days)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>promethazine hcl oral tablet 50 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	\$0 (Tier 1)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	\$0 (Tier 1)	PA
<i>promethegan rectal suppository 50 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	\$0 (Tier 1)	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	\$0 (Tier 1)	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant oral 80 &amp; 125 mg</i>	\$0 (Tier 1)	B/D
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	\$0 (Tier 1)	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	\$0 (Tier 2)	B/D
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	\$0 (Tier 1)	B/D
<b>Antifungals - Treatment Of Fungal Or Yeast Infections</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 2)	B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	\$0 (Tier 1)	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	\$0 (Tier 1)	B/D
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	\$0 (Tier 1)	PA
<i>clotrimazole 3 cream 2 % vaginal</i>	\$0 (Tier 3)	DP
<i>clotrimazole cream 1 % external (otc)</i>	\$0 (Tier 3)	DP
<i>clotrimazole cream 1 % vaginal (otc)</i>	\$0 (Tier 3)	DP
<i>clotrimazole external cream 1 %</i>	\$0 (Tier 1)	QL (45 GM per 28 days)
<i>clotrimazole external solution 1 %</i>	\$0 (Tier 1)	QL (30 ML per 28 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0 (Tier 2)	PA
<i>econazole nitrate external cream 1 %</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0 (Tier 1)	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	\$0 (Tier 1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>ketoconazole external cream 2 %</i>	\$0 (Tier 1)	
<i>ketoconazole external shampoo 2 %</i>	\$0 (Tier 1)	
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i>	\$0 (Tier 1)	
<i>miconazole 1 kit 1200 &amp; 2 mg &amp; % vaginal</i>	\$0 (Tier 3)	DP
<i>miconazole 3 combo-supp kit 200 &amp; 2 mg-% (9gm) vaginal</i>	\$0 (Tier 3)	DP
<i>miconazole 7 suppository 100 mg vaginal</i>	\$0 (Tier 3)	DP
<i>miconazole nitrate cream 2 % external (otc)</i>	\$0 (Tier 3)	DP
<i>miconazole nitrate cream 2 % vaginal</i>	\$0 (Tier 3)	DP
<i>miconazole nitrate solution 2 % external</i>	\$0 (Tier 3)	DP
<i>nystatin external cream 100000 unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	\$0 (Tier 1)	QL (180 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	\$0 (Tier 1)	
<i>nystatin oral tablet 500000 unit</i>	\$0 (Tier 1)	
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>posaconazole oral suspension 40 mg/ml</i>	\$0 (Tier 1)	PA; QL (630 ML per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	\$0 (Tier 1)	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
<i>tioconazole-1 ointment 6.5 % vaginal</i>	\$0 (Tier 3)	DP
<i>tolnaftate cream 1 % external</i>	\$0 (Tier 3)	DP
<i>voriconazole intravenous solution reconstituted 200 mg</i>	\$0 (Tier 1)	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	\$0 (Tier 1)	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$0 (Tier 1)	PA
<b>Antigout Agents - Treatment Or Prevention Of Gouty Arthritis</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
<i>colchicine oral tablet 0.6 mg</i>	\$0 (Tier 1)	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	\$0 (Tier 1)	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (Tier 1)	ST
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)	
<b>Antimigraine Agents - Treatment Of Migraine Headaches</b>		
<b>Antimigraine Agents</b>		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	\$0 (Tier 2)	PA; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	\$0 (Tier 2)	PA; QL (8 EA per 30 days)
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	\$0 (Tier 1)	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1)	PA
<b>Prophylactic</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 2)	PA; QL (1 ML per 28 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<b>Serotonin (5-Ht) Receptor Agonist</b>		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (36 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (36 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	\$0 (Tier 1)	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	\$0 (Tier 1)	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (18 EA per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0 (Tier 1)	QL (9 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0 (Tier 1)	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 ML per 30 days)
<b>Antimyasthenic Agents - Treatment Of Myasthenia</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	\$0 (Tier 1)	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)	
<b>Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms</b>		

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Antimycobacterials, Other</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)	
<b>Antituberculars</b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	\$0 (Tier 1)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
PRETOMANID ORAL TABLET 200 MG	\$0 (Tier 2)	PA
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>rifampin intravenous solution reconstituted 600 mg</i>	\$0 (Tier 1)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 2)	PA
TRECTOR ORAL TABLET 250 MG	\$0 (Tier 2)	
<b>Antineoplastics - Treatment Of Cancer</b>		
<b>Alkylating Agents</b>		
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	\$0 (Tier 1)	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$0 (Tier 2)	
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 2)	PA
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 2)	
VALCHLOR EXTERNAL GEL 0.016 %	\$0 (Tier 2)	PA
<b>Antiandrogens</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
ABIRTEGA ORAL TABLET 250 MG	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)	
ERLEADA ORAL TABLET 240 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 1)	PA
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
<b>Antiangiogenic Agents</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2)	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 2)	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
<b>Antiestrogens/Modifiers</b>		
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	\$0 (Tier 1)	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0 (Tier 2)	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>toremifene citrate oral tablet 60 mg</i>	\$0 (Tier 1)	PA
<b>Antimetabolites</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 2)	
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)	
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 2)	PA; QL (5 EA per 28 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	\$0 (Tier 1)	PA
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)	
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2)	PA; QL (14 EA per 28 days)
SIKLOS ORAL TABLET 100 MG, 1000 MG	\$0 (Tier 2)	
TABLOID ORAL TABLET 40 MG	\$0 (Tier 2)	PA
XROMI ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	
<b>Antineoplastics, Other</b>		

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
<i>azacitidine injection suspension reconstituted 100 mg</i>	\$0 (Tier 1)	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	\$0 (Tier 2)	PA
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	\$0 (Tier 2)	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	\$0 (Tier 2)	PA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	\$0 (Tier 2)	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	\$0 (Tier 2)	PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	\$0 (Tier 2)	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (49 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (91 EA per 28 days)
KRAZATI ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	\$0 (Tier 2)	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (Tier 2)	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	\$0 (Tier 2)	PA
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2)	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	\$0 (Tier 2)	PA
ORSERDU ORAL TABLET 345 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	\$0 (Tier 2)	PA
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	\$0 (Tier 2)	PA; QL (8 EA per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	\$0 (Tier 2)	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	\$0 (Tier 2)	PA
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 2)	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	\$0 (Tier 2)	
VORANIGO ORAL TABLET 10 MG, 40 MG	\$0 (Tier 2)	PA
WELIREG ORAL TABLET 40 MG	\$0 (Tier 2)	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 2)	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	\$0 (Tier 2)	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	\$0 (Tier 2)	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2)	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2)	PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)	
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Molecular Target Inhibitors</b>		
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	\$0 (Tier 2)	PA; QL (30 EA per 180 days)
AUGTYRO ORAL CAPSULE 160 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (Tier 2)	PA
BOSULIF ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (360 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	\$0 (Tier 2)	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	\$0 (Tier 2)	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (63 EA per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	\$0 (Tier 1)	PA
DAURISMO ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
DAURISMO ORAL TABLET 25 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	\$0 (Tier 1)	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (Tier 2)	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 2)	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>imkeldi oral solution 80 mg/ml</i>	\$0 (Tier 2)	PA; QL (300 ML per 30 days)
INLYTA ORAL TABLET 1 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	\$0 (Tier 2)	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
JAYPIRCA ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (Tier 2)	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	\$0 (Tier 2)	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2)	PA
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA
OGSIVEO ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	\$0 (Tier 2)	PA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	\$0 (Tier 2)	PA
<i>pazopanib hcl oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 2)	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	\$0 (Tier 2)	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	\$0 (Tier 2)	PA
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	\$0 (Tier 2)	PA
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	\$0 (Tier 2)	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 2)	PA; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	\$0 (Tier 2)	PA
SCEMBLIX ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
SCSEMBLIX ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2)	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	\$0 (Tier 2)	PA; QL (840 EA per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2)	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 2)	PA
TEPMETKO ORAL TABLET 225 MG	\$0 (Tier 2)	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (Tier 2)	PA; QL (64 EA per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	\$0 (Tier 2)	PA; QL (64 EA per 28 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	\$0 (Tier 2)	PA; QL (21 EA per 21 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	\$0 (Tier 2)	PA; QL (42 EA per 21 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (Tier 2)	PA; QL (42 EA per 21 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (Tier 2)	PA; QL (63 EA per 21 days)
TUKYSA ORAL TABLET 150 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (28 EA per 28 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	\$0 (Tier 2)	PA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
VIJOICE ORAL PACKET 50 MG	\$0 (Tier 2)	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 2)	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	\$0 (Tier 2)	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 2)	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
<b>Retinoids</b>		
<i>bexarotene external gel 1 %</i>	\$0 (Tier 1)	PA
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 1)	PA
PANRETIN EXTERNAL GEL 0.1 %	\$0 (Tier 2)	PA
<i>tretinoin oral capsule 10 mg</i>	\$0 (Tier 1)	PA
<b>Treatment Adjuncts</b>		

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>mesna oral tablet 400 mg</i>	\$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	\$0 (Tier 2)	
<b>Antiparasitics - Treatment Of Infections From Parasites</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (20 EA per 30 days)
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)	
<b>Antiprotozoals</b>		
<i>atovaquone oral suspension 750 mg/5ml</i>	\$0 (Tier 1)	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 2)	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier 1)	
IMPAVIDO ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	\$0 (Tier 1)	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	\$0 (Tier 1)	PA
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	\$0 (Tier 1)	
<i>pyrimethamine oral tablet 25 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1)	
<b>Antiparkinson Agents - Treatment Of Parkinson's Disease</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	\$0 (Tier 1)	PA
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 1)	PA
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>amantadine hcl oral solution 50 mg/5ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0 (Tier 1)	
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	\$0 (Tier 2)	ST
<b>Dopamine Agonists</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	\$0 (Tier 2)	PA
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	\$0 (Tier 1)	PA; QL (90 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	\$0 (Tier 1)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	\$0 (Tier 2)	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	\$0 (Tier 1)	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (Tier 1)	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<b>Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<b>Antipsychotics - Treatment Of Behavioral And Emotional Disorders</b>		
<b>1St Generation/Typical</b>		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 1)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral concentrate 10 mg/5ml, 2 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<b>2Nd Generation/Atypical</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	\$0 (Tier 2)	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	\$0 (Tier 2)	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0 (Tier 2)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0 (Tier 2)	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	\$0 (Tier 2)	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0 (Tier 2)	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	\$0 (Tier 2)	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	\$0 (Tier 2)	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	\$0 (Tier 2)	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0 (Tier 2)	PA; QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0 (Tier 2)	PA; QL (1 ML per 28 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0 (Tier 2)	PA; QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	\$0 (Tier 2)	PA; QL (2.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier 2)	PA; QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	\$0 (Tier 2)	PA
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	\$0 (Tier 2)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	\$0 (Tier 2)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0 (Tier 2)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0 (Tier 2)	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0 (Tier 2)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier 2)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0 (Tier 2)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	\$0 (Tier 2)	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	\$0 (Tier 2)	QL (1.32 ML per 84 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0 (Tier 2)	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	\$0 (Tier 2)	QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	\$0 (Tier 2)	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
RISPERIDONE MICROSPHERES ER INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 (Tier 1)	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	\$0 (Tier 2)	PA
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	\$0 (Tier 2)	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	\$0 (Tier 2)	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	\$0 (Tier 2)	PA; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	\$0 (Tier 2)	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	\$0 (Tier 2)	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	\$0 (Tier 2)	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	\$0 (Tier 2)	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	\$0 (Tier 1)	QL (6 EA per 3 days)

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	\$0 (Tier 2)	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	\$0 (Tier 2)	PA; QL (1 EA per 28 days)
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet dispersible 150 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	QL (540 ML per 30 days)
<b>Antispasticity Agents - Treatment Of Muscle Spasms</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
<b>Antivirals - Treatment Of Infections By Viruses</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
LIVTENCITY ORAL TABLET 200 MG	\$0 (Tier 2)	PA
PREVYMIS ORAL PACKET 120 MG, 20 MG	\$0 (Tier 2)	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 2)	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	\$0 (Tier 1)	
<i>valganciclovir hcl oral tablet 450 mg</i>	\$0 (Tier 1)	
<b>Anti-Hepatitis B (Hbv) Agents</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 2)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	\$0 (Tier 2)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 2)	PA
VIREAD ORAL POWDER 40 MG/GM	\$0 (Tier 2)	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<b>Anti-Hepatitis C (Hcv) Agents</b>		
MAVYRET ORAL PACKET 50-20 MG	\$0 (Tier 2)	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	\$0 (Tier 2)	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (Tier 2)	PA; QL (28 EA per 28 days)
<b>Antihherpetic Agents</b>		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>acyclovir oral suspension 200 mg/5ml</i>	\$0 (Tier 1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic solution 1 %</i>	\$0 (Tier 1)	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	\$0 (Tier 1)	
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	\$0 (Tier 2)	QL (120 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
TIVICAY ORAL TABLET 25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
VOCABRIA ORAL TABLET 30 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
EDURANT ORAL TABLET 25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	\$0 (Tier 1)	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>zidovudine oral syrup 50 mg/5ml</i>	\$0 (Tier 1)	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<b>Anti-Hiv Agents, Other</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	\$0 (Tier 2)	QL (52 ML per 365 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	\$0 (Tier 2)	QL (42 ML per 365 days)
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	\$0 (Tier 2)	
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 2)	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier 2)	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG	\$0 (Tier 2)	QL (10 EA per 365 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	\$0 (Tier 2)	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	\$0 (Tier 2)	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	\$0 (Tier 2)	QL (6 ML per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Protease Inhibitors (Pi)</b>		
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	\$0 (Tier 1)	QL (390 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	\$0 (Tier 2)	QL (360 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2)	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 2)	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	\$0 (Tier 2)	
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	\$0 (Tier 2)	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
<b>Anti-Influenza Agents</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$0 (Tier 1)	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$0 (Tier 1)	QL (42 EA per 180 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	\$0 (Tier 1)	QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	\$0 (Tier 2)	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<b>Antiviral, Coronavirus Agents</b>		
<i>paxlovid (150/100) oral tablet therapy pack 10 x 150 mg &amp; 10 x 100mg</i>	\$0 (Tier 1)	QL (20 EA per 5 days)
<i>paxlovid (300/100) oral tablet therapy pack 20 x 150 mg &amp; 10 x 100mg</i>	\$0 (Tier 1)	QL (30 EA per 5 days)
PAXLOVID ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	\$0 (Tier 1)	QL (11 EA per 5 days)
<b>Antivirals</b>		
LAGEVRIO ORAL CAPSULE 200 MG	\$0 (Tier 1)	QL (40 EA per 5 days)
<b>Anxiolytics - Treatment Of Anxiety Or Nervousness</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA
<b>Benzodiazepines</b>		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	\$0 (Tier 1)	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)

## **Bipolar Agents - Treatment For Bipolar Illnesses**

### **Mood Stabilizers**

EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	\$0 (Tier 2)	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>lithium oral solution 8 meq/5ml</i>	\$0 (Tier 1)	

## **Blood Glucose Regulators - Control Of Diabetes**

### **Antidiabetic Agents**

<i>acarbose oral tablet 100 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	\$0 (Tier 2)	QL (30 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	\$0 (Tier 2)	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	\$0 (Tier 2)	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0 (Tier 2)	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	\$0 (Tier 2)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0 (Tier 2)	PA; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	\$0 (Tier 2)	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	\$0 (Tier 2)	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 1)	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	\$0 (Tier 2)	QL (4 EA per 30 days)
<i>glucagon emergency injection kit 1 mg</i>	\$0 (Tier 1)	QL (4 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	\$0 (Tier 1)	QL (4 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
<b>Insulins</b>		
<i>gauze pad 2"x2"</i>	\$0 (Tier 1)	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0 (Tier 2)	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	\$0 (Tier 2)	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	\$0 (Tier 2)	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	\$0 (Tier 2)	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 2)	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0 (Tier 2)	
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	\$0 (Tier 2)	
<i>insulin aspart injection solution 100 unit/ml</i>	\$0 (Tier 2)	
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro injection solution 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 31g x 6mm 0.5 ml, u-100 1 ml</i>	\$0 (Tier 1)	
INSULIN SYRINGE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 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 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	\$0 (Tier 1)	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	\$0 (Tier 2)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
OMNIPOD 5 DEXG7G6 PODS GEN 5	\$0 (Tier 2)	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	\$0 (Tier 2)	
OMNIPOD 5 G7 PODS (GEN 5)	\$0 (Tier 2)	
OMNIPOD 5 LIBRE2 PLUS G6 KIT	\$0 (Tier 2)	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0 (Tier 2)	
OMNIPOD DASH INTRO (GEN 4) KIT	\$0 (Tier 2)	
OMNIPOD DASH PDM (GEN 4) KIT	\$0 (Tier 2)	
OMNIPOD DASH PODS (GEN 4)	\$0 (Tier 2)	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	\$0 (Tier 2)	
<i>pen needles 29g x 12.7mm , 29g x 12mm , 29g x 4mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	\$0 (Tier 1)	
PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	\$0 (Tier 1)	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0 (Tier 2)	QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)	
V-GO 20 KIT 20 UNIT/24HR	\$0 (Tier 2)	
V-GO 30 KIT 30 UNIT/24HR	\$0 (Tier 2)	
V-GO 40 KIT 40 UNIT/24HR	\$0 (Tier 2)	
<b>Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production</b>		
<b>Anticoagulants</b>		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	\$0 (Tier 2)	PA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	\$0 (Tier 2)	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
ELIQUIS ORAL TABLET 5 MG	\$0 (Tier 2)	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	\$0 (Tier 1)	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	\$0 (Tier 1)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (Tier 1)	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	\$0 (Tier 1)	
<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>	\$0 (Tier 1)	
<i>rivaroxaban oral tablet 2.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0 (Tier 2)	QL (51 EA per 30 days)
<b>Blood Products And Modifiers, Other</b>		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	\$0 (Tier 1)	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	\$0 (Tier 2)	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	\$0 (Tier 2)	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	\$0 (Tier 2)	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	\$0 (Tier 2)	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	\$0 (Tier 2)	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (Tier 2)	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
PIASKY INJECTION SOLUTION 340 MG/2ML	\$0 (Tier 2)	PA
PROCRIPT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	\$0 (Tier 2)	PA
PROMACTA ORAL PACKET 12.5 MG	\$0 (Tier 2)	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	\$0 (Tier 2)	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	\$0 (Tier 2)	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	\$0 (Tier 2)	PA
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	\$0 (Tier 2)	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
TAVNEOS ORAL CAPSULE 10 MG	\$0 (Tier 2)	PA
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	\$0 (Tier 2)	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
XOLREMDI ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (Tier 2)	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
<b>Platelet Modifying Agents</b>		
<i>aspirin buf(cacarb-mgcarb-mgo) tablet 325 mg oral</i>	\$0 (Tier 3)	DP
<i>aspirin suppository 300 mg rectal</i>	\$0 (Tier 3)	DP
<i>aspirin tablet 325 mg oral</i>	\$0 (Tier 3)	DP
<i>aspirin tablet chewable 81 mg oral</i>	\$0 (Tier 3)	DP
<i>aspirin tablet delayed release 325 mg oral</i>	\$0 (Tier 3)	DP
<i>aspirin tablet delayed release 81 mg oral</i>	\$0 (Tier 3)	DP
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	\$0 (Tier 1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 2)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0 (Tier 1)	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	\$0 (Tier 1)	
<b>Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels</b>		
<b>Alpha-Adrenergic Agonists</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	\$0 (Tier 1)	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>doxazosin mesylate oral tablet 1 mg, 4 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 2 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	\$0 (Tier 1)	PA
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>terazosin hcl oral capsule 1 mg, 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>terazosin hcl oral capsule 2 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 1)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 1)	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	\$0 (Tier 2)	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	\$0 (Tier 1)	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)	PA
<i>nimodipine oral capsule 30 mg</i>	\$0 (Tier 1)	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	\$0 (Tier 2)	PA; QL (450 ML per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	\$0 (Tier 2)	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
LODOCO ORAL TABLET 0.5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (Tier 1)	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>metyrosine oral capsule 250 mg</i>	\$0 (Tier 1)	PA
NEXLETOL ORAL TABLET 180 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	\$0 (Tier 1)	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	\$0 (Tier 1)	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	\$0 (Tier 2)	PA
WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS	\$0 (Tier 3)	DP
WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS	\$0 (Tier 3)	DP

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS	\$0 (Tier 3)	DP
WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS	\$0 (Tier 3)	DP
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS	\$0 (Tier 3)	DP
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
<b>Diuretics, Loop</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Diuretics, Potassium-Sparing</b>		
<i>amiloride hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (Tier 1)	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0 (Tier 1)	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	\$0 (Tier 1)	
<i>fenofibric acid oral tablet 35 mg</i>	\$0 (Tier 1)	
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)	
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (Tier 1)	
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light oral packet 4 gm</i>	\$0 (Tier 1)	
<i>cholestyramine light oral powder 4 gm/dose</i>	\$0 (Tier 1)	
<i>cholestyramine oral packet 4 gm</i>	\$0 (Tier 1)	
<i>cholestyramine oral powder 4 gm/dose</i>	\$0 (Tier 1)	
<i>colesevelam hcl oral packet 3.75 gm</i>	\$0 (Tier 1)	
<i>colesevelam hcl oral tablet 625 mg</i>	\$0 (Tier 1)	
<i>colestipol hcl oral granules 5 gm</i>	\$0 (Tier 1)	
<i>colestipol hcl oral packet 5 gm</i>	\$0 (Tier 1)	
<i>colestipol hcl oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>ezetimibe-rosuvastatin oral tablet 10-5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<b>JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG</b>	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	\$0 (Tier 1)	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 2)	PA
<i>prevalite oral packet 4 gm</i>	\$0 (Tier 1)	
<i>prevalite oral powder 4 gm/dose</i>	\$0 (Tier 1)	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	\$0 (Tier 2)	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	\$0 (Tier 2)	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	\$0 (Tier 2)	PA
<b>Vasodilators, Direct-Acting Arterial</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
<b>Vasodilators, Direct-Acting Arterial/ Venous</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (Tier 2)	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$0 (Tier 2)	
<i>nitroglycerin rectal ointment 0.4 %</i>	\$0 (Tier 1)	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<b>Central Nervous System, Other</b>		
AQNEURSA ORAL PACKET 1 GM	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	\$0 (Tier 2)	PA; QL (70 EA per 28 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	\$0 (Tier 2)	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	\$0 (Tier 2)	PA
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	\$0 (Tier 2)	PA; QL (240 ML per 30 days)
EVRYSDI ORAL TABLET 5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	\$0 (Tier 2)	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	\$0 (Tier 2)	PA; QL (28 EA per 180 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	\$0 (Tier 2)	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	\$0 (Tier 2)	PA
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG	\$0 (Tier 2)	PA
<b>Fibromyalgia Agents</b>		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (Tier 2)	ST; QL (60 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	\$0 (Tier 2)	ST; QL (55 EA per 180 days)
<b>Multiple Sclerosis Agents</b>		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 2)	PA; QL (14 EA per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	\$0 (Tier 1)	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	\$0 (Tier 1)	PA
<i>fingolimod hcl oral capsule 0.5 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0 (Tier 1)	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0 (Tier 1)	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0 (Tier 1)	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0 (Tier 1)	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	\$0 (Tier 2)	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	\$0 (Tier 2)	PA; QL (12 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	\$0 (Tier 2)	PA; QL (7 EA per 180 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	\$0 (Tier 2)	PA; QL (20 ML per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	\$0 (Tier 2)	PA; QL (23 ML per 180 days)
PONVORY ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	\$0 (Tier 2)	PA; QL (14 EA per 180 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	\$0 (Tier 2)	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	\$0 (Tier 2)	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	\$0 (Tier 2)	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	\$0 (Tier 2)	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	\$0 (Tier 2)	PA; QL (7 EA per 180 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	\$0 (Tier 2)	PA; QL (28 EA per 180 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<b>Dental And Oral Agents - Treatment Of Mouth And Gum Disorders</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	\$0 (Tier 1)	
<b>Dermatological Agents - Treatment Of Skin Conditions</b>		
<b>Acne And Rosacea Agents</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)	PA
<i>acne medication 10 lotion 10 % external</i>	\$0 (Tier 3)	DP
<i>acne medication 2.5 gel 2.5 % external</i>	\$0 (Tier 3)	DP
<i>adapalene gel 0.1 % external (otc)</i>	\$0 (Tier 3)	DP
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	\$0 (Tier 1)	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>benzoyl peroxide gel 10 % external (otc)</i>	\$0 (Tier 3)	DP
<i>benzoyl peroxide gel 5 % external (otc)</i>	\$0 (Tier 3)	DP
<i>benzoyl peroxide wash liquid 5 % external (otc)</i>	\$0 (Tier 3)	DP
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	\$0 (Tier 1)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
<i>tazarotene external cream 0.05 %</i>	\$0 (Tier 1)	
<i>tazarotene external cream 0.1 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	\$0 (Tier 1)	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0 (Tier 1)	QL (45 GM per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
<b>Dermatitis And Pruritus Agents</b>		
<i>alclometasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>ammonium lactate external cream 12 %</i>	\$0 (Tier 1)	
<i>ammonium lactate external lotion 12 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	\$0 (Tier 1)	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	\$0 (Tier 1)	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	\$0 (Tier 1)	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	\$0 (Tier 1)	QL (50 ML per 30 days)
<i>desonide external cream 0.05 %</i>	\$0 (Tier 1)	
<i>desonide external lotion 0.05 %</i>	\$0 (Tier 1)	
<i>desonide external ointment 0.05 %</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	\$0 (Tier 1)	
<i>desoximetasone external gel 0.05 %</i>	\$0 (Tier 1)	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	\$0 (Tier 1)	
<i>doxepin hcl external cream 5 %</i>	\$0 (Tier 1)	PA; QL (90 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	\$0 (Tier 2)	PA
FLAC OTIC OIL 0.01 %	\$0 (Tier 1)	
<i>fluocinolone acetonide body external oil 0.01 %</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone propionate external lotion 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone propionate external ointment 0.005 %</i>	\$0 (Tier 1)	
<i>halobetasol propionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (50 GM per 30 days)
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone acetate cream 1 % external</i>	\$0 (Tier 3)	DP
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	\$0 (Tier 1)	
<i>hydrocortisone butyrate external cream 0.1 %</i>	\$0 (Tier 1)	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	\$0 (Tier 1)	
<i>hydrocortisone butyrate external solution 0.1 %</i>	\$0 (Tier 1)	
<i>hydrocortisone cream 0.5 % external</i>	\$0 (Tier 3)	DP
<i>hydrocortisone cream 1 % external (otc)</i>	\$0 (Tier 3)	DP

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>hydrocortisone external cream 1 %, 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone external lotion 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone ointment 1 % external (otc)</i>	\$0 (Tier 3)	DP
<i>hydrocortisone valerate external cream 0.2 %</i>	\$0 (Tier 1)	
<i>hydrocortisone valerate external ointment 0.2 %</i>	\$0 (Tier 1)	
<b>HYFTOR EXTERNAL GEL 0.2 %</b>	\$0 (Tier 2)	PA
<i>mometasone furoate external cream 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone furoate external ointment 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone furoate external solution 0.1 %</i>	\$0 (Tier 1)	
<i>pimecrolimus external cream 1 %</i>	\$0 (Tier 1)	ST
<i>prednicarbate external ointment 0.1 %</i>	\$0 (Tier 1)	
<i>selenium sulfide external lotion 2.5 %</i>	\$0 (Tier 1)	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1)	ST
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide external cream 0.1 %</i>	\$0 (Tier 1)	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	\$0 (Tier 1)	
<b>Dermatological Agents</b>		
<i>hydrocortisone cream 0.5 % external</i>	\$0 (Tier 3)	DP
<b>Dermatological Agents, Other</b>		
<i>alcohol pad , 70 %</i>	\$0 (Tier 1)	
<i>alcohol sheet , 70 %</i>	\$0 (Tier 1)	
<i>calcipotriene external cream 0.005 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	\$0 (Tier 1)	QL (120 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	\$0 (Tier 1)	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	\$0 (Tier 1)	QL (45 GM per 28 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	\$0 (Tier 1)	QL (60 ML per 28 days)
<i>fluorouracil external cream 0.5 %</i>	\$0 (Tier 1)	PA
<i>fluorouracil external cream 5 %</i>	\$0 (Tier 1)	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	\$0 (Tier 1)	QL (10 ML per 30 days)
<i>imiquimod external cream 5 %</i>	\$0 (Tier 1)	QL (24 EA per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	\$0 (Tier 1)	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	\$0 (Tier 1)	QL (60 GM per 28 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	\$0 (Tier 1)	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	\$0 (Tier 2)	PA; QL (55 EA per 180 days)
<i>podofilox external solution 0.5 %</i>	\$0 (Tier 1)	
REGRANEX EXTERNAL GEL 0.01 %	\$0 (Tier 2)	PA; QL (15 GM per 30 days)
RENOVA CREAM 0.02 % EXTERNAL	\$0 (Tier 3)	DP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	\$0 (Tier 2)	QL (180 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	\$0 (Tier 1)	
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)	
<b>Pediculicides/Scabicides</b>		
<i>cvs lice killing shampoo 0.33-4 % external</i>	\$0 (Tier 3)	DP
<i>lice treatment liquid 1 % external</i>	\$0 (Tier 3)	DP
<i>malathion external lotion 0.5 %</i>	\$0 (Tier 1)	QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<b>Topical Anti-Infectives</b>		
<i>acyclovir external cream 5 %</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>acyclovir external ointment 5 %</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>ciclopirox external solution 8 %</i>	\$0 (Tier 1)	QL (6.6 ML per 28 days)
<i>ciclopirox olamine external cream 0.77 %</i>	\$0 (Tier 1)	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>clindamycin phos (once-daily) external gel 1 %</i>	\$0 (Tier 1)	QL (120 ML per 30 days)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>clindamycin phosphate external lotion 1 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>ery external pad 2 %</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>first aid antiseptic ointment 10 % external</i>	\$0 (Tier 3)	DP
<i>gentamicin sulfate external cream 0.1 %</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	\$0 (Tier 1)	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	\$0 (Tier 1)	QL (45 GM per 30 days)
<i>metronidazole external gel 1 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	\$0 (Tier 1)	QL (59 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	\$0 (Tier 1)	QL (44 GM per 30 days)
<i>penciclovir external cream 1 %</i>	\$0 (Tier 1)	QL (5 GM per 30 days)
<i>povidone-iodine solution 10 % external</i>	\$0 (Tier 3)	DP
<i>triple antibiotic ointment 3.5-400-5000 external</i>	\$0 (Tier 3)	DP
<b>Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins</b>		
<b>Electrolyte/ Mineral Replacement</b>		
<i>carglumic acid oral tablet soluble 200 mg</i>	\$0 (Tier 1)	PA
<i>chromic chloride solution 40 mcg/10ml intravenous</i>	\$0 (Tier 3)	DP
<i>cupric chloride solution 0.4 mg/ml intravenous</i>	\$0 (Tier 3)	DP
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (Tier 2)	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	\$0 (Tier 2)	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	\$0 (Tier 1)	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 2)	
<i>klor-con m10 oral tablet extended release 10 meq</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>klor-con m15 oral tablet extended release 15 meq</i>	\$0 (Tier 1)	
<i>klor-con m20 oral tablet extended release 20 meq</i>	\$0 (Tier 1)	
<b>KLOR-CON ORAL PACKET 20 MEQ</b>	\$0 (Tier 2)	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ</b>	\$0 (Tier 2)	
<b>K-PHOS-NEUTRAL TABLET 155-852-130 MG ORAL</b>	\$0 (Tier 3)	DP
<i>magnesium oxide tablet 400 mg oral</i>	\$0 (Tier 3)	DP
<i>magnesium oxide tablet 420 mg oral</i>	\$0 (Tier 3)	DP
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0 (Tier 1)	
<i>manganese chloride solution 0.1 mg/ml intravenous</i>	\$0 (Tier 3)	DP
<b>PHOSPHO-TRIN K500 TABLET 500 MG ORAL</b>	\$0 (Tier 3)	DP
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	\$0 (Tier 1)	
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0 (Tier 1)	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	\$0 (Tier 1)	
<i>sodium bicarbonate tablet 325 mg oral</i>	\$0 (Tier 3)	DP
<i>sodium bicarbonate tablet 650 mg oral</i>	\$0 (Tier 3)	DP
<i>sodium chloride (pf) injection solution 0.9 %</i>	\$0 (Tier 1)	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	\$0 (Tier 1)	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	\$0 (Tier 1)	
<b>Electrolyte/Mineral/Metal Modifiers</b>		

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
CUVRIOR ORAL TABLET 300 MG	\$0 (Tier 2)	PA
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 1)	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 1)	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 1)	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	PA
<i>penicillamine oral tablet 250 mg</i>	\$0 (Tier 1)	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1)	PA
<i>trientine hcl oral capsule 250 mg</i>	\$0 (Tier 1)	PA
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<i>bp vit 3 capsule 1 mg oral</i>	\$0 (Tier 3)	DP
<i>clinisol sf intravenous solution 15 %</i>	\$0 (Tier 1)	B/D
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	\$0 (Tier 3)	DP
<i>cyanocobalamin solution 500 mcg/0.1ml nasal</i>	\$0 (Tier 3)	DP
<i>dextrose intravenous solution 10 %, 5 %</i>	\$0 (Tier 1)	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	\$0 (Tier 1)	
DIALYVITE 3000 TABLET 3 MG ORAL	\$0 (Tier 3)	DP
DIALYVITE 5000 TABLET 5 MG ORAL	\$0 (Tier 3)	DP
DIALYVITE TABLET ORAL	\$0 (Tier 3)	DP
DIALYVITE/ZINC TABLET ORAL	\$0 (Tier 3)	DP
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL	\$0 (Tier 3)	DP
FLORIVA PLUS SOLUTION 0.25 MG/ML ORAL	\$0 (Tier 3)	DP
FLORIVA TABLET CHEWABLE 0.25 MG ORAL	\$0 (Tier 3)	DP
FLORIVA TABLET CHEWABLE 0.5 MG ORAL	\$0 (Tier 3)	DP
FLORIVA TABLET CHEWABLE 1 MG ORAL	\$0 (Tier 3)	DP
FOLBIC TABLET 2.5-25-2 MG ORAL (OTC)	\$0 (Tier 3)	DP
<i>folic acid solution 5 mg/ml injection</i>	\$0 (Tier 3)	DP

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>folic acid tablet 1 mg oral (rx)</i>	\$0 (Tier 3)	DP
FOSTEUM PLUS CAPSULE ORAL	\$0 (Tier 3)	DP
<i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular</i>	\$0 (Tier 3)	DP
INFUVITE ADULT SOLUTION INTRAVENOUS	\$0 (Tier 3)	DP
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	\$0 (Tier 3)	DP
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (Tier 2)	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (Tier 2)	
<i>levocarnitine oral solution 1 gm/10ml</i>	\$0 (Tier 1)	
<i>levocarnitine oral tablet 330 mg</i>	\$0 (Tier 1)	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	\$0 (Tier 1)	
<i>multi-vit/iron/fluoride solution 0.25-10 mg/ml oral</i>	\$0 (Tier 3)	DP
<i>multivitamin select/fluoride solution 0.25 mg/ml oral</i>	\$0 (Tier 3)	DP
<i>multivitamin w/fluoride tablet chewable 0.25 mg oral</i>	\$0 (Tier 3)	DP
<i>multivitamin w/fluoride tablet chewable 0.5 mg oral</i>	\$0 (Tier 3)	DP
<i>multivitamin w/fluoride tablet chewable 1 mg oral</i>	\$0 (Tier 3)	DP
<i>multi-vitamin/fluoride solution 0.5 mg/ml oral</i>	\$0 (Tier 3)	DP
<i>multi-vitamin/minerals tablet oral</i>	\$0 (Tier 3)	DP
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2)	B/D
<i>phytonadione solution 1 mg/0.5ml injection</i>	\$0 (Tier 3)	DP
<i>phytonadione solution 10 mg/ml injection</i>	\$0 (Tier 3)	DP
<i>phytonadione tablet 5 mg oral</i>	\$0 (Tier 3)	DP
<i>plenamine intravenous solution 15 %</i>	\$0 (Tier 1)	B/D
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	\$0 (Tier 3)	DP
POLY-VI-FLOR/IRON TABLET CHEWABLE 0.5-10 MG ORAL	\$0 (Tier 3)	DP

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>prenatal oral tablet 27-1 mg</i>	\$0 (Tier 1)	
<i>pyridoxine hcl solution 100 mg/ml injection</i>	\$0 (Tier 3)	DP
QUFLORA FE PEDIATRIC LIQUID 0.25-9.5 MG/ML ORAL	\$0 (Tier 3)	DP
QUFLORA FE TABLET CHEWABLE 0.25 MG ORAL	\$0 (Tier 3)	DP
<i>reno caps capsule 1 mg oral</i>	\$0 (Tier 3)	DP
<i>thiamine hcl solution 200 mg/2ml injection</i>	\$0 (Tier 3)	DP
<i>tri-vite/fluoride solution 0.5 mg/ml oral</i>	\$0 (Tier 3)	DP
VITAL-D RX TABLET 1 MG ORAL	\$0 (Tier 3)	DP
<i>vitamin b12-folic acid tablet 500-400 mcg oral</i>	\$0 (Tier 3)	DP
<b>Phosphate Binders</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>sevelamer carbonate oral packet 0.8 gm</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (Tier 1)	QL (540 EA per 30 days)
<b>Potassium Binders</b>		
LOKELMA ORAL PACKET 10 GM, 5 GM	\$0 (Tier 2)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	\$0 (Tier 1)	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	\$0 (Tier 1)	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	\$0 (Tier 2)	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	\$0 (Tier 2)	QL (90 EA per 30 days)
<b>Vitamins</b>		
<i>trinatal rx 1 oral tablet 60-1 mg</i>	\$0 (Tier 1)	
<b>Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions</b>		

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Anti-Constipation Agents</b>		
<i>bisacodyl suppository 10 mg rectal</i>	\$0 (Tier 3)	DP
<i>bisacodyl tablet delayed release 5 mg oral</i>	\$0 (Tier 3)	DP
<i>constulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>docusate calcium capsule 240 mg oral</i>	\$0 (Tier 3)	DP
<i>docusate sodium capsule 100 mg oral</i>	\$0 (Tier 3)	DP
<i>docusate sodium capsule 250 mg oral (otc)</i>	\$0 (Tier 3)	DP
<i>docusate sodium liquid 50 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>enema enema 7-19 gm/118ml rectal</i>	\$0 (Tier 3)	DP
<i>enema pediatric enema 3.5-9.5 gm/59ml rectal</i>	\$0 (Tier 3)	DP
<i>enulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	\$0 (Tier 1)	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	\$0 (Tier 1)	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	\$0 (Tier 1)	
<i>generlac oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	\$0 (Tier 1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0 (Tier 1)	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0 (Tier 1)	
<i>polyethylene glycol 3350 packet 17 gm oral (otc)</i>	\$0 (Tier 3)	DP
RELISTOR ORAL TABLET 150 MG	\$0 (Tier 2)	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	\$0 (Tier 2)	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	\$0 (Tier 2)	PA; QL (12 ML per 30 days)
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	\$0 (Tier 1)	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 1)	PA
<i>ft anti-diarrheal capsule 2 mg oral</i>	\$0 (Tier 3)	DP
<i>loperamide hcl oral capsule 2 mg</i>	\$0 (Tier 1)	
<i>loperamide hcl solution 1 mg/7.5ml oral</i>	\$0 (Tier 3)	DP
<i>loperamide hcl tablet 2 mg oral</i>	\$0 (Tier 3)	DP
XERMELO ORAL TABLET 250 MG	\$0 (Tier 2)	PA
XIFAXAN ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	\$0 (Tier 1)	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1)	
<i>dicyclomine hcl oral tablet 20 mg</i>	\$0 (Tier 1)	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<b>Gastrointestinal Agents</b>		
<i>docusate sodium capsule 250 mg oral (otc)</i>	\$0 (Tier 3)	DP
<b>Gastrointestinal Agents, Other</b>		
<i>acid reducer complete tablet chewable 10-800-165 mg oral</i>	\$0 (Tier 3)	DP
ADIPEX-P TABLET 37.5 MG ORAL	\$0 (Tier 3)	DP
ALKA-SELTZER HEARTBURN TABLET CHEWABLE 750 MG ORAL	\$0 (Tier 3)	DP
<i>alum &amp; mag hydroxide-simeth suspension 1200-1200-120 mg/30ml oral</i>	\$0 (Tier 3)	DP
<i>aluminum hydroxide gel suspension 320 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>antacid &amp; antigas suspension 2400-2400-240 mg/30ml oral</i>	\$0 (Tier 3)	DP
<i>antacid maximum tablet chewable 1000 mg oral</i>	\$0 (Tier 3)	DP
<i>benzphetamine hcl tablet 50 mg oral</i>	\$0 (Tier 3)	DP
<i>bismatrol suspension 262 mg/15ml oral</i>	\$0 (Tier 3)	DP
<i>bismuth tablet chewable 262 mg oral</i>	\$0 (Tier 3)	DP

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>calcium carbonate antacid suspension 1250 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>calcium carbonate antacid tablet chewable 500 mg oral</i>	\$0 (Tier 3)	DP
CHENODAL ORAL TABLET 250 MG	\$0 (Tier 2)	PA
<i>cvs heartburn relief ex st suspension 254-237.5 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>diethylpropion hcl er tablet extended release 24 hour 75 mg oral</i>	\$0 (Tier 3)	DP
<i>diethylpropion hcl tablet 25 mg oral</i>	\$0 (Tier 3)	DP
GATTEX SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2)	PA
GAVISCON SUSPENSION 95-358 MG/15ML ORAL	\$0 (Tier 3)	DP
IMCIVREE SOLUTION 10 MG/ML SUBCUTANEOUS	\$0 (Tier 3)	DP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	\$0 (Tier 2)	PA
LOMAIRA TABLET 8 MG ORAL	\$0 (Tier 3)	DP
<i>mag-al liquid 200-200 mg/5ml oral</i>	\$0 (Tier 3)	DP
OCALIVA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>orlistat capsule 120 mg oral</i>	\$0 (Tier 3)	DP
PEPTO-BISMOL MAX STRENGTH SUSPENSION 525 MG/15ML ORAL	\$0 (Tier 3)	DP
<i>phendimetrazine tartrate er capsule extended release 24 hour 105 mg oral</i>	\$0 (Tier 3)	DP
<i>phendimetrazine tartrate tablet 35 mg oral</i>	\$0 (Tier 3)	DP
<i>phentermine hcl capsule 15 mg oral</i>	\$0 (Tier 3)	DP
<i>phentermine hcl capsule 30 mg oral</i>	\$0 (Tier 3)	DP
<i>phentermine hcl capsule 37.5 mg oral</i>	\$0 (Tier 3)	DP
SAXENDA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	\$0 (Tier 3)	DP
<i>sb bismuth tablet 262 mg oral</i>	\$0 (Tier 3)	DP
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
VOWST ORAL CAPSULE	\$0 (Tier 2)	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>famotidine tablet 10 mg oral</i>	\$0 (Tier 3)	DP
<i>famotidine tablet 20 mg oral (otc)</i>	\$0 (Tier 3)	DP
<b>Protectants</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)	
<i>sucralfate oral tablet 1 gm</i>	\$0 (Tier 1)	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	\$0 (Tier 3)	DP
<i>lansoprazole oral capsule delayed release 15 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral</i>	\$0 (Tier 3)	DP
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 40 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>omeprazole tablet delayed release 20 mg oral</i>	\$0 (Tier 3)	DP
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders</b>		
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0 (Tier 2)	PA
<i>betaine oral powder</i>	\$0 (Tier 1)	
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 2)	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	\$0 (Tier 2)	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	\$0 (Tier 2)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2)	PA
<i>dichlorphenamide oral tablet 50 mg</i>	\$0 (Tier 1)	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	\$0 (Tier 2)	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	\$0 (Tier 2)	PA
GALAFOLD ORAL CAPSULE 123 MG	\$0 (Tier 2)	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	\$0 (Tier 2)	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	\$0 (Tier 2)	PA
<i>l-glutamine oral packet 5 gm</i>	\$0 (Tier 1)	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2)	PA
<i>miglustat oral capsule 100 mg</i>	\$0 (Tier 1)	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	\$0 (Tier 2)	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	\$0 (Tier 2)	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	\$0 (Tier 2)	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	\$0 (Tier 2)	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	\$0 (Tier 1)	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 1)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	\$0 (Tier 2)	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	\$0 (Tier 2)	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	\$0 (Tier 2)	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	\$0 (Tier 2)	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	\$0 (Tier 2)	
<b>Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	\$0 (Tier 1)	ST; QL (30 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	\$0 (Tier 2)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	\$0 (Tier 1)	ST; QL (30 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>tropium chloride oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$0 (Tier 1)	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	\$0 (Tier 1)	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
ELMIRON ORAL CAPSULE 100 MG	\$0 (Tier 2)	
FILSPARI ORAL TABLET 200 MG, 400 MG	\$0 (Tier 2)	PA
<i>tiopronin oral tablet 100 mg</i>	\$0 (Tier 1)	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	\$0 (Tier 1)	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	\$0 (Tier 2)	PA
ACTHAR INJECTION GEL 80 UNIT/ML	\$0 (Tier 2)	PA
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	\$0 (Tier 2)	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	\$0 (Tier 2)	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	\$0 (Tier 1)	
<i>prednisolone oral solution 15 mg/5ml</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	\$0 (Tier 1)	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	\$0 (Tier 1)	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	\$0 (Tier 1)	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	\$0 (Tier 2)	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	\$0 (Tier 2)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	\$0 (Tier 2)	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	\$0 (Tier 2)	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0 (Tier 2)	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	\$0 (Tier 2)	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	\$0 (Tier 2)	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	\$0 (Tier 2)	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	\$0 (Tier 2)	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	\$0 (Tier 2)	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	\$0 (Tier 2)	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	\$0 (Tier 2)	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	\$0 (Tier 2)	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones</b>		
<b>Anabolic Steroids</b>		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
<b>Androgens</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>methyltestosterone oral capsule 10 mg</i>	\$0 (Tier 1)	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	\$0 (Tier 1)	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	\$0 (Tier 1)	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	\$0 (Tier 1)	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	\$0 (Tier 1)	PA; QL (300 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	\$0 (Tier 1)	PA; QL (180 ML per 30 days)
<b>Estrogens</b>		

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (Tier 1)	PA; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (Tier 1)	PA; QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (Tier 1)	
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (Tier 1)	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	\$0 (Tier 2)	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	\$0 (Tier 2)	PA
PREMARIN VAGINAL CREAM 0.625 MG/GM	\$0 (Tier 2)	
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (Tier 1)	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>apri oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	\$0 (Tier 2)	QL (8 EA per 28 days)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (Tier 1)	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (Tier 1)	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 1)	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (Tier 1)	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>introvale oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (Tier 1)	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	\$0 (Tier 1)	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG</b>	\$0 (Tier 2)	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<b>LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY</b>	\$0 (Tier 2)	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
<i>lutura oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>mili oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (Tier 1)	
<b>MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY</b>	\$0 (Tier 2)	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<b>NEXPLANON SUBCUTANEOUS IMPLANT 68 MG</b>	\$0 (Tier 2)	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (Tier 2)	
<i>pimtree oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
PREMPHASE ORAL TABLET 0.625-5 MG	\$0 (Tier 2)	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	\$0 (Tier 2)	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>setlakin oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	\$0 (Tier 2)	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	\$0 (Tier 1)	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<b>Progestins</b>		
<i>camila oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>deblitane oral tablet 0.35 mg</i>	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0 (Tier 2)	
<i>errin oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>incassia oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>levonorgestrel tablet 1.5 mg oral (otc)</i>	\$0 (Tier 3)	DP
<i>lyza oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml</i>	\$0 (Tier 1)	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	PA
<i>nora-be oral tablet 0.35 mg</i>	\$0 (Tier 2)	
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>norethindrone oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>progesterone oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>sharobel oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE ORAL TABLET 0.45-20 MG	\$0 (Tier 2)	
<i>raloxifene hcl oral tablet 60 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)	
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	\$0 (Tier 2)	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)	
<b>Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	\$0 (Tier 2)	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	\$0 (Tier 2)	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	\$0 (Tier 2)	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	\$0 (Tier 2)	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	\$0 (Tier 1)	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0 (Tier 1)	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	\$0 (Tier 2)	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	\$0 (Tier 2)	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	\$0 (Tier 2)	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	\$0 (Tier 2)	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	\$0 (Tier 2)	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	\$0 (Tier 2)	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 1)	PA
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1)	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 1)	
ORGOVYX ORAL TABLET 120 MG	\$0 (Tier 2)	PA; QL (30 EA per 28 days)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	\$0 (Tier 2)	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2)	PA
RECORLEV ORAL TABLET 150 MG	\$0 (Tier 2)	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2)	PA
SYNAREL NASAL SOLUTION 2 MG/ML	\$0 (Tier 2)	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	\$0 (Tier 2)	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	\$0 (Tier 2)	PA
<b>Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	
<b>Immunological Agents - Medications That Alter The Immune System Including Vaccinations</b>		
<b>Angioedema Agents</b>		
BERINERT INTRAVENOUS KIT 500 UNIT	\$0 (Tier 2)	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	\$0 (Tier 2)	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0 (Tier 2)	PA; QL (20 EA per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	\$0 (Tier 1)	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	\$0 (Tier 2)	PA
<b>Immunoglobulins</b>		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (Tier 2)	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0 (Tier 2)	B/D

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
GAMMAKED INJECTION SOLUTION 1 GM/10ML	\$0 (Tier 2)	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	\$0 (Tier 2)	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	\$0 (Tier 2)	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2)	B/D
<b>Immunological Agents, Other</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	\$0 (Tier 2)	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	\$0 (Tier 2)	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0 (Tier 2)	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
CABLIVI INJECTION KIT 11 MG	\$0 (Tier 2)	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2)	PA
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	\$0 (Tier 2)	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2)	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2)	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	\$0 (Tier 2)	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	\$0 (Tier 2)	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
FABHALTA ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2)	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	\$0 (Tier 2)	PA
LITFULO ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	\$0 (Tier 2)	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0 (Tier 2)	PA; QL (4 EA per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	\$0 (Tier 2)	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	\$0 (Tier 2)	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	\$0 (Tier 2)	PA; QL (2.8 ML per 28 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	\$0 (Tier 2)	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	\$0 (Tier 2)	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	\$0 (Tier 2)	PA; QL (60 ML per 365 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	\$0 (Tier 2)	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	\$0 (Tier 2)	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0 (Tier 2)	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	\$0 (Tier 2)	PA; QL (0.75 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	\$0 (Tier 2)	PA; QL (1.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	\$0 (Tier 2)	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	\$0 (Tier 2)	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	\$0 (Tier 2)	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	\$0 (Tier 2)	PA
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 (Tier 2)	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	\$0 (Tier 2)	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	\$0 (Tier 2)	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	\$0 (Tier 2)	PA; QL (22.68 ML per 28 days)
<b>Immunostimulants</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	\$0 (Tier 2)	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 2)	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
<b>Immunosuppressants</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	\$0 (Tier 2)	B/D
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1)	B/D
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	\$0 (Tier 2)	PA; QL (3 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	\$0 (Tier 2)	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	\$0 (Tier 2)	PA; QL (3 EA per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1)	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	\$0 (Tier 2)	B/D

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (Tier 1)	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	B/D
<i>gengraf oral solution 100 mg/ml</i>	\$0 (Tier 1)	B/D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	\$0 (Tier 2)	PA; QL (4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	\$0 (Tier 2)	PA; QL (4 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 ML per 28 days)
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	\$0 (Tier 2)	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	\$0 (Tier 2)	PA; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2)	PA; QL (3 EA per 180 days)
HUMIRA-PED $\geq$ 40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2)	PA; QL (4 EA per 180 days)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	\$0 (Tier 2)	PA; QL (3 EA per 180 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	\$0 (Tier 1)	
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0 (Tier 1)	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	\$0 (Tier 1)	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0 (Tier 2)	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	\$0 (Tier 2)	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0 (Tier 2)	B/D
REZUROCK ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	B/D
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	\$0 (Tier 2)	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	\$0 (Tier 2)	PA
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 1)	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1)	B/D
<b>Vaccines</b>		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 2)	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2)	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	\$0 (Tier 2)	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 2)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	\$0 (Tier 2)	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 2)	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 2)	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0 (Tier 2)	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0 (Tier 2)	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	\$0 (Tier 2)	B/D
ERVEBO INTRAMUSCULAR SUSPENSION	\$0 (Tier 2)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (Tier 2)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0 (Tier 2)	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	\$0 (Tier 2)	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0 (Tier 2)	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0 (Tier 2)	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	\$0 (Tier 2)	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0 (Tier 2)	
IPOL INJECTION INJECTABLE	\$0 (Tier 2)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2)	
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier 2)	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	\$0 (Tier 2)	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 2)	
MENACTRA INTRAMUSCULAR SOLUTION	\$0 (Tier 2)	
MENQUADFI INTRAMUSCULAR SOLUTION	\$0 (Tier 2)	
MENVEO INTRAMUSCULAR SOLUTION	\$0 (Tier 2)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier 2)	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	\$0 (Tier 2)	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0 (Tier 2)	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (Tier 2)	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0 (Tier 2)	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 2)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2)	B/D

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 2)	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 2)	B/D
ROTARIX ORAL SUSPENSION	\$0 (Tier 2)	
ROTATEQ ORAL SOLUTION	\$0 (Tier 2)	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0 (Tier 2)	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	\$0 (Tier 2)	B/D
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0 (Tier 2)	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	\$0 (Tier 2)	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0 (Tier 2)	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	\$0 (Tier 2)	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	\$0 (Tier 2)	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
VAXELIS INTRAMUSCULAR SUSPENSION	\$0 (Tier 2)	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	\$0 (Tier 2)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (Tier 2)	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	\$0 (Tier 2)	
<b>Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	\$0 (Tier 1)	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	\$0 (Tier 1)	
<i>mesalamine oral capsule delayed release 400 mg</i>	\$0 (Tier 1)	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	\$0 (Tier 1)	
<i>mesalamine rectal enema 4 gm</i>	\$0 (Tier 1)	
<i>mesalamine rectal suppository 1000 mg</i>	\$0 (Tier 1)	
<i>mesalamine-cleanser rectal kit 4 gm</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	\$0 (Tier 1)	
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	\$0 (Tier 1)	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	\$0 (Tier 1)	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	\$0 (Tier 1)	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	
<i>prednisone oral solution 5 mg/5ml</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	\$0 (Tier 1)	
<b>Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	\$0 (Tier 1)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1)	
<i>ibandronate sodium oral tablet 150 mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0 (Tier 2)	QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	\$0 (Tier 1)	QL (4 EA per 28 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	\$0 (Tier 2)	PA; QL (2.48 ML per 28 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML, 620 MCG/2.48ML	\$0 (Tier 2)	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	\$0 (Tier 2)	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	\$0 (Tier 2)	PA
<b>Ophthalmic Agents - Treatment Of Eye Conditions</b>		
<b>Ophthalmic Agents, Other</b>		
ALTALUBE OINTMENT 85-15 % OPTHALMIC	\$0 (Tier 3)	DP
<i>artificial tears solution 5-6 mg/ml ophthalmic</i>	\$0 (Tier 3)	DP
<i>atropine sulfate ophthalmic solution 1 %</i>	\$0 (Tier 1)	
BIOLLE GEL TEARS GEL 1 % OPTHALMIC	\$0 (Tier 3)	DP
BIOLLE TEARS SOLUTION 0.5 % OPTHALMIC	\$0 (Tier 3)	DP
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	\$0 (Tier 1)	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	\$0 (Tier 1)	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	\$0 (Tier 1)	
<i>carboxymethylcellulose sodium solution 0.5 % ophthalmic</i>	\$0 (Tier 3)	DP
<i>cvs lubricant drops gel 1 % ophthalmic</i>	\$0 (Tier 3)	DP
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
CYSTARAN OPTHALMIC SOLUTION 0.44 %	\$0 (Tier 2)	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	\$0 (Tier 1)	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	\$0 (Tier 1)	
GENTEAL SEVERE GEL 0.3 % OPTHALMIC	\$0 (Tier 3)	DP
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
OXERVATE OPHTHALMIC SOLUTION 0.002 %	\$0 (Tier 2)	PA
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	\$0 (Tier 1)	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	\$0 (Tier 2)	PA
<b>Ophthalmic Anti-Allergy Agents</b>		
ALAWAY SOLUTION 0.035 % OPHTHALMIC	\$0 (Tier 3)	DP
<i>azelastine hcl ophthalmic solution 0.05 %</i>	\$0 (Tier 1)	
<i>cromolyn sodium ophthalmic solution 4 %</i>	\$0 (Tier 1)	
<b>Ophthalmic Anti-Infectives</b>		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	\$0 (Tier 1)	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	\$0 (Tier 1)	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
NATACYN OPHTHALMIC SUSPENSION 5 %	\$0 (Tier 2)	
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	\$0 (Tier 1)	
<i>tobramycin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<b>Ophthalmic Anti-Inflammatories</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	\$0 (Tier 1)	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	\$0 (Tier 1)	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	\$0 (Tier 1)	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	\$0 (Tier 1)	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>carteolol hcl ophthalmic solution 1 %</i>	\$0 (Tier 1)	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	\$0 (Tier 1)	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	\$0 (Tier 1)	
<i>brinzolamide ophthalmic suspension 1 %</i>	\$0 (Tier 1)	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	\$0 (Tier 1)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	\$0 (Tier 2)	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	\$0 (Tier 2)	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	\$0 (Tier 2)	
<b>Ophthalmic Prostaglandin And Prostanamide Analogs</b>		
<i>latanoprost ophthalmic solution 0.005 %</i>	\$0 (Tier 1)	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0 (Tier 2)	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	\$0 (Tier 1)	

Last Updated: 5/27/2025

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Otic Agents - Treatment Of Ear Conditions</b>		
<b>Otic Agents</b>		
<i>acetic acid otic solution 2 %</i>	\$0 (Tier 1)	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	\$0 (Tier 1)	QL (7.5 ML per 7 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	\$0 (Tier 1)	
<i>ofloxacin otic solution 0.3 %</i>	\$0 (Tier 1)	
<b>Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions</b>		
<b>Antihistamines</b>		
ALA-HIST IR TABLET 2 MG ORAL	\$0 (Tier 3)	DP
ALLEGRA ALLERGY CHILDRENS SUSPENSION 30 MG/5ML ORAL	\$0 (Tier 3)	DP
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	\$0 (Tier 1)	
<i>cetirizine hcl solution 5 mg/5ml oral (rx)</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl tablet 10 mg oral</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl tablet 5 mg oral</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl tablet chewable 10 mg oral</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl tablet chewable 5 mg oral</i>	\$0 (Tier 3)	DP
<i>chlorpheniramine maleate tablet 4 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs allergy relief tablet chewable 25 mg oral</i>	\$0 (Tier 3)	DP
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	\$0 (Tier 1)	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	\$0 (Tier 1)	PA
<i>diphenhydramine hcl capsule 25 mg oral (otc)</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl capsule 50 mg oral (otc)</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl liquid 12.5 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl tablet 25 mg oral</i>	\$0 (Tier 3)	DP

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>ed chlorped jr syrup 2 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>fexofenadine hcl tablet 180 mg oral (otc)</i>	\$0 (Tier 3)	DP
<i>fexofenadine hcl tablet 60 mg oral (otc)</i>	\$0 (Tier 3)	DP
<b>HISTEX SYRUP 2.5 MG/5ML ORAL</b>	\$0 (Tier 3)	DP
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	\$0 (Tier 1)	PA
<i>hydroxyzine hcl oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	PA
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	\$0 (Tier 1)	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>loratadine solution 5 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>loratadine tablet 10 mg oral</i>	\$0 (Tier 3)	DP
<i>loratadine tablet dispersible 10 mg oral</i>	\$0 (Tier 3)	DP
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	\$0 (Tier 1)	QL (3600 ML per 30 days)
<i>triprolidine hcl liquid 0.625 mg/ml oral</i>	\$0 (Tier 3)	DP
<i>triprolidine hcl liquid 0.938 mg/ml oral (otc)</i>	\$0 (Tier 3)	DP
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT</b>	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	\$0 (Tier 1)	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	\$0 (Tier 1)	B/D; QL (60 ML per 30 days)
<i>budesonide suspension 32 mcg/act nasal (otc)</i>	\$0 (Tier 3)	DP
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$0 (Tier 1)	QL (50 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	\$0 (Tier 1)	QL (12 GM per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	\$0 (Tier 1)	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	\$0 (Tier 1)	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	\$0 (Tier 1)	QL (16 GM per 30 days)
<i>fluticasone propionate suspension 50 mcg/act nasal (otc)</i>	\$0 (Tier 3)	DP
<i>mometasone furoate nasal suspension 50 mcg/act</i>	\$0 (Tier 1)	QL (34 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	\$0 (Tier 2)	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0 (Tier 2)	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1)	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	\$0 (Tier 1)	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	\$0 (Tier 2)	QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	\$0 (Tier 1)	QL (90 EA per 90 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier 1)	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0 (Tier 1)	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	\$0 (Tier 1)	B/D; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	\$0 (Tier 1)	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	\$0 (Tier 2)	QL (36 GM per 30 days)
<b>Cystic Fibrosis Agents</b>		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
BRONCHITOL INHALATION CAPSULE 40 MG	\$0 (Tier 2)	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	\$0 (Tier 2)	PA; QL (84 ML per 56 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 5.8 MG	\$0 (Tier 2)	PA
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2)	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	\$0 (Tier 2)	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	\$0 (Tier 1)	B/D
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$0 (Tier 1)	B/D; QL (280 ML per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0 (Tier 2)	PA; QL (84 EA per 28 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium aerosol solution 5.2 mg/act nasal</i>	\$0 (Tier 3)	DP
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0 (Tier 1)	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	\$0 (Tier 1)	
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (Tier 1)	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	\$0 (Tier 1)	
<i>theophylline oral elixir 80 mg/15ml</i>	\$0 (Tier 1)	
<i>theophylline oral solution 80 mg/15ml</i>	\$0 (Tier 1)	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	\$0 (Tier 1)	PA; QL (720 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML	\$0 (Tier 2)	PA; QL (300 ML per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	\$0 (Tier 2)	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	\$0 (Tier 2)	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	\$0 (Tier 2)	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	\$0 (Tier 2)	PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	\$0 (Tier 1)	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	\$0 (Tier 1)	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	\$0 (Tier 1)	B/D
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0 (Tier 2)	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	\$0 (Tier 2)	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	\$0 (Tier 2)	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	\$0 (Tier 2)	QL (10.7 GM per 30 days)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0 (Tier 2)	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0 (Tier 2)	QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	\$0 (Tier 2)	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (4.56 ML per 28 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	\$0 (Tier 2)	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	\$0 (Tier 2)	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	\$0 (Tier 2)	PA; QL (1 ML per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	\$0 (Tier 1)	B/D
<i>montelukast sodium oral packet 4 mg</i>	\$0 (Tier 1)	
<i>montelukast sodium oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	\$0 (Tier 1)	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	\$0 (Tier 2)	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2)	PA; QL (3 EA per 28 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	\$0 (Tier 2)	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2)	PA; QL (8 EA per 28 days)
<b>Skeletal Muscle Relaxants - Treatment Of Muscle Tightness</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	PA
<b>Sleep Disorder Agents - Treatment Of Insomnia</b>		
<b>Sleep Promoting Agents</b>		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	\$0 (Tier 2)	PA; QL (158 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)

Last Updated: 5/27/2025

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>modafinil oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	\$0 (Tier 1)	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	\$0 (Tier 2)	PA

Last Updated: 5/27/2025

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

## Index

- A**
- abacavir sulfate* ..... 46  
*abacavir sulfate-lamivudine* ... 46  
ABELCET ..... 23  
ABILIFY ASIMTUFII ..... 40  
ABILIFY MAINTENA ..... 40  
*abiraterone acetate* ..... 27  
ABIRTEGA ..... 27  
ABRYSVO ..... 107  
*acamprosate calcium* ..... 5  
*acarbose* ..... 50  
*acebutolol hcl* ..... 63  
*acetaminophen* ..... 1  
*acetaminophen er* ..... 1  
*acetaminophen extra strength* .. 1  
*acetaminophen-codeine* ..... 4  
*acetazolamide* ..... 64  
*acetazolamide er* ..... 115  
*acetic acid* ..... 116  
*acetylcysteine* ..... 121  
*acid reducer complete* ..... 86  
*acitretin* ..... 75  
*acne medication 10* ..... 75  
*acne medication 2.5* ..... 75  
ACTEMRA ..... 102  
ACTEMRA ACTPEN ..... 102  
ACTHAR ..... 91  
ACTHAR GEL ..... 91  
ACTHIB ..... 107  
ACTIMMUNE ..... 105  
*acyclovir* ..... 45, 79  
*acyclovir sodium* ..... 45  
ADACEL ..... 107  
*adapalene* ..... 75  
*adapalene-benzoyl peroxide* ... 75  
*adefovir dipivoxil* ..... 44  
ADEMPAS ..... 120  
ADIPEX-P ..... 86  
ADVAIR HFA ..... 121  
AIMOVIG ..... 25  
AKEEGA ..... 29  
*ak-poly-bac* ..... 114  
ALA-HIST IR ..... 116  
ALAWAY ..... 114  
*albendazole* ..... 37  
*albuterol sulfate* ..... 118  
*albuterol sulfate hfa* ..... 118  
*alclometasone dipropionate* ... 76  
*alcohol* ..... 78  
ALECENSA ..... 31  
*alendronate sodium* ..... 112  
*alfuzosin hcl er* ..... 91  
*aliskiren fumarate* ..... 64  
ALKA-SELTZER  
HEARTBURN ..... 86  
ALLEGRA ALLERGY  
CHILDRENS ..... 116  
*allopurinol* ..... 25  
*alosetron hcl* ..... 85  
*alprazolam* ..... 49  
*alprazolam intensol* ..... 49  
ALTALUBE ..... 113  
*altavera* ..... 94  
*alum & mag hydroxide-simeth* 86  
*aluminum hydroxide gel* ..... 86  
ALUNBRIG ..... 31  
*alyacen 1/35* ..... 94  
*alyacen 7/7/7* ..... 94  
ALYFTREK ..... 119  
*amantadine hcl* ..... 38  
*ambrisentan* ..... 120  
*amikacin sulfate* ..... 7  
*amiloride hcl* ..... 67  
*amiloride-hydrochlorothiazide*  
..... 64  
*aminocaproic acid* ..... 58  
*amiodarone hcl* ..... 62  
*amitriptyline hcl* ..... 21  
*amlodipine besy-benazepril hcl*  
..... 64  
*amlodipine besylate* ..... 63  
*amlodipine besylate-valsartan* 65  
*amlodipine-atorvastatin* ..... 65  
*amlodipine-olmesartan* ..... 65  
*amlodipine-valsartan-hctz* ..... 65  
*ammonium lactate* ..... 76  
*amnestem* ..... 75  
*amoxapine* ..... 21  
*amoxicillin* ..... 11  
*amoxicillin-pot clavulanate* ... 11  
*amoxicillin-pot clavulanate er* 11  
*amphetamine-dextroamphet er*  
..... 70  
*amphetamine-*  
*dextroamphetamine* ..... 70  
*amphotericin b* ..... 23  
*amphotericin b liposome* ..... 23  
*ampicillin* ..... 11  
*ampicillin sodium* ..... 11  
*ampicillin-sulbactam sodium* . 11,  
12  
*anagrelide hcl* ..... 58  
*anastrozole* ..... 30  
ANORO ELLIPTA ..... 121  
*antacid & antigas* ..... 86  
*antacid maximum* ..... 86  
APOKYN ..... 38  
*apomorphine hcl* ..... 38  
*apraclonidine hcl* ..... 115  
*aprepitant* ..... 23  
*apri* ..... 94  
APTIOM ..... 17  
APTIVUS ..... 48  
AQNEURSA ..... 71  
ARALAST NP ..... 89  
*aranelle* ..... 94  
ARANESP (ALBUMIN FREE)  
..... 58  
ARCALYST ..... 102  
AREXVY ..... 107  
ARIKAYCE ..... 7  
*aripiprazole* ..... 40  
ARISTADA ..... 40  
ARISTADA INITIO ..... 40  
*armodafinil* ..... 123  
ARNUITY ELLIPTA ..... 117  
*artificial tears* ..... 113  
*asenapine maleate* ..... 40  
*aspirin* ..... 60  
*aspirin buf(cacarb-mgcarb-*  
*mgo)* ..... 60  
*aspirin-dipyridamole er* ..... 60  
ASTAGRAF XL ..... 105  
*atazanavir sulfate* ..... 48  
*atenolol* ..... 63  
*atenolol-chlorthalidone* ..... 65  
*atomoxetine hcl* ..... 70  
*atorvastatin calcium* ..... 68  
*atovaquone* ..... 37  
*atovaquone-proguanil hcl* ..... 37  
*atropine sulfate* ..... 113  
ATROVENT HFA ..... 118  
*aubra eq* ..... 94  
AUGTYRO ..... 31

<i>aurovela fe 1/20</i> .....	94	<i>bicalutamide</i> .....	27	<i>butalbital-apap-caffeine</i> .....	1
AUSTEDO .....	71	BICILLIN L-A .....	12	<i>butalbital-asa-caff-codeine</i> .....	1
AUSTEDO PATIENT		BIKTARVY .....	47	<i>butalbital-aspirin-caffeine</i> .....	1
TITRATION KIT .....	71	BIOLLE GEL TEARS .....	113	<i>butorphanol tartrate</i> .....	4
AUSTEDO XR.....	72	BIOLLE TEARS .....	113	<b>C</b>	
AUSTEDO XR PATIENT		<i>bisacodyl</i> .....	85	CABENUVA .....	47
TITRATION.....	72	<i>bismatrol</i> .....	86	<i>cabergoline</i> .....	99
AUVELITY .....	19	<i>bismuth</i> .....	86	CABLIVI.....	102
<i>aviane</i> .....	94	<i>bisoprolol fumarate</i> .....	63	CABOMETYX.....	31
AYVAKIT.....	31	<i>bisoprolol-hydrochlorothiazide</i>		<i>calcipotriene</i> .....	78
<i>azacitidine</i> .....	29	.....	65	<i>calcitonin (salmon)</i> .....	112
<i>azathioprine</i> .....	105	<i>blisovi fe 1.5/30</i> .....	94	<i>calcitriol</i> .....	78, 112
<i>azelastine hcl</i> .....	114, 116	<i>blisovi fe 1/20</i> .....	94	<i>calcium acetate (phos binder)</i> 84	
<i>azithromycin</i> .....	13	BOOSTRIX.....	108	<i>calcium carbonate antacid</i> .....	87
<i>aztreonam</i> .....	7	BORUZU.....	29	CALQUENCE.....	31
<b>B</b>		<i>bosentan</i> .....	120	CAMCEVI.....	100
<i>bacitracin</i> .....	114	BOSULIF .....	31	<i>camila</i> .....	98
<i>bacitracin-polymyxin b</i> .....	114	<i>bp vit 3</i> .....	82	CAMZYOS.....	65
<i>baclofen</i> .....	44	BRAFTOVI.....	31	<i>candesartan cilexetil</i> .....	61
BAFIERTAM.....	73	BREO ELLIPTA .....	121	<i>candesartan cilexetil-hctz</i> .....	65
<i>balsalazide disodium</i> .....	111	BREZTRI AEROSPHERE... 121		CAPLYTA.....	40
BALVERSA.....	31	<i>briellyn</i> .....	94	CAPRELSA.....	31
<i>balziva</i> .....	94	BRILINTA .....	60	<i>captopril</i> .....	62
BAQSIMI ONE PACK .....	53	<i>brimonidine tartrate</i> .....	115	<i>carbamazepine</i> .....	18
BAQSIMI TWO PACK .....	53	<i>brimonidine tartrate-timolol</i> . 113		<i>carbamazepine er</i> .....	17
BARACLUDE .....	44	<i>brinzolamide</i> .....	115	<i>carbidopa</i> .....	39
BCG VACCINE.....	108	BRIVIACT .....	14	<i>carbidopa-levodopa</i> .....	39
<i>benazepril hcl</i> .....	62	<i>bromfenac sodium</i> .....	113	<i>carbidopa-levodopa er</i> .....	39
<i>benazepril-hydrochlorothiazide</i>		<i>bromfenac sodium (once-daily)</i>		<i>carbidopa-levodopa-entacapone</i>	
.....	65	.....	113	.....	38
<i>bendamustine hcl</i> .....	27	<i>bromocriptine mesylate</i> .....	38	<i>carboxymethylcellulose sodium</i>	
BENLYSTA .....	102	BRONCHITOL .....	119	.....	113
<i>benzoyl peroxide</i> .....	75	BRUKINSA.....	31	<i>carglumic acid</i> .....	80
<i>benzoyl peroxide wash</i> .....	75	<i>budesonide</i> .....	111, 117	<i>carisoprodol</i> .....	123
<i>benzphetamine hcl</i> .....	86	<i>budesonide er</i> .....	111	<i>carteolol hcl</i> .....	115
<i>benztropine mesylate</i> .....	37	BUDESONIDE-		<i>cartia xt</i> .....	64
BERINERT .....	101	FORMOTEROL		<i>carvedilol</i> .....	63
BESREMI.....	29	FUMARATE .....	121	<i>casprofungin acetate</i> .....	23
<i>betaine</i> .....	89	<i>bumetanide</i> .....	67	CAYSTON .....	119
<i>betamethasone dipropionate</i> .. 76		<i>buprenorphine</i> .....	3	<i>cefaclor</i> .....	9
<i>betamethasone dipropionate aug</i>		<i>buprenorphine hcl</i> .....	5	<i>cefaclor er</i> .....	9
.....	76	<i>buprenorphine hcl-naloxone hcl</i>		<i>cefadroxil</i> .....	9
<i>betamethasone valerate</i> .....	76	.....	5, 6	<i>cefazolin sodium</i> .....	9
BETASERON .....	73	<i>bupropion hcl</i> .....	19	<i>cefazolin sodium-dextrose</i> .....	9
<i>betaxolol hcl</i> .....	63, 115	<i>bupropion hcl er (smoking det)</i> 6		<i>cefdinir</i> .....	9, 10
<i>bethanechol chloride</i> .....	91	<i>bupropion hcl er (sr)</i> .....	19	<i>cefepime hcl</i> .....	10
BEVESPI AEROSPHERE... 121		<i>bupropion hcl er (xl)</i> .....	19	<i>cefepime-dextrose</i> .....	10
<i>bexarotene</i> .....	36	<i>buspironone hcl</i> .....	49	<i>cefixime</i> .....	10
BEXSERO.....	108	<i>butalbital-acetaminophen</i> .....	1	<i>cefotaxime sodium</i> .....	10
BEYFORTUS.....	108	<i>butalbital-apap-caff-cod</i> .....	1	<i>cefoxitin sodium</i> .....	10

<i>cefoxitin sodium-dextrose</i> .....	10	<i>clindamycin phos (twice-daily)</i>	79	COSENTYX (300 MG DOSE)	102
<i>cefpodoxime proxetil</i> .....	10	.....	79	.....	102
<i>cefprozil</i> .....	10	<i>clindamycin phos-benzoyl perox</i>	75	COSENTYX SENSOREADY	
<i>ceftazidime</i> .....	10	.....	75	(300 MG).....	102
<i>ceftazidime and dextrose</i> .....	10	<i>clindamycin phosphate</i> .....	8, 80	COSENTYX SENSOREADY	
<i>ceftriaxone sodium</i> .....	10	<i>clindamycin phosphate in d5w</i> .7		PEN.....	102
<i>ceftriaxone sodium in dextrose</i>	10	<i>clindamycin phosphate in nacl</i> .7		COSENTYX UNOREADY .	103
.....	10	<i>clinisol sf</i> .....	82	COTELLIC.....	31
<i>ceftriaxone sodium-dextrose</i> ..	10	<i>clobazam</i> .....	16	CREON.....	89
<i>cefuroxime axetil</i> .....	11	<i>clobetasol prop emollient base</i>	76	CRESEMBA.....	24
<i>cefuroxime sodium</i> .....	11	.....	76	<i>cromolyn sodium</i> .....	114, 120
<i>celecoxib</i> .....	2	<i>clobetasol propionate</i> .....	76	<i>cryselle-28</i> .....	94
<i>cephalexin</i> .....	11	<i>clobetasol propionate e</i> .....	76	CRYSVITA .....	103
CEPROTIN .....	57	<i>clomipramine hcl</i> .....	21	<i>cupric chloride</i> .....	80
CERDELGA.....	89	<i>clonazepam</i> .....	49	CUVRIOR .....	82
<i>cetirizine hcl</i> .....	116	<i>clonidine</i> .....	61	<i>cvs allergy relief</i> .....	116
<i>cevimeline hcl</i> .....	75	<i>clonidine hcl</i> .....	61	<i>cvs heartburn relief ex st</i> .....	87
CHENODAL.....	87	<i>clonidine hcl er</i> .....	70	<i>cvs lice killing</i> .....	79
<i>chlorhexidine gluconate</i> .....	75	<i>clopidogrel bisulfate</i> .....	60	<i>cvs lubricant drops</i> .....	113
<i>chloroquine phosphate</i> .....	37	<i>clorazepate dipotassium</i> .....	49	<i>cyanocobalamin</i> .....	82
<i>chlorpheniramine maleate</i> ....	116	<i>clotrimazole</i> .....	23	<i>cyclobenzaprine hcl</i> .....	123
<i>chlorpromazine hcl</i> .....	22	<i>clotrimazole 3</i> .....	23	<i>cyclophosphamide</i> .....	27
<i>chlorthalidone</i> .....	67	<i>clotrimazole-betamethasone</i> ..	78, 79	<i>cyclosporine</i> .....	105, 113
<i>chlorzoxazone</i> .....	123	.....	79	<i>cyclosporine modified</i> .....	105
CHOLBAM.....	89	<i>clozapine</i> .....	44	<i>cyproheptadine hcl</i> .....	116
<i>cholestyramine</i> .....	68	COARTEM .....	37	<i>cyred eq</i> .....	95
<i>cholestyramine light</i> .....	68	COBENFY .....	72	CYSTAGON .....	89
<i>chromic chloride</i> .....	80	COBENFY STARTER PACK	72	CYSTARAN.....	113
CIBINQO .....	102	.....	72	<b>D</b>	
<i>ciclopirox</i> .....	79	<i>colchicine</i> .....	25	<i>dalfampridine er</i> .....	73
<i>ciclopirox olamine</i> .....	79	<i>colchicine-probenecid</i> .....	25	<i>danazol</i> .....	93
<i>cilostazol</i> .....	60	<i>colesevelam hcl</i> .....	68	<i>dantrolene sodium</i> .....	44
CIMDUO.....	46	<i>colestipol hcl</i> .....	68	DANZITEN .....	29
<i>cimetidine</i> .....	88	<i>colistimethate sodium (cba)</i> .....	8	<i>dapsone</i> .....	27
CIMZIA.....	105	COMBIPATCH.....	94	DAPTACEL .....	108
CIMZIA (2 SYRINGE).....	105	COMBIVENT RESPIMAT .	121	<i>daptomycin</i> .....	8
CIMZIA-STARTER.....	105	COMETRIQ (100 MG DAILY	31	<i>darifenacin hydrobromide er</i> ..	90
<i>cinacalcet hcl</i> .....	112	DOSE) .....	31	<i>darunavir</i> .....	48
CINRYZE.....	101	COMETRIQ (140 MG DAILY	31	<i>dasatinib</i> .....	31
<i>ciprofloxacin hcl</i> .....	13, 114	DOSE) .....	31	DAURISMO.....	31, 32
<i>ciprofloxacin in d5w</i> .....	13	COMETRIQ (60 MG DAILY	31	<i>deblitane</i> .....	98
<i>ciprofloxacin-dexamethasone</i>	116	DOSE) .....	31	<i>deferasirox</i> .....	82
.....	116	COMPLERA .....	47	<i>deferasirox granules</i> .....	82
<i>citalopram hydrobromide</i> .....	20	<i>constulose</i> .....	85	<i>deferiprone</i> .....	82
<i>claravis</i> .....	75	COPIKTRA .....	31	DELSTRIGO .....	47
<i>clarithromycin</i> .....	13	CORLANOR.....	65	DEPO-SUBQ PROVERA	104
<i>clarithromycin er</i> .....	13	CORTROPHIN .....	91	.....	98
<i>clindamycin hcl</i> .....	7	CORTROPHIN GEL.....	91	DESCOVY .....	46
<i>clindamycin palmitate hcl</i> .....	7	COSENTYX.....	102	<i>desipramine hcl</i> .....	21
<i>clindamycin phos (once-daily)</i>	79			<i>desmopressin ace spray refrig</i>	92

<i>desmopressin acetate</i> .....	92	<i>disopyramide phosphate</i> .....	62	EMGALITY (300 MG DOSE)	26
<i>desmopressin acetate spray</i> ....	92	<i>disulfiram</i> .....	5	EMSAM .....	20
<i>desogestrel-ethinyl estradiol</i> ..	95	<i>divalproex sodium</i> .....	15	<i>emtricitabine</i> .....	46
<i>desonide</i> .....	76	<i>divalproex sodium er</i> .....	15	<i>emtricitabine-tenofovir df</i> .....	46
<i>desoximetasone</i> .....	77	<i>docusate calcium</i> .....	85	EMTRIVA.....	46
<i>desvenlafaxine succinate er</i> ....	20	<i>docusate sodium</i> .....	85, 86	<i>enalapril maleate</i> .....	62
<i>dexamethasone</i> .....	91, 111	<i>dofetilide</i> .....	62	<i>enalapril-hydrochlorothiazide</i>	65
<i>dexamethasone intensol</i> .....	111	<i>donepezil hcl</i> .....	19	ENBREL.....	105
<i>dexamethasone sodium</i>		DOPTELET.....	60	ENBREL MINI .....	105
<i>phosphate</i> .....	111, 114	<i>dorzolamide hcl</i> .....	115	ENBREL SURECLICK .....	105
<i>dexmethylphenidate hcl</i> .....	70	<i>dorzolamide hcl-timolol mal</i>	113	<i>endocet</i> .....	4
<i>dexmethylphenidate hcl er</i> .....	70	<i>dorzolamide hcl-timolol mal pf</i>	113	<i>enema</i> .....	85
<i>dextroamphetamine sulfate</i> ....	70	DOVATO .....	47	<i>enema pediatric</i> .....	85
<i>dextroamphetamine sulfate er</i>	70	<i>doxazosin mesylate</i> .....	61	ENGERIX-B.....	108
<i>dextrose</i> .....	82	<i>doxepin hcl</i> .....	21, 22, 77, 123	<i>enoxaparin sodium</i> .....	58
<i>dextrose-sodium chloride</i> .....	82	<i>doxercalciferol</i> .....	112	<i>enpresse-28</i> .....	95
DIACOMIT .....	14, 15	<i>doxy 100</i> .....	14	<i>enskyce</i> .....	95
DIALYVITE .....	82	<i>doxycycline hyclate</i> .....	14	<i>entacapone</i> .....	38
DIALYVITE 3000 .....	82	<i>doxycycline monohydrate</i> .....	14	<i>entecavir</i> .....	45
DIALYVITE 5000 .....	82	DRISDOL.....	82	ENTRESTO.....	65
DIALYVITE/ZINC.....	82	DRIZALMA SPRINKLE.....	72	ENTYVIO PEN.....	103
<i>diazepam</i> .....	16, 50	<i>dronabinol</i> .....	23	<i>enulose</i> .....	85
<i>diazepam intensol</i> .....	49	<i>drosiprone-ethinyl estradiol</i>	95	ENVARUSUS XR .....	105
<i>diazoxide</i> .....	53	DROXIA .....	28	EPIDIOLEX .....	15
<i>dichlorphenamide</i> .....	89	<i>droxidopa</i> .....	61	<i>epinephrine</i> .....	118, 119
<i>diclofenac epolamine</i> .....	2	DUAVEE.....	98	<i>epitol</i> .....	18
<i>diclofenac potassium</i> .....	2	<i>duloxetine hcl</i> .....	72	EPIVIR HBV .....	45
<i>diclofenac sodium</i> .....	2, 114	DUPIXENT .....	121, 122	<i>eplerenone</i> .....	67
<i>diclofenac sodium er</i> .....	2	<i>dutasteride</i> .....	91	EPOGEN .....	58
<i>dicloxacin sodium</i> .....	12	<b>E</b>		EPRONTIA .....	15
<i>dicyclomine hcl</i> .....	86	<i>ec-naproxen</i> .....	2	EQUETRO .....	50
<i>diethylpropion hcl</i> .....	87	<i>econazole nitrate</i> .....	24	<i>ergoloid mesylates</i> .....	18
<i>diethylpropion hcl er</i> .....	87	<i>ed chlorped jr</i> .....	117	<i>ergotamine-caffeine</i> .....	25
DIFICID .....	13	EDURANT .....	46	ERIVEDGE .....	32
<i>diflunisal</i> .....	2	<i>efavirenz</i> .....	46	ERLEADA .....	27
<i>difluprednate</i> .....	114	<i>efavirenz-emtricitab-tenofo df</i>	47	<i>erlotinib hcl</i> .....	32
<i>digoxin</i> .....	65	<i>efavirenz-lamivudine-tenofovir</i>	47	<i>errin</i> .....	98
<i>dihydroergotamine mesylate</i> ..	25	.....	47	<i>ertapenem sodium</i> .....	12
DILANTIN.....	18	EGRIFTA SV .....	92	ERVEBO .....	108
<i>diltiazem hcl</i> .....	64	ELAPRASE.....	89	<i>ery</i> .....	80
<i>diltiazem hcl er</i> .....	64	ELIGARD .....	100	ERYTHROCIN	
<i>diltiazem hcl er beads</i> .....	64	ELIQUIS .....	57, 58	LACTOBIONATE .....	13
<i>diltiazem hcl er coated beads</i>	64	ELIQUIS DVT/PE STARTER		<i>erythrocin stearate</i> .....	13
<i>dilt-xr</i> .....	64	PACK .....	57	<i>erythromycin</i> .....	80, 114
<i>dimethyl fumarate</i> .....	73	ELMIRON.....	91	<i>erythromycin base</i> .....	13
<i>dimethyl fumarate starter pack</i>		<i>eluryng</i> .....	95	<i>erythromycin ethylsuccinate</i> ...	13
.....	73	EMEND.....	23	ERZOFRI .....	40, 41
<i>diphenhydramine hcl</i> .....	116	EMGALITY .....	26	<i>escitalopram oxalate</i> .....	20
<i>diphenoxylate-atropine</i> .....	86			<i>esomeprazole magnesium</i> .....	88
<i>dipyridamole</i> .....	60				

<i>estarylla</i> .....	95	<i>fexofenadine hcl</i> .....	117	FULPHILA.....	59
<i>estradiol</i> .....	94	FILSPARI.....	91	<i>fulvestrant</i> .....	28
<i>estradiol valerate</i> .....	94	<i>finasteride</i> .....	91	<i>furosemide</i> .....	67
<i>estradiol-norethindrone acet</i> ..	95	<i>fingolimod hcl</i> .....	73	FUZEON.....	47
<i>eszopiclone</i> .....	123	FINTEPLA.....	15	<i>fyavolv</i> .....	95
<i>ethambutol hcl</i> .....	27	FIRDAPSE.....	72	FYCOMPA.....	15
<i>ethosuximide</i> .....	16	FIRMAGON.....	100	FYLNETRA.....	59
<i>ethynodiol diac-eth estradiol</i> ..	95	FIRMAGON (240 MG DOSE)		<b>G</b>	
<i>etodolac</i> .....	2	.....	100	<i>gabapentin</i> .....	16
<i>etodolac er</i> .....	2	<i>first aid antiseptic</i> .....	80	GALAFOLD.....	89
<i>etonogestrel-ethinyl estradiol</i> ..	95	FLAC.....	77	<i>galantamine hydrobromide</i> ....	19
<i>etravirine</i> .....	46	<i>flecainide acetate</i> .....	62	<i>galantamine hydrobromide er</i>	19
EUCRISA.....	77	FLORIVA.....	82	GAMMAGARD.....	101
EULEXIN.....	27	FLORIVA PLUS.....	82	GAMMAGARD S/D LESS IGA	
EUTHYROX.....	99	<i>fluconazole</i> .....	24	.....	101
<i>everolimus</i> .....	32, 106	<i>fluconazole in sodium chloride</i>		GAMMAKED.....	102
EVOTAZ.....	47	.....	24	GAMMAPLEX.....	102
EVRYSDI.....	72	<i>flucytosine</i> .....	24	GAMUNEX-C.....	102
EXCEDRIN TENSION		<i>fludrocortisone acetate</i> .....	91	GARDASIL 9.....	108
HEADACHE.....	1	<i>flunisolide</i> .....	117	GATTEX.....	87
<i>exemestane</i> .....	30	<i>fluocinolone acetonide</i> .....	77	<i>gauze</i> .....	53
<i>ezetimibe</i> .....	68	<i>fluocinolone acetonide body</i> ..	77	<i>gavilyte-c</i> .....	85
<i>ezetimibe-rosuvastatin</i> .....	68	<i>fluocinolone acetonide scalp</i> ..	77	<i>gavilyte-g</i> .....	85
<i>ezetimibe-simvastatin</i> .....	68	<i>fluocinonide</i> .....	77	GAVILYTE-N WITH FLAVOR	
<b>F</b>		<i>fluocinonide emulsified base</i> ..	77	PACK.....	85
FABHALTA.....	103	<i>fluorometholone</i> .....	114	GAVISCON.....	87
FABRAZYME.....	89	<i>fluorouracil</i> .....	79	GAVRETO.....	32
<i>falmina</i> .....	95	<i>fluoxetine hcl</i> .....	20	<i>gefitinib</i> .....	32
<i>famciclovir</i> .....	45	<i>fluphenazine decanoate</i> .....	39	<i>gemfibrozil</i> .....	68
<i>famotidine</i> .....	88	<i>fluphenazine hcl</i> .....	39	<i>generlac</i> .....	85
FANAPT.....	41	<i>flurbiprofen</i> .....	2	<i>gengraf</i> .....	106
FANAPT TITRATION PACK		<i>flurbiprofen sodium</i> .....	114	GENOTROPIN.....	92
.....	41	<i>fluticasone propionate</i> ....	77, 118	GENOTROPIN MINIQUICK	92
FARXIGA.....	50	<i>fluticasone propionate diskus</i>		<i>gentamicin in saline</i> .....	7
FASENRA.....	122	.....	117	<i>gentamicin sulfate</i> .....	7, 80, 114
FASENRA PEN.....	122	<i>fluticasone propionate hfa</i> ..	117,	GENTEAL SEVERE.....	113
<i>febuxostat</i> .....	25	118		GENVOYA.....	47
<i>felbamate</i> .....	15	<i>fluticasone-salmeterol</i> .....	122	GILOTRIF.....	32
<i>felodipine er</i> .....	63	<i>fluvoxamine maleate</i> .....	20	GLASSIA.....	89
<i>fenofibrate</i> .....	67, 68	FOLBIC.....	82	<i>glatiramer acetate</i> .....	73
<i>fenofibrate micronized</i> .....	67	<i>folic acid</i> .....	82, 83	<i>glatopa</i> .....	73
<i>fenofibric acid</i> .....	68	<i>fondaparinux sodium</i> .....	58	GLEOSTINE.....	27
<i>fentanyl</i> .....	3	<i>formoterol fumarate</i> .....	119	<i>glimepiride</i> .....	50
<i>fentanyl citrate</i> .....	4	<i>fosamprenavir calcium</i> .....	48	<i>glipizide</i> .....	51
<i>fesoterodine fumarate er</i> .....	90	<i>fosinopril sodium</i> .....	62	<i>glipizide er</i> .....	50
FETZIMA.....	20	<i>fosinopril sodium-hctz</i> .....	65	<i>glipizide xl</i> .....	51
FETZIMA TITRATION.....	20	FOSTEUM PLUS.....	83	<i>glipizide-metformin hcl</i> .....	51
FEVERALL INFANTS.....	1	FOTIVDA.....	32	GLUCAGEN HYPOKIT.....	53
FEVERALL JUNIOR		FRUZAQLA.....	32	<i>glucagon emergency</i> .....	53
STRENGTH.....	1	<i>ft anti-diarrheal</i> .....	86	<i>glyburide</i> .....	51

<i>glyburide micronized</i> .....	51	HUMULIN R .....	54	INCRUSE ELLIPTA.....	118
<i>glyburide-metformin</i> .....	51	HUMULIN R U-500		<i>indapamide</i> .....	67
<i>glycopyrrolate</i> .....	86	(CONCENTRATED) .....	54	<i>indomethacin</i> .....	2
GLYXAMBI .....	51	HUMULIN R U-500		<i>indomethacin er</i> .....	2
GOCOVRI.....	38	KWIKPEN.....	54	INFANRIX.....	108
GOMEKLI .....	29	<i>hydralazine hcl</i> .....	69	<i>infants ibuprofen</i> .....	2
<i>granisetron hcl</i> .....	23	<i>hydrochlorothiazide</i> .....	67	INFUVITE ADULT .....	83
<i>griseofulvin microsize</i> .....	24	<i>hydrocodone-acetaminophen</i> ...	4	INFUVITE PEDIATRIC.....	83
<i>guanfacine hcl</i> .....	61	<i>hydrocodone-ibuprofen</i> .....	4	INGREZZA .....	72
<i>guanfacine hcl er</i> .....	70, 71	<i>hydrocortisone</i> .....	77, 78, 91, 111	INLYTA .....	32
<b>H</b>		<i>hydrocortisone (perianal)</i> .....	77	INQOVI.....	28
HADLIMA .....	106	<i>hydrocortisone acetate</i> .....	77	INREBIC .....	32
HADLIMA PUSHTOUCH ..	106	<i>hydrocortisone butyr lipo base</i>		<i>insulin asp prot &amp; asp flexpen</i>	54
HAEGARDA .....	101	.....	77	<i>insulin aspart</i> .....	54
<i>hailey 24 fe</i> .....	95	<i>hydrocortisone butyrate</i> .....	77	<i>insulin aspart flexpen</i> .....	54
<i>hailey fe 1.5/30</i> .....	95	<i>hydrocortisone sod suc (pf)</i> ....	92	<i>insulin aspart prot &amp; aspart</i> ...	54
<i>halobetasol propionate</i> .....	77	<i>hydrocortisone valerate</i> .....	78	<i>insulin lispro</i> .....	55
<i>haloperidol</i> .....	39	<i>hydrocortisone-acetic acid</i> ...	116	<i>insulin lispro (1 unit dial)</i> .....	55
<i>haloperidol decanoate</i> .....	39	<i>hydromorphone hcl</i> .....	4	<i>insulin lispro junior kwikpen</i> ..	55
<i>haloperidol lactate</i> .....	39	<i>hydromorphone hcl pf</i> .....	4	<i>insulin lispro prot &amp; lispro</i> .....	55
HAVRIX .....	108	<i>hydroxocobalamin acetate</i> ....	83	<i>insulin syringe</i> .....	55
<i>heparin sodium (porcine)</i> .....	58	<i>hydroxychloroquine sulfate</i> ....	37	INSULIN SYRINGE.....	55
<i>heparin sodium (porcine) pf</i> ...	58	<i>hydroxyurea</i> .....	28	INTELENCE .....	46
HEPLISAV-B.....	108	<i>hydroxyzine hcl</i> .....	117	INTRALIPID.....	83
HETLIOZ LQ.....	123	<i>hydroxyzine pamoate</i> .....	49	<i>introvale</i> .....	95
HIBERIX.....	108	HYFTOR.....	78	INVEGA HAFYERA.....	41
HISTEX.....	117	<b>I</b>		INVEGA SUSTENNA.....	41
HUMALOG .....	53, 54	<i>ibandronate sodium</i> .....	112	INVEGA TRINZA .....	41, 42
HUMALOG JUNIOR		IBRANCE .....	32	IPOL .....	108
KWIKPEN .....	54	<i>ibu</i> .....	2	<i>ipratropium bromide</i> .....	118
HUMALOG KWIKPEN .....	54	<i>ibuprofen</i> .....	2	<i>ipratropium-albuterol</i> .....	122
HUMALOG MIX 50/50		<i>ibuprofen 100 junior strength</i> ...2		<i>irbesartan</i> .....	61
KWIKPEN .....	54	<i>icatibant acetate</i> .....	101	<i>irbesartan-hydrochlorothiazide</i>	
HUMALOG MIX 75/25.....	54	ICLUSIG .....	32	.....	65
HUMALOG MIX 75/25		<i>icosapent ethyl</i> .....	68	ISENTRESS .....	45
KWIKPEN .....	54	IDHIFA .....	29	ISENTRESS HD .....	45
HUMATROPE.....	92	ILARIS .....	103	<i>isibloom</i> .....	95
HUMIRA (1 PEN) .....	106	ILUMYA.....	103	ISOLYTE-P IN D5W .....	83
HUMIRA (2 PEN) .....	106	<i>imatinib mesylate</i> .....	32	ISOLYTE-S.....	80
HUMIRA (2 SYRINGE).....	106	IMBRUVICA .....	32	ISOLYTE-S PH 7.4.....	80
HUMIRA-CD/UC/HS		IMCIVREE.....	87	<i>isoniazid</i> .....	27
STARTER .....	106	<i>imipenem-cilastatin</i> .....	12	<i>isosorb dinitrate-hydralazine</i> .	69
HUMIRA-PED>/=40KG UC		<i>imipramine hcl</i> .....	22	<i>isosorbide dinitrate</i> .....	69
STARTER .....	106	<i>imipramine pamoate</i> .....	22	<i>isosorbide mononitrate</i> .....	69
HUMIRA-PSORIASIS/UEVIT		<i>imiquimod</i> .....	79	<i>isosorbide mononitrate er</i> .....	69
STARTER .....	106	<i>imkeldi</i> .....	32	<i>isotretinoin</i> .....	75
HUMULIN 70/30.....	54	IMOVAX RABIES .....	108	<i>isradipine</i> .....	63
HUMULIN 70/30 KWIKPEN	54	IMPAVIDO .....	37	ITOVEBI .....	32
HUMULIN N .....	54	<i>incassia</i> .....	98	<i>itraconazole</i> .....	24
HUMULIN N KWIKPEN.....	54	INCRELEX .....	92	<i>ivabradine hcl</i> .....	65

<i>ivermectin</i> .....	37	<i>klor-con m15</i> .....	81	<i>leucovorin calcium</i> .....	37
IWILFIN.....	29	<i>klor-con m20</i> .....	81	LEUKERAN.....	27
IXCHIQ.....	109	KLOXXADO .....	6	LEUKINE.....	59
IXIARO.....	109	KOSELUGO .....	33	<i>leuprolide acetate</i> .....	100
<b>J</b>		K-PHOS-NEUTRAL.....	81	<i>leuprolide acetate (3 month)</i>	100
JAKAFI .....	32	KRAZATI .....	29	<i>levabuterol hcl</i> .....	119
<i>jantoven</i> .....	58	<i>kurvelo</i> .....	95	<i>levetiracetam</i> .....	15
JANUMET .....	51	KYLEENA .....	95	<i>levetiracetam er</i> .....	15
JANUMET XR.....	51	<b>L</b>		<i>levobunolol hcl</i> .....	115
JANUVIA.....	51	<i>labetalol hcl</i> .....	63	<i>levocarnitine</i> .....	83
JARDIANCE.....	51	<i>lacosamide</i> .....	18	<i>levocarnitine sf</i> .....	83
JAYPIRCA.....	32, 33	<i>lactulose</i> .....	85	<i>levocetirizine dihydrochloride</i>	117
JENTADUETO .....	51	<i>lactulose encephalopathy</i> .....	85	.....	117
JENTADUETO XR.....	51	LAGEVRIO.....	49	<i>levofloxacin</i> .....	13
<i>jinteli</i> .....	95	<i>lamivudine</i> .....	45	<i>levofloxacin in d5w</i> .....	13
<i>juleber</i> .....	95	<i>lamivudine-zidovudine</i> .....	46	<i>levonest</i> .....	96
JULUCA.....	47	<i>lamotrigine</i> .....	15	<i>levonorgest-eth estrad 91-day</i>	96
<i>junel 1.5/30</i> .....	95	<i>lamotrigine er</i> .....	15	<i>levonorgestrel</i> .....	98
<i>junel 1/20</i> .....	95	<i>lamotrigine starter kit-blue</i> ....	15	<i>levonorgestrel-ethinyl estrad</i> ..	96
<i>junel fe 1.5/30</i> .....	95	<i>lansoprazole</i> .....	88	<i>levonorg-eth estrad triphasic</i>	96
<i>junel fe 1/20</i> .....	95	<i>lanthanum carbonate</i> .....	84	<i>levora 0.15/30 (28)</i> .....	96
JUXTAPID.....	68	LANTUS .....	55	LEVO-T.....	99
JYLAMVO.....	29	LANTUS SOLOSTAR.....	55	<i>levothyroxine sodium</i> .....	99
JYNNEOS .....	109	<i>lapatinib ditosylate</i> .....	33	LEVOXYL .....	99
<b>K</b>		<i>larin 1.5/30</i> .....	95	<i>l-glutamine</i> .....	89
KALYDECO.....	119	<i>larin 1/20</i> .....	95	LIBERVANT .....	17
KANUMA.....	89	<i>larin fe 1.5/30</i> .....	96	<i>lice treatment</i> .....	79
<i>kariva</i> .....	95	<i>larin fe 1/20</i> .....	96	<i>lidocaine</i> .....	5
<i>kcl in dextrose-nacl</i> .....	80	<i>latanoprost</i> .....	115	<i>lidocaine hcl</i> .....	5
<i>kelnor 1/35</i> .....	95	LAZCLUZE .....	29	<i>lidocaine viscous hcl</i> .....	5
<i>kelnor 1/50</i> .....	95	<i>leflunomide</i> .....	106	<i>lidocaine-prilocaine</i> .....	5
KERENDIA .....	66	<i>lenalidomide</i> .....	28	LILETTA (52 MG).....	96
KESIMPTA .....	73	LENVIMA (10 MG DAILY		<i>linezolid</i> .....	8
<i>ketoconazole</i> .....	24	DOSE) .....	33	<i>linezolid in sodium chloride</i> ....	8
<i>ketorolac tromethamine</i> ....	2, 115	LENVIMA (12 MG DAILY		LINZESS .....	85
KEVZARA.....	103	DOSE) .....	33	<i>liothyronine sodium</i> .....	99
KINERET.....	103	LENVIMA (14 MG DAILY		<i>lisinopril</i> .....	62
KINRIX.....	109	DOSE) .....	33	<i>lisinopril-hydrochlorothiazide</i>	66
KISQALI (200 MG DOSE) ...	33	LENVIMA (18 MG DAILY		LITFULO .....	103
KISQALI (400 MG DOSE) ...	33	DOSE) .....	33	<i>lithium</i> .....	50
KISQALI (600 MG DOSE) ...	33	LENVIMA (20 MG DAILY		<i>lithium carbonate</i> .....	50
KISQALI FEMARA (200 MG		DOSE) .....	33	<i>lithium carbonate er</i> .....	50
DOSE) .....	29	LENVIMA (24 MG DAILY		LIVMARLI.....	87
KISQALI FEMARA (400 MG		DOSE) .....	33	LIVTENCITY .....	44
DOSE) .....	29	LENVIMA (4 MG DAILY		LODOCO .....	66
KISQALI FEMARA (600 MG		DOSE) .....	33	<i>lofexidine hcl</i> .....	5
DOSE) .....	29	LENVIMA (8 MG DAILY		LOKELMA.....	84
KLOR-CON .....	81	DOSE) .....	33	LOMAIRA .....	87
KLOR-CON 10 .....	80	<i>lessina</i> .....	96	LONSURF.....	29
<i>klor-con m10</i> .....	80	<i>letrozole</i> .....	30	<i>loperamide hcl</i> .....	86

<i>lopinavir-ritonavir</i> .....	48	MAVENCLAD (7 TABS).....	73	<i>methyltestosterone</i> .....	93
<i>loratadine</i> .....	117	MAVENCLAD (8 TABS).....	73	<i>metoclopramide hcl</i> .....	22
<i>lorazepam</i> .....	50	MAVENCLAD (9 TABS).....	74	<i>metolazone</i> .....	67
<i>lorazepam intensol</i> .....	50	MAVYRET .....	45	<i>metoprolol succinate er</i> .....	63
LORBRENA .....	33	MAYZENT .....	74	<i>metoprolol tartrate</i> .....	63
<i>losartan potassium</i> .....	61	MAYZENT STARTER PACK		<i>metoprolol-hydrochlorothiazide</i>	
<i>losartan potassium-hctz</i> .....	66	.....	74	.....	66
<i>lovastatin</i> .....	68	<i>meclizine hcl</i> .....	22	<i>metronidazole</i> .....	8, 80
<i>low-ogestrel</i> .....	96	<i>meclofenamate sodium</i> .....	3	<i>metyrosine</i> .....	66
<i>loxapine succinate</i> .....	39	<i>medroxyprogesterone acetate</i> .....	98	<i>mexiletine hcl</i> .....	62
<i>lubiprostone</i> .....	85	<i>mefloquine hcl</i> .....	37	<i>micafungin sodium</i> .....	24
LUMAKRAS .....	29	<i>megestrol acetate</i> .....	98	<i>micafungin sodium-nacl</i> .....	24
LUMIGAN .....	115	MEKINIST .....	34	<i>miconazole 1</i> .....	24
LUMIZYME .....	89	MEKTOVI.....	34	<i>miconazole 3 combo-supp</i> .....	24
LUPKYNIS .....	106	<i>meloxicam</i> .....	3	<i>miconazole 7</i> .....	24
LUPRON DEPOT (1-MONTH)		<i>memantine hcl</i> .....	19	<i>miconazole nitrate</i> .....	24
.....	100	<i>memantine hcl er</i> .....	19	<i>microgestin 1.5/30</i> .....	96
LUPRON DEPOT (3-MONTH)		<i>memantine hcl-donepezil hcl</i> ..	18	<i>microgestin 1/20</i> .....	96
.....	100	MENACTRA.....	109	<i>microgestin 24 fe</i> .....	96
LUPRON DEPOT (4-MONTH)		MENEST .....	94	<i>microgestin fe 1.5/30</i> .....	96
.....	100	MENQUADFI.....	109	<i>microgestin fe 1/20</i> .....	96
LUPRON DEPOT (6-MONTH)		MENVEO.....	109	<i>midodrine hcl</i> .....	61
.....	100	<i>mercaptopurine</i> .....	28	<i>mifepristone</i> .....	53
<i>lurasidone hcl</i> .....	42	<i>meropenem</i> .....	12	<i>miglustat</i> .....	89
<i>lutera</i> .....	96	<i>meropenem-sodium chloride</i> ..	12	<i>mili</i> .....	96
LUTRATE DEPOT .....	100	<i>mesalamine</i> .....	111	<i>mimvey</i> .....	96
LYBALVI .....	42	<i>mesalamine er</i> .....	111	<i>minocycline hcl</i> .....	14
LYNPARZA.....	33	<i>mesalamine-cleanser</i> .....	111	<i>minoxidil</i> .....	69
LYSODREN.....	29	<i>mesna</i> .....	37	MIRENA (52 MG) .....	96
LYTGOBI (12 MG DAILY		MESNEX.....	37	<i>mirtazapine</i> .....	19, 20
DOSE) .....	33	<i>metaxalone</i> .....	123	<i>misoprostol</i> .....	88
LYTGOBI (16 MG DAILY		<i>metformin hcl</i> .....	52	M-M-R II .....	109
DOSE) .....	33	<i>metformin hcl er</i> .....	52	<i>modafinil</i> .....	124
LYTGOBI (20 MG DAILY		<i>methadone hcl</i> .....	3	<i>moexipril hcl</i> .....	62
DOSE) .....	33	<i>methazolamide</i> .....	115	<i>molindone hcl</i> .....	39
<i>lyza</i> .....	98	<i>methenamine hippurate</i> .....	8	<i>mometasone furoate</i> .....	78, 118
<b>M</b>		<i>methimazole</i> .....	101	<i>montelukast sodium</i> .....	122
<i>mag-al</i> .....	87	<i>methocarbamol</i> .....	123	<i>morphine sulfate</i> .....	4
<i>magnesium oxide</i> .....	81	<i>methotrexate sodium</i> .....	107	<i>morphine sulfate (concentrate)</i> .....	4
<i>magnesium sulfate</i> .....	81	<i>methotrexate sodium (pf)</i> .....	106	<i>morphine sulfate er</i> .....	3
<i>malathion</i> .....	79	<i>methoxsalen rapid</i> .....	79	MOUNJARO .....	52
<i>manganese chloride</i> .....	81	<i>methsuximide</i> .....	16	MOVANTIK .....	85
<i>maraviroc</i> .....	47	<i>methylphenidate hcl</i> .....	71	<i>moxifloxacin hcl</i> .....	14, 114
<i>marlissa</i> .....	96	<i>methylphenidate hcl er</i> .....	71	<i>moxifloxacin hcl in nacl</i> .....	14
MARPLAN .....	20	<i>methylphenidate hcl er (cd)</i> ....	71	MRESVIA .....	109
MATULANE .....	27	<i>methylphenidate hcl er (la)</i> ....	71	MULTAQ .....	62
MAVENCLAD (10 TABS) ...	73	<i>methylphenidate hcl er (osm)</i> .	71	<i>multi-vit/iron/fluoride</i> .....	83
MAVENCLAD (4 TABS) .....	73	<i>methylphenidate hcl er (xr)</i> ....	71	<i>multivitamin select/fluoride</i> ....	83
MAVENCLAD (5 TABS) .....	73	<i>methylprednisolone</i> .....	92	<i>multivitamin w/fluoride</i> .....	83
MAVENCLAD (6 TABS) .....	73	<i>methylprednisolone acetate</i> ..	111	<i>multi-vitamin/fluoride</i> .....	83

<i>multi-vitamin/minerals</i> .....	83	<i>nifedipine er osmotic release</i> ..	64	NOVOLOG FLEXPEN	
<i>mupirocin</i> .....	80	<i>nilutamide</i> .....	28	RELION .....	56
<i>mycophenolate mofetil</i> .....	107	<i>nimodipine</i> .....	64	NOVOLOG MIX 70/30 .....	56
<i>mycophenolate sodium</i> .....	107	NINLARO .....	29	NOVOLOG MIX 70/30	
<i>mycophenolic acid</i> .....	107	<i>nitazoxanide</i> .....	37	FLEXPEN.....	56
MYFEMBREE .....	100	<i>nitisinone</i> .....	89	NOVOLOG MIX 70/30	
<i>myorisan</i> .....	75	NITRO-BID.....	69	RELION .....	56
MYRBETRIQ .....	90	NITRO-DUR .....	69	NOVOLOG RELION.....	56
<b>N</b>		<i>nitrofurantoin macrocrystal</i> .....	8	NUBEQA .....	28
<i>nabumetone</i> .....	3	<i>nitrofurantoin monohyd macro</i>	8	NUCALA .....	122
<i>nadolol</i> .....	63	<i>nitroglycerin</i> .....	69	NUEDEXTA .....	72
<i>nafacillin sodium</i> .....	12	NIVESTYM .....	59	NULOJIX .....	107
<i>nafacillin sodium in dextrose</i> ..	12	<i>nora-be</i> .....	98	NUPLAZID .....	42
NAGLAZYME.....	89	NORDITROPIN FLEXPRO ..	92	NURTEC .....	25
<i>nalbuphine hcl</i> .....	2	<i>norelgestromin-eth estradiol</i> ..	96	NUTRILIPID.....	83
<i>naloxone hcl</i> .....	5, 6	<i>norethin ace-eth estrad-fe</i> .....	96	NUTROPIN AQ NUSPIN 10.92	
<i>naltrexone hcl</i> .....	6	<i>norethindrone</i> .....	98	NUTROPIN AQ NUSPIN 20.93	
NAMZARIC.....	19	<i>norethindrone acetate</i> .....	98	NUTROPIN AQ NUSPIN 5...93	
<i>naproxen</i> .....	3	<i>norethindrone acet-ethinyl est</i>	96	<i>nylia 1/35</i> .....	97
<i>naproxen dr</i> .....	3	<i>norethindrone-eth estradiol</i> ....	96	<i>nylia 7/7/7</i> .....	97
<i>naproxen sodium</i> .....	3	<i>norethindron-ethinyl estrad-fe</i>	97	<i>nystatin</i> .....	24
NATACYN .....	114	<i>norgestimate-eth estradiol</i> .....	97	<i>nystatin-triamcinolone</i> .....	79
<i>nateglinide</i> .....	52	<i>norgestim-eth estrad triphasic</i>	97	NYVEPRIA .....	59
NAYZILAM.....	17	NORPACE CR.....	62	<b>O</b>	
<i>nebivolol hcl</i> .....	63	<i>nortrel 0.5/35 (28)</i> .....	97	OCALIVA .....	87
<i>necon 0.5/35 (28)</i> .....	96	<i>nortrel 1/35 (21)</i> .....	97	<i>ocella</i> .....	97
<i>nefazodone hcl</i> .....	21	<i>nortrel 1/35 (28)</i> .....	97	OCREVUS .....	74
<i>neomycin sulfate</i> .....	7	<i>nortrel 7/7/7</i> .....	97	OCREVUS ZUNOVO.....	74
<i>neomycin-polymyxin-dexameth</i>		<i>nortriptyline hcl</i> .....	22	<i>octreotide acetate</i> .....	100
.....	113	NORVIR.....	48	ODEFSEY .....	47
<i>neomycin-polymyxin-gramicidin</i>		NOVOLIN 70/30.....	55	ODOMZO.....	34
.....	113	NOVOLIN 70/30 FLEXPEN .	55	OFEV .....	121
<i>neomycin-polymyxin-hc</i> .....	116	NOVOLIN 70/30 FLEXPEN		<i>ofloxacin</i> .....	14, 114, 116
NERLYNX.....	34	RELION .....	55	OGSIVEO.....	34
NEULASTA.....	59	NOVOLIN 70/30 RELION ...	55	OJEMDA .....	34
NEULASTA ONPRO .....	59	NOVOLIN N.....	56	OJJAARA.....	29
NEUPRO.....	38	NOVOLIN N FLEXPEN .....	56	<i>olanzapine</i> .....	42
<i>nevirapine</i> .....	46	NOVOLIN N FLEXPEN		<i>olmesartan medoxomil</i> .....	61
<i>nevirapine er</i> .....	46	RELION .....	56	<i>olmesartan medoxomil-hctz</i> ....	66
NEXLETOL.....	66	NOVOLIN N RELION .....	56	<i>olmesartan-amlodipine-hctz</i> ...66	
NEXLIZET.....	66	NOVOLIN R .....	56	<i>omega-3-acid ethyl esters</i> .....	69
NEXPLANON .....	96	NOVOLIN R FLEXPEN.....	56	<i>omeprazole</i> .....	88
NGENLA .....	92	NOVOLIN R FLEXPEN		<i>omeprazole magnesium</i> .....	88
<i>niacin er (antihyperlipidemic)</i>	69	RELION .....	56	OMNIPOD 5 DEXG7G6	
<i>nicotine</i> .....	5, 6	NOVOLIN R RELION .....	56	INTRO GEN 5.....	56
<i>nicotine polacrilex</i> .....	6	NOVOLOG .....	56	OMNIPOD 5 DEXG7G6 PODS	
NICOTROL.....	6	NOVOLOG 70/30 FLEXPEN		GEN 5.....	57
NICOTROL NS.....	7	RELION .....	56	OMNIPOD 5 G7 INTRO (GEN	
<i>nifedipine</i> .....	64	NOVOLOG FLEXPEN.....	56	5).....	57
<i>nifedipine er</i> .....	63				

OMNIPOD 5 G7 PODS (GEN 5).....	57
OMNIPOD 5 LIBRE2 PLUS G6.....	57
OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	57
OMNIPOD DASH INTRO (GEN 4).....	57
OMNIPOD DASH PDM (GEN 4).....	57
OMNIPOD DASH PODS (GEN 4).....	57
OMNIPOD GO.....	57
OMNITROPE.....	93
<i>ondansetron</i> .....	23
<i>ondansetron hcl</i> .....	23
ONGENTYS.....	38
ONUREG.....	28
OPDIVO QVANTIG.....	29
OPIPZA.....	42
OPSUMIT.....	120
OPVEE.....	6
ORENCIA.....	103
ORENCIA CLICKJECT.....	103
ORFADIN.....	89
ORGOVYX.....	100
ORIAHNN.....	100
ORLISSA.....	100
ORKAMBI.....	119
ORLADEYO.....	101
<i>orlistat</i> .....	87
ORSERDU.....	29
<i>oseltamivir phosphate</i> .....	48, 49
OTEZLA.....	79
<i>oxacillin sodium in dextrose</i> .....	12
<i>oxandrolone</i> .....	93
<i>oxcarbazepine</i> .....	18
<i>oxcarbazepine er</i> .....	18
OXERVATE.....	114
<i>oxybutynin chloride</i> .....	90
<i>oxybutynin chloride er</i> .....	90
<i>oxycodone hcl</i> .....	4
<i>oxycodone hcl er</i> .....	3
<i>oxycodone-acetaminophen</i> .....	4
OXYCONTIN.....	4
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	52
OZEMPIC (1 MG/DOSE).....	52
OZEMPIC (2 MG/DOSE).....	52

## P

<i>paliperidone er</i> .....	42
PANRETIN.....	36
<i>pantoprazole sodium</i> .....	88
<i>paricalcitol</i> .....	112
<i>paroxetine hcl</i> .....	21
<i>paroxetine hcl er</i> .....	21
PAXLOVID.....	49
<i>paxlovid (150/100)</i> .....	49
<i>paxlovid (300/100)</i> .....	49
<i>pazopanib hcl</i> .....	34
PEDIARIX.....	109
PEDVAX HIB.....	109
<i>peg 3350-kcl-na bicarb-nacl</i> .....	85
<i>peg-3350/electrolytes</i> .....	85
PEGASYS.....	105
PEMAZYRE.....	34
<i>pen needles</i> .....	57
PEN NEEDLES.....	57
PENBRAYA.....	109
<i>penciclovir</i> .....	80
<i>penicillamine</i> .....	82
<i>penicillin g pot in dextrose</i> .....	12
<i>penicillin g procaine</i> .....	12
<i>penicillin g sodium</i> .....	12
<i>penicillin v potassium</i> .....	12
PENTACEL.....	109
<i>pentamidine isethionate</i> .....	37
<i>pentazocine-naloxone hcl</i> .....	4
<i>pentoxifylline er</i> .....	66
PEPTO-BISMOL MAX STRENGTH.....	87
<i>perindopril erbumine</i> .....	62
<i>permethrin</i> .....	79
<i>perphenazine</i> .....	22
PERSERIS.....	42
<i>phendimetrazine tartrate</i> .....	87
<i>phendimetrazine tartrate er</i> .....	87
<i>phenelzine sulfate</i> .....	20
<i>phenobarbital</i> .....	17
<i>phenoxybenzamine hcl</i> .....	61
<i>phentermine hcl</i> .....	87
PHENYTEK.....	18
<i>phenytoin</i> .....	18
<i>phenytoin infatabs</i> .....	18
<i>phenytoin sodium extended</i> .....	18
PHOSPHO-TRIN K500.....	81
<i>phytonadione</i> .....	83
PIASKY.....	59
PIFELTRO.....	46

<i>pilocarpine hcl</i> .....	75, 115
<i>pimecrolimus</i> .....	78
<i>pimozide</i> .....	39
<i>pimtree</i> .....	97
<i>pindolol</i> .....	63
<i>pioglitazone hcl</i> .....	52
<i>pioglitazone hcl-metformin hcl</i> .....	52
<i>piperacillin sod-tazobactam so</i> .....	12
PIQRAY (200 MG DAILY DOSE).....	34
PIQRAY (250 MG DAILY DOSE).....	34
PIQRAY (300 MG DAILY DOSE).....	34
<i>pirfenidone</i> .....	121
<i>piroxicam</i> .....	3
<i>plenamine</i> .....	83
<i>podofilox</i> .....	79
<i>polyethylene glycol 3350</i> .....	85
<i>polymyxin b sulfate</i> .....	8
<i>polymyxin b-trimethoprim</i> .....	114
POLY-VI-FLOR.....	83
POLY-VI-FLOR/IRON.....	83
POMALYST.....	28
PONVORY.....	74
PONVORY STARTER PACK.....	74
<i>portia-28</i> .....	97
<i>posaconazole</i> .....	24, 25
<i>potassium chloride</i> .....	81
<i>potassium chloride crys er</i> .....	81
<i>potassium chloride er</i> .....	81
<i>potassium citrate er</i> .....	81
<i>povidone-iodine</i> .....	80
PRALUENT.....	69
<i>pramipexole dihydrochloride</i> .....	38
<i>pramipexole dihydrochloride er</i> .....	38
<i>prasugrel hcl</i> .....	61
<i>pravastatin sodium</i> .....	68
<i>praziquantel</i> .....	37
<i>prazosin hcl</i> .....	61
<i>prednicarbate</i> .....	78
<i>prednisolone</i> .....	92
<i>prednisolone acetate</i> .....	115
<i>prednisolone sodium phosphate</i> .....	92, 111, 115
<i>prednisone</i> .....	111, 112

<i>prednisone intensol</i> .....	111	QUFLORA FE .....	84	<i>ribavirin</i> .....	45
<i>pregabalin</i> .....	17	QUFLORA FE PEDIATRIC..	84	<i>rifabutin</i> .....	27
PREHEVBRIO .....	109	<i>quinapril hcl</i> .....	62	<i>rifampin</i> .....	27
PREMARIN .....	94	<i>quinapril-hydrochlorothiazide</i>	66	<i>riluzole</i> .....	72
PREMPHASE .....	97	<i>quinidine gluconate er</i> .....	62	<i>rimantadine hcl</i> .....	49
PREMPRO .....	97	<i>quinidine sulfate</i> .....	63	RINVOQ.....	103
<i>prenatal</i> .....	84	<i>quinine sulfate</i> .....	37	RINVOQ LQ .....	103
PRETOMANID.....	27	QULIPTA.....	26	<i>risedronate sodium</i> .....	112
<i>prevalite</i> .....	69	QVAR REDIHALER .....	118	<i>risperidone</i> .....	43
PREVYMIS.....	44	<b>R</b>		RISPERIDONE	
PREZCOBIX.....	47	RABAVERT .....	109	MICROSPHERES ER.....	43
PREZISTA .....	48	RADICAVA ORS .....	72	<i>ritonavir</i> .....	48
PRIFTIN.....	27	RADICAVA ORS STARTER		<i>rivaroxaban</i> .....	58
<i>primaquine phosphate</i> .....	37	KIT .....	72	<i>rivastigmine</i> .....	19
PRIMAXIN IV .....	8	RALDESY.....	21	<i>rivastigmine tartrate</i> .....	19
<i>primidone</i> .....	17	<i>raloxifene hcl</i> .....	98	<i>rizatriptan benzoate</i> .....	26
PRIORIX .....	109	<i>ramelteon</i> .....	123	ROCKLATAN .....	115
PRIVIGEN .....	102	<i>ramipril</i> .....	62	<i>roflumilast</i> .....	120
<i>probenecid</i> .....	25	<i>ranolazine er</i> .....	66	ROMVIMZA .....	30
<i>prochlorperazine</i> .....	22	<i>rasagiline mesylate</i> .....	39	<i>ropinirole hcl</i> .....	38
<i>prochlorperazine maleate</i> .....	22	RAVICTI.....	89	<i>ropinirole hcl er</i> .....	38
PROCRIPT .....	59	REBIF.....	74	<i>rosuvastatin calcium</i> .....	68
<i>progesterone</i> .....	98	REBIF REBIDOSE .....	74	ROTARIX .....	110
PROGRAF .....	107	REBIF REBIDOSE		ROTATEQ .....	110
PROLASTIN-C.....	89	TITRATION PACK .....	74	<i>roweepa</i> .....	15
PROLIA .....	112	REBIF TITRATION PACK..	74	ROZLYTREK .....	34
PROMACTA.....	59	<i>reclipsen</i> .....	97	RUBRACA.....	34
<i>promethazine hcl</i> .....	22, 117	RECOMBIVAX HB.....	110	<i>rufinamide</i> .....	18
<i>promethazine vc</i> .....	22	RECORLEV .....	100	RUKOBIA .....	47
<i>promethazine-phenylephrine</i> ..	23	REGRANEX .....	79	RYBELSUS.....	52
<i>promethegan</i> .....	23	RELENZA DISKHALER .....	49	RYBELSUS (FORMULATION	
<i>propafenone hcl</i> .....	62	RELEUKO .....	59	R2).....	52
<i>propranolol hcl</i> .....	63	RELISTOR .....	85	RYDAPT .....	34
<i>propranolol hcl er</i> .....	63	<i>reno caps</i> .....	84	RYKINDO.....	43
<i>propylthiouracil</i> .....	101	RENOVA .....	79	RYLAZE .....	30
PROQUAD.....	109	<i>repaglinide</i> .....	52	<b>S</b>	
<i>protriptyline hcl</i> .....	22	REPATHA.....	69	SANDIMMUNE.....	107
PULMOZYME.....	119	REPATHA PUSHTRONEX		SANTYL .....	79
<i>pyrazinamide</i> .....	27	SYSTEM .....	69	<i>sapropterin dihydrochloride</i> ..	89
<i>pyridostigmine bromide</i> .....	26	REPATHA SURECLICK .....	69	SAVELLA .....	72
<i>pyridostigmine bromide er</i> .....	26	RETACRIT .....	60	SAVELLA TITRATION PACK	
<i>pyridoxine hcl</i> .....	84	RETEVMO.....	34	.....	73
<i>pyrimethamine</i> .....	37	REVLIMID .....	28	SAXENDA.....	87
PYRUKYND.....	59	REVUFORJ.....	30	<i>sb bismuth</i> .....	87
PYRUKYND TAPER PACK	59	REXTOVY .....	6	SCEMBLIX .....	34, 35
<b>Q</b>		REXULTI.....	42	<i>scopolamine</i> .....	23
QINLOCK.....	34	REYATAZ .....	48	SECUADO .....	43
QUADRACEL .....	109	REZLIDHIA.....	30	<i>selegiline hcl</i> .....	39
<i>quetiapine fumarate</i> .....	42	REZUROCK .....	107	<i>selenium sulfide</i> .....	78
<i>quetiapine fumarate er</i> .....	42	RHOPRESSA .....	115	SELZENTRY .....	47

SEREVENT DISKUS .....	119	STIVARGA.....	35	TECENTRIQ HYBREZA .....	30
SEROSTIM .....	93	STRENSIQ.....	90	TEFLARO .....	11
<i>sertraline hcl</i> .....	21	<i>streptomycin sulfate</i> .....	7	<i>telmisartan</i> .....	61
<i>setlakin</i> .....	97	STRIBILD .....	47	<i>telmisartan-hctz</i> .....	66
<i>sevelamer carbonate</i> .....	84	SUCRAID .....	90	<i>temazepam</i> .....	123
<i>sharobel</i> .....	98	<i>sucralfate</i> .....	88	TENIVAC.....	110
SHINGRIX.....	110	<i>sulfacetamide sodium</i> .....	114	<i>tenofovir disoproxil fumarate</i> .....	45
SIGNIFOR .....	100	<i>sulfacetamide sodium (acne)</i> ..	14	TEPMETKO.....	35
SIKLOS.....	28	<i>sulfacetamide-prednisolone</i> ..	114	<i>terazosin hcl</i> .....	61
<i>sildenafil citrate</i> .....	120	<i>sulfadiazine</i> .....	14	<i>terbinafine hcl</i> .....	25
SILIQ.....	103	<i>sulfamethoxazole-trimethoprim</i>	8, 14	<i>terbutaline sulfate</i> .....	119
<i>silver sulfadiazine</i> .....	79	.....	8, 14	<i>terconazole</i> .....	25
SIMBRINZA .....	115	<i>sulfasalazine</i> .....	111	<i>teriflunomide</i> .....	74
SIMPONI .....	107	<i>sulindac</i> .....	3	<i>teriparatide</i> .....	112
<i>simvastatin</i> .....	68	<i>sumatriptan</i> .....	26	TERIPARATIDE .....	112
<i>sirolimus</i> .....	107	<i>sumatriptan succinate</i> .....	26	<i>testosterone</i> .....	93
SIRTURO.....	27	<i>sumatriptan succinate refill</i> ....	26	<i>testosterone cypionate</i> .....	93
SKYLA.....	97	<i>sunitinib malate</i> .....	35	<i>testosterone enanthate</i> .....	93
SKYRIZI .....	103, 104	SUNLENCA.....	47, 48	TETANUS-DIPHThERIA	
SKYRIZI PEN.....	104	SYMDEKO .....	119	TOXOIDS TD .....	110
SKYTROFA.....	93	SYMLINPEN 120 .....	52	<i>tetrabenazine</i> .....	72
<i>sodium bicarbonate</i> .....	81	SYMLINPEN 60 .....	52	<i>tetracycline hcl</i> .....	14
<i>sodium chloride</i> .....	79, 81	SYMPAZAN.....	17	THALOMID.....	28
<i>sodium chloride (pf)</i> .....	81	SYMTUZA.....	48	<i>theophylline</i> .....	120
<i>sodium fluoride</i> .....	81	SYNAREL.....	101	<i>theophylline er</i> .....	120
<i>sodium oxybate</i> .....	124	SYNJARDY .....	52	<i>thiamine hcl</i> .....	84
<i>sodium phenylbutyrate</i> .....	89	SYNJARDY XR.....	52, 53	<i>thioridazine hcl</i> .....	40
<i>sodium polystyrene sulfonate</i> ..	84	SYNTHROID .....	99	<i>thiothixene</i> .....	40
SOFOSBUVIR-		<b>T</b>		<i>tiagabine hcl</i> .....	17
VELPATASVIR.....	45	TABLOID .....	28	TIBSOVO.....	30
<i>solifenacin succinate</i> .....	90	TABRECTA.....	35	<i>ticagrelor</i> .....	61
SOLQUA .....	57	<i>tacrolimus</i> .....	78, 107	TICE BCG .....	30
SOLTAMOX.....	28	<i>tadalafil</i> .....	91	TICOVAC .....	110
SOMAVERT.....	101	<i>tadalafil (pah)</i> .....	120	<i>tigecycline</i> .....	8
<i>sorafenib tosylate</i> .....	35	TADLIQ .....	120	<i>timolol maleate</i> .....	63, 115
<i>sotalol hcl</i> .....	63	TAFINLAR .....	35	<i>tinidazole</i> .....	8
<i>sotalol hcl (af)</i> .....	63	TAGRISO .....	35	<i>tioconazole-1</i> .....	25
SOTYKTU .....	104	TALTZ .....	104	<i>tiopronin</i> .....	91
SPIRIVA RESPIMAT.....	118	TALZENNA.....	35	<i>tiotropium bromide</i>	
<i>spironolactone</i> .....	67	<i>tamoxifen citrate</i> .....	28	<i>monohydrate</i> .....	118
<i>spironolactone-hctz</i> .....	66	<i>tamsulosin hcl</i> .....	91	TIVICAY.....	45, 46
<i>sprintec 28</i> .....	97	<i>tarina fe 1/20 eq</i> .....	97	TIVICAY PD.....	46
SPRITAM.....	15, 16	TARPEYO.....	101	<i>tizanidine hcl</i> .....	44
<i>sps (sodium polystyrene sulf)</i> ..	84	TASCENSO ODT .....	74	<i>tobramycin</i> .....	114, 119
SPS (SODIUM		TASIGNA .....	35	<i>tobramycin sulfate</i> .....	7
POLYSTYRENE SULF) ..	84	<i>tasimelteon</i> .....	123	<i>tobramycin-dexamethasone</i> ..	114
<i>sronyx</i> .....	97	TAVNEOS .....	60	<i>tolnaftate</i> .....	25
STELARA .....	104	<i>tazarotene</i> .....	75	<i>tolterodine tartrate</i> .....	90
STIMUFEND .....	60	TAZICEF.....	11	<i>tolterodine tartrate er</i> .....	90
STIOLTO RESPIMAT .....	122	TAZVERIK.....	35	<i>tolvaptan</i> .....	82

<i>topiramate</i> .....	16	TRUMENBA.....	110	VARIVAX.....	110
<i>toremifene citrate</i> .....	28	TRUQAP .....	35	VAXCHORA .....	110
<i>torseamide</i> .....	67	TRUSELTIQ (100MG DAILY		VAXELIS .....	110
TOUJEO MAX SOLOSTAR.....	57	DOSE) .....	35	<i>velivet</i> .....	97
TOUJEO SOLOSTAR .....	57	TRUSELTIQ (125MG DAILY		VELTASSA.....	84
TRADJENTA.....	53	DOSE) .....	35	VEMLIDY .....	45
<i>tramadol hcl</i> .....	5	TRUSELTIQ (50MG DAILY		VENCLEXTA .....	35
<i>tramadol-acetaminophen</i> .....	5	DOSE) .....	35	VENCLEXTA STARTING	
<i>trandolapril</i> .....	62	TRUSELTIQ (75MG DAILY		PACK .....	36
<i>tranexamic acid</i> .....	60	DOSE) .....	35	<i>venlafaxine hcl</i> .....	21
<i>tranylcypromine sulfate</i> .....	20	TRUVADA .....	46	<i>venlafaxine hcl er</i> .....	21
<i>travoprost (bak free)</i> .....	115	TUKYSA.....	35	VENTAVIS .....	121
<i>trazodone hcl</i> .....	21	TURALIO .....	35	VENTOLIN HFA.....	119
TRECTOR.....	27	TWINRIX.....	110	VEOZAH.....	72
TRELEGY ELLIPTA .....	122	TYBOST .....	48	<i>verapamil hcl</i> .....	64
TRELSTAR MIXJECT .....	101	TYMLOS.....	112	<i>verapamil hcl er</i> .....	64
TREMFYA.....	104	TYPHIM VI .....	110	VERQUVO.....	66
TREMFYA CROHNS		TYVASO DPI		VERSACLOZ.....	44
INDUCTION.....	104	MAINTENANCE KIT ....	120	VERZENIO .....	36
TREMFYA ONE-PRESS ....	104	TYVASO DPI TITRATION		V-GO 20 .....	57
TREMFYA PEN .....	104	KIT .....	120	V-GO 30 .....	57
<i>tretinoin</i> .....	36, 75	<b>U</b>		V-GO 40 .....	57
<i>triamcinolone acetamide</i> ... 75, 78		UBRELVY .....	25	VICTOZA.....	53
<i>triamcinolone in absorbase</i> .... 78		UDENYCA .....	60	<i>vienna</i> .....	97
<i>triamterene-hctz</i> .....	66	UDENYCA ONBODY .....	60	<i>vigabatrin</i> .....	17
<i>trientine hcl</i> .....	82	UNITHROID.....	99	VIGAFYDE.....	17
<i>tri-estarylla</i> .....	97	UPTRAVI.....	120	VIJOICE .....	36
<i>trifluoperazine hcl</i> .....	40	UPTRAVI TITRATION .....	121	<i>vilazodone hcl</i> .....	21
<i>trifluridine</i> .....	45	<i>ursodiol</i> .....	87	VIMKUNYA .....	110
<i>trihexyphenidyl hcl</i> .....	38	UZEDY .....	43	VIRACEPT.....	48
TRIJARDY XR.....	53	<b>V</b>		VIREAD .....	45
TRIKAFTA .....	119, 120	<i>valacyclovir hcl</i> .....	45	VITAL-D RX .....	84
<i>tri-legest fe</i> .....	97	VALCHLOR .....	27	<i>vitamin b12-folic acid</i> .....	84
<i>trimethobenzamide hcl</i> .....	23	<i>valganciclovir hcl</i> .....	44	VITRAKVI.....	36
<i>trimethoprim</i> .....	8	<i>valproic acid</i> .....	16	VIVITROL .....	111
<i>tri-mili</i> .....	97	<i>valsartan</i> .....	61	VIZIMPRO.....	36
<i>trimipramine maleate</i> .....	22	<i>valsartan-hydrochlorothiazide</i>		VOCABRIA .....	46
<i>trinatal rx 1</i> .....	84	.....	66	VONJO .....	36
TRINTELLIX.....	21	VALTOCO 10 MG DOSE ....	17	VORANIGO.....	30
<i>triple antibiotic</i> .....	80	VALTOCO 15 MG DOSE ....	17	<i>voriconazole</i> .....	25
<i>triprolidine hcl</i> .....	117	VALTOCO 20 MG DOSE ....	17	VOSEVI .....	45
<i>tri-sprintec</i> .....	97	VALTOCO 5 MG DOSE .....	17	VOWST .....	87
TRIUMEQ.....	48	<i>vancomycin hcl</i> .....	9	VRAYLAR.....	43
TRIUMEQ PD.....	48	<i>vancomycin hcl in dextrose</i> .....	8	<i>vyfemla</i> .....	98
<i>tri-vite/fluoride</i> .....	84	<i>vancomycin hcl in nacl</i> .....	9	<i>vylibra</i> .....	98
<i>trivora (28)</i> .....	97	VANFLYTA .....	35	VYNDAMAX .....	66
<i>tri-vylibra</i> .....	97	VAQTA.....	110	<b>W</b>	
<i>tropium chloride</i> .....	91	<i>varenicline tartrate</i> .....	7	<i>warfarin sodium</i> .....	58
<i>tropium chloride er</i> .....	90	<i>varenicline tartrate (starter)</i> ....	7	WEGOVI .....	66, 67
TRULICITY.....	53	<i>varenicline tartrate(continue)</i> ..	7	WELIREG .....	30

<i>wixela inhub</i> .....	122	XPOVIO (40 MG TWICE WEEKLY).....	30	<i>zenatane</i> .....	76
<b>X</b>		XPOVIO (60 MG ONCE WEEKLY).....	30	ZENPEP .....	90
XALKORI.....	36	XPOVIO (60 MG TWICE WEEKLY).....	30	ZEPBOUND.....	123
XARELTO .....	58	XPOVIO (80 MG ONCE WEEKLY).....	30	ZEPOSIA.....	74
XARELTO STARTER PACK .....	58	XPOVIO (80 MG TWICE WEEKLY).....	30	ZEPOSIA 7-DAY STARTER PACK .....	74
XATMEP .....	30	XROMI.....	28	ZEPOSIA STARTER KIT .....	74
XCOPRI .....	16	XTANDI.....	28	<i>zidovudine</i> .....	46, 47
XCOPRI (250 MG DAILY DOSE) .....	16	<i>xulane</i> .....	98	ZIEXTENZO .....	60
XCOPRI (350 MG DAILY DOSE) .....	16	XYWAV.....	124	ZILBRYSQ.....	105
XDEMVI .....	114	<b>Y</b>		<i>ziprasidone hcl</i> .....	43
XELJANZ .....	104	YF-VAX.....	111	<i>ziprasidone mesylate</i> .....	43
XELJANZ XR.....	104	YONSA .....	28	ZITHROMAX .....	13
XERMELO.....	86	YORVIPATH.....	113	ZOLINZA.....	30
XGEVA .....	112	<i>yuvafem</i> .....	94	<i>zolpidem tartrate</i> .....	123
XIAFLEX.....	90	<b>Z</b>		<i>zolpidem tartrate er</i> .....	123
XIFAXAN.....	86	<i>zafemy</i> .....	98	ZONISADE .....	18
XIGDUO XR.....	53	<i>zaleplon</i> .....	123	<i>zonisamide</i> .....	18
XOLAIR.....	122, 123	ZARXIO .....	60	ZOSYN.....	9
XOLREMDI.....	60	ZAVZPRET.....	25	<i>zovia 1/35 (28)</i> .....	98
XOSPATA .....	36	ZEJULA .....	36	ZTALMY .....	17
XPOVIO (100 MG ONCE WEEKLY).....	30	ZELBORAF .....	36	ZTLIDO.....	5
XPOVIO (40 MG ONCE WEEKLY).....	30	ZEMAIRA.....	90	ZURZUVAE.....	20
				ZYDELIG.....	36
				ZYKADIA .....	36
				ZYPREXA RELPREVV .....	44



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

Updated on 05/27/2025. For more recent information or other questions, contact us at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week or visit **[www.amerihealthcaritasvipcareplus.com](http://www.amerihealthcaritasvipcareplus.com)**.