



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

2025 Formulary

HMSA Akamai Advantage Dual Care (PPO D-SNP)

2025 List of Covered Drugs (Drug List) Formulary ID 00025219, version 16

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact HMSA at (808) 948-6000 or 1 (800) 660-4672 toll-free. TTY users, call 711. Telephone hours are 7:45 a.m. to 8 p.m., seven days a week or visit hmsa.com/advantage.



MedicareRx
Prescription Drug Coverage

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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 (OTC) drugs and non-drug products and items are covered by HMSA. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by HMSA. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

This is a list of drugs that members can get in HMSA.

HMSA Akamai Advantage Dual Care is a PPO D-SNP plan with a Medicare contract and a contract with the Hawaii Medicaid Program. Enrollment in HMSA Akamai Advantage Dual Care depends on contract renewal. The formulary may change at any time. You will receive notice when necessary.

- You can always check HMSA's up-to-date List of Covered Drugs online at hmsa.com/advantage or by calling the numbers listed at the bottom of this page. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call the numbers listed at the bottom of this page. This call is free.
- This document is available for free in Ilocano, Vietnamese, Chinese, and Korean.
- Your request for this document in an accessible format or language may be applied on a standing basis unless you request otherwise.

CVS Caremark® is an independent company providing pharmacy benefit management services on behalf of HMSA.

If you have questions, please call HMSA at (808) 948-6000 or 1 (800) 660-4672 toll-free. TTY users, call 711, 7:45 a.m. to 8 p.m., seven days a week. The call is free. For more information, visit hmsa.com/advantage.

Discrimination is against the law

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). HMSA does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Services HMSA provides

HMSA offers the following services to support people with disabilities and those whose primary language is not English. There is no cost to you.

- Qualified sign language interpreters are available for people who are deaf or hard of hearing.
- Large print, audio, braille, or other electronic formats of written information is available for people who are blind or have low vision.
- Language assistance services are available for those who have trouble with speaking or reading in English. This includes:
 - Qualified interpreters.
 - Information written in other languages.

If you need modifications, appropriate auxiliary aids and services, or language assistance services, please call 1 (800) 776-4672. TTY users, call 711.

How to file a grievance or complaint

If you believe HMSA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Phone: 1 (800) 462-2085
- TTY: 711
- Email: appeals@hmsa.com
- Fax: (808) 952-7546
- Mail: HMSA Member Advocacy and Appeals
P.O. Box 1958
Honolulu, HI 96805-1958

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at HMSA's website: <https://hmsa.com/non-discrimination-notice/>.

(continued on next page)



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ATTENTION: If you don't speak English, language assistance services are available to you at no cost. Auxiliary aids and services are also available to give you information in accessible formats at no cost. QUEST members, call 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, or speak to your provider. Medicare Advantage and commercial plan members, call 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

'Ōlelo Hawai'i

NĀ MEA: Inā 'a'ole 'oe 'ōlelo Pelekania, loa'a nā lawelawe kōkua 'ōlelo iā 'oe me ka uku 'ole. Loa'a nā kōkua kōkua a me nā lawelawe no ka hā'awi 'ana iā 'oe i ka 'ike ma nā 'ano like 'ole me ka uku 'ole. Nā lālā QUEST, e kelepona iā 1 (800) 440-0640 me ka uku 'ole, TTY 1 (877) 447-5990, a i 'ole e kama'ilio me kāu mea ho'olako. 'O nā lālā Medicare Advantage a me nā lālā ho'olālā kalepa, e kelepona iā 1 (800) 776-4672 a i 'ole TDD/TTY 1 (877) 447-5990.

Bisaya

PAHIBALO: Kung dili English ang imong pinulongan, magamit nimo ang mga serbisyo sa tabang sa pinulongan nga walay bayad. Ang mga auxiliary nga tabang ug serbisyo anaa sab aron mohatag og impormasyon kanimo sa daling ma-access nga mga format nga walay bayad. Mga membro sa QUEST, tawag sa 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, o pakig-istorya sa imong provider. Mga membro sa Medicare Advantage ug commercial plan, tawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

繁體中文

請注意：如果你不諳英文，我們將為您提供免費的語言協助服務。輔助支援和服務也能免費以無障礙的方式為您提供資訊。QUEST 會員請致電免費熱線 1 (800) 440-0640、聽障熱線 (TTY) 1 (877) 447-5990 或與您的服務提供者聯絡。Medicare Advantage 及商業計劃會員請致電 1 (800) 776-4672 或聽障／語障熱線 (TDD/TTY) 1 (877) 447-5990。

简体中文

注意：如果您不会说英语，我们可以免费为您提供语言协助服务。同时，我们还配备辅助工具和相关服务，免费为您提供无障碍格式的信息。QUEST 会员请拨打免费电话 1 (800) 440-0640, TTY 1 (877) 447-5990，或咨询您的医疗服务提供者。Medicare Advantage 和商业计划会员请致电 1 (800) 776-4672 或 TDD/TTY 1 (877) 447-5990。

Ilokano

BASAEN: No saanka nga agsasao iti Ingles, mabalinmo a magun-odan ti libre a serbisio a tulong iti lengguahe. Adda met dagiti kanayonan a tulong ken serbisio a makaited kenka iti libre nga impormasion iti nalaka a maawatan a pormat. Dagiti miembro ti QUEST, tawaganyo ti 1 (800) 440-0640 a libre iti toll, TTY 1 (877) 447-5990, wenno makisaritaka iti provider-yo. Dagiti miembro ti Medicare Advantage ken plano a pang-komersio, tawaganyo ti 1 (800) 776-4672 wenno TDD/TTY 1 (877) 447-5990.

日本語

注意：英語を話されない方には、無料で言語支援サービスをご利用いただけます。また、情報をアクセシブルな形式で提供するための補助ツールやサービスも無料でご利用いただけます。QUESTプログラムの加入者の方は、フリーダイヤル1 (800) 440-0640までお電話ください。TTYをご利用の場合は1 (877) 447-5990までお電話いただくか、担当医療機関にご相談ください。Medicare Advantageプランおよび民間保険プランの加入者の方は、1 (800) 776-4672までお電話いただくか、TDD/TTYをご利用の場合は1 (877) 447-5990までお電話ください。

한국어

주의: 영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990 번으로 전화하십시오.

ພາສາລາວ

ເຊີນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ວຍພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພີ່ມໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ເຂົາເຈົ້າໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. ສະມາຊິກແຜນປະກັນ Medicare Advantage ແລະ ຊົນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

Kajin Majōl

KŌJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjrbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

Lokaiahn Pohnpei

Kohdo: Ma ke mwahu en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

Gagana Sāmoa

FAASILASILAGA: Afai e te lē tautala le faa-Igilisi, o loo avanoa mo oe e aunoa ma se totogi auauunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auauunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

Español

ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

Tagalog

PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

ไทย

โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรฟรีที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

Tonga

FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

Foosun Chuuk

ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me weweoch ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

Tiếng Việt

CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.

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 that starts in section C1 are the drugs covered by HMSA. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

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

You can also find an up-to-date list of drugs that we cover on our website at hmsa.com/advantage or call HMSA at the numbers listed at the bottom of this page.

B2. Does the Drug List ever change?

Yes, and HMSA must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from HMSA before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).

- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

If you 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 HMSA's up-to-date Drug List online at hmsa.com/advantage. Updates to the Drug List are posted on the website monthly.
- You can also call Customer Relations at the numbers listed at the bottom of this page to check the current Drug List.

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

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

- Substitutions of certain new versions of drugs. We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0. 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.

If you have questions, please call HMSA at (808) 948-6000 or 1 (800) 660-4672 toll-free. TTY users, call 711, 7:45 a.m. to 8 p.m., seven days a week. The call is free. For more information, visit hmsa.com/advantage.

Last updated: 09/01/2025

- 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 refer to questions B10-B12 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. Please contact your prescriber for more information or your doctor for medical advice.

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.

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 60-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 questions B10-B12.

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

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

- Prior authorization: For some drugs, you or your doctor or other prescriber must get authorization from HMSA before you fill your prescription. Prior authorization is different from a referral. HMSA may not cover the drug if you don't get prior authorization.
- Quantity limits: Sometimes HMSA limits the amount of a drug you can get.
- Step therapy: Sometimes HMSA 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 in section C1. You can also get more information by visiting our website at hmsa.com/advantage. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table in the List of Drugs by Medical Condition has a column labeled Requirements/Limits.

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

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

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

There are two ways to find a drug:

- you can search alphabetically, or
- you can search by Medical Condition.

To search alphabetically, look for your drug in the Index of Covered Drugs section. You can find it in Section D of this document. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the index.

To search by medical condition, find section C1 labeled "List of Drugs by Medical Condition". The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in "Cardiovascular". 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 find your drug on the Drug List, call Customer Relations at the numbers listed at the bottom of this page and ask about it. If you learn that HMSA will not cover the drug, you can do one of these things:

- Ask Customer Relations 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 HMSA to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new HMSA member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of HMSA Akamai Advantage Dual Care. 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
- our plan rules do not let you get the amount ordered by your prescriber, or
- the drug requires prior authorization by HMSA, 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 HMSA Akamai Advantage Dual Care member.

This is in addition to the temporary supply during the first 90 days you are a member of HMSA Akamai Advantage Dual Care.

If you have questions, please call HMSA at (808) 948-6000 or 1 (800) 660-4672 toll-free. TTY users, call 711, 7:45 a.m. to 8 p.m., seven days a week. The call is free. For more information, visit hmsa.com/advantage.

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Transition policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization. Current members may also be affected by changes in our formulary from one year to the next.

Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the section, "How can I ask for an exception?" to learn more about how to request an exception. Please contact Customer Relations if your drug is not on our formulary or is subject to certain restrictions such as prior authorization, and you need to switch to a different drug that we cover or request a formulary exception.

During the period of time members are talking to their doctors to determine a course of action, we may provide a temporary supply of a nonformulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan.

If you are a current member affected by a formulary change from one year to the next, we will provide you with the opportunity to request a formulary exception in advance for the following year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a Part D drug), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term care facility (like a nursing home), we will also cover a temporary 31-day transition supply

(unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.

Current members are also eligible to receive a transition fill under certain conditions. If a current member enters a long-term care facility or is in an LTC facility and requires an emergency supply of nonformulary drugs, we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). We will cover more than one refill of these drugs for these members for the first 90 days.

A member may experience a change in their level of care at an inpatient hospital facility or skilled nursing facility which results in noncoverage of drugs previously covered by Medicare Part D. For current members experiencing a level of care change, we will also cover a temporary 31-day transition supply as outlined above.

Please note that our transition policy applies only to those drugs that are Part D drugs and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out-of-network, unless you qualify for out-of-network access.

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

Yes. You can ask HMSA to make an exception to cover a drug that is not on the Drug List.

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

- For example, HMSA 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 prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call us and we will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section 7, of the *Evidence of Coverage* 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. You, your prescriber, or your authorized representative can ask us to make a coverage determination verbally or in writing. To request a coverage determination or for more information about the process or status of a request, call HMSA's pharmacy benefit manager at 1 (855) 479-3659 toll-free. TTY users call 711.

You can also access the coverage decision process through our website, at hmsa.com/help-center/forms/medicare-drug-review/.

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.

HMSA covers both brand name drugs and generic drugs.

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

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

For more information on drug types, refer to Chapter 5 of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for "over-the-counter". HMSA QUEST (Medicaid) covers some OTC drugs when they are written as prescriptions by your provider.

You can read the HMSA Drug List to find out what OTC drugs are covered.

B16. Does HMSA cover non-drug OTC products?

HMSA covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include

- Adhesive bandages
- Gauze pads
- Peak flow meters

You can read the HMSA Drug List to find out what non-drug OTC products are covered.

B17. Does HMSA cover long-term supplies of prescriptions?

- Mail-Order Programs. We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly

If you have questions, please call HMSA at (808) 948-6000 or 1 (800) 660-4672 toll-free. TTY users, call 711, 7:45 a.m. to 8 p.m., seven days a week. The call is free. For more information, visit hmsa.com/advantage.

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to your home. A 100-day supply has the same copay as a one-month supply.

- 100-Day Retail Pharmacy Programs. Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs. A 100-day supply has the same copay as a one-month supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Prescription drugs can be shipped to your home from HMSA's mail-order pharmacy, CVS Caremark. Usually, a mail-order pharmacy order will get to you in no more than 14 days after the pharmacy receives the order. If your drugs do not arrive within this timeframe, please call 1 (855) 479-3659 toll-free, 24 hours a day, seven days a week; TTY users, call 711. You can also choose to sign up for our optional automatic delivery program by calling these numbers.

B19. What is my copay?

HMSA members have \$0 copayments for prescriptions, OTC drugs, and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

- Tier 1 Generic drugs have \$0 copay.
- Tier 1 Brand name drugs have \$0 copay.
- OTCs have a \$0 copay.

If you have questions, call Customer Relations at the numbers listed at the bottom of this page.

C. Overview of the List of Covered Drugs

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

Note: Drugs identified in the drug list as non-Part D drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or the state.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Customer Relations at the numbers listed at the bottom of this page.
- You can also read Chapter 9 of the *Evidence of Coverage* to learn how to appeal a decision.

C1. List of Drugs 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". That is where you will find drugs that treat heart conditions.

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

PA – Prior Authorization: Requires that you or your physician receive approval from HMSA Akamai Advantage Dual Care before we will cover your prescription.

QL – Quantity Limits: A limit on the amount of the drug that HMSA Akamai Advantage Dual Care will cover.

ST – Step Therapy: Requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

NM – Not Available at Mail Order: These drugs are not available through HMSA's mail-order pharmacy, CVS Caremark.

B/D – B or D: This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. For more information, please call Customer Relations.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *lisinopril*), brand name drugs are capitalized (for example, JARDIANCE), and OTC drugs and non-drug products are listed in lower case (for example, acetaminophen). The information in the "Necessary actions, restrictions, or limits on use" column tells you if HMSA has any rules for covering your drug.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>probenecid</i> TABS 500mg	1	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	1	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen dr</i> TBEC 500mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	1	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> tab 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> tab 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine</i> tab 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg QL (360 tabs / 30 days)	1	QL
<i>endocet tab</i> 5-325mg QL (360 tabs / 30 days)	1	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Requirements/ Tier	Limits
<i>endocet tab 7.5-325mg</i> QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	1	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>morphine sulfate SOLN 100mg/5ml</i> QL (180 mL / 30 days)	1	QL
<i>morphine sulfate TABS 15mg, 30mg</i> QL (180 tabs / 30 days)	1	QL
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	1	
<i>oxycodone hcl CONC 100mg/5ml</i> QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl SOLN 5mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i> QL (180 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i> QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	1	NM PA
<i>atovaquone SUSP 750mg/5ml</i> QL (300 mL / 30 days)	1	QL PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NM PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

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Drug Name	Drug Requirements/ Tier	Limits
CLINDMYC/NAC INJ 900/50ML	1	
colistimethate sodium SOLR 150mg	1	
dapsone TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	
daptomycin SOLR 350mg, 500mg	1	
EMVERM CHEW 100mg QL (12 tabs / year)	1	QL
ertapenem sodium SOLR 1gm	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
IMPAVIDO CAPS 50mg	1	PA
ivermectin TABS 3mg QL (12 tabs / 90 days)	1	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	1	QL PA
linezolid SOLN 600mg/300ml	1	
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	1	QL
linezolid TABS 600mg QL (60 tabs / 30 days)	1	QL
LINEZOLID INJ 2MG/ML	1	
meropenem SOLR 1gm, 2gm, 500mg	1	
methenamine hippurate TABS 1gm	1	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	1	QL
nitrofurantoin macrocrystal CAPS 50mg, 100mg	1	
nitrofurantoin monohyd macro CAPS 100mg	1	
pentamidine isethionate inh SOLR 300mg	1	B/D
pentamidine isethionate inj SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	
praziquantel TABS 600mg	1	
pyrimethamine TABS 25mg QL (90 tabs / 30 days)	1	QL PA
streptomycin sulfate SOLR 1gm	1	
sulfadiazine TABS 500mg	1	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NM PA
tobramycin NEBU 300mg/5ml	1	NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	1	QL
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	1	QL
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Last Updated: 09/01/25

Drug Name	Drug Requirements/ Tier	Limits
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
amphotericin b SOLR 50mg	1	B/D
amphotericin b liposome SUSR 50mg	1	B/D
caspofungin acetate SOLR 50mg, 70mg	1	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
flucytosine CAPS 250mg, 500mg	1	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
itraconazole CAPS 100mg	1	PA
ketoconazole TABS 200mg	1	PA
micalfungin sodium SOLR 50mg, 100mg	1	
nystatin TABS 500000unit	1	
posaconazole SUSP 40mg/ml QL (630 mL / 30 days)	1	QL PA
posaconazole TBEC 100mg QL (93 tabs / 30 days)	1	QL PA
terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
voriconazole SOLR 200mg	1	PA
voriconazole SUSR 40mg/ml QL (600 mL / 28 days)	1	QL PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	1	QL
voriconazole TABS 200mg QL (120 tabs / 30 days)	1	QL
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate TABS 250mg, 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
COARTEM TAB 20-120MG	1	
mefloquine hcl TABS 250mg	1	
primaquine phosphate TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
quinine sulfate CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	1	
APTIVUS CAPS 250mg	1	
atazanavir sulfate CAPS 150mg, 200mg, 300mg	1	
darunavir TABS 600mg QL (60 tabs / 30 days)	1	QL
darunavir TABS 800mg QL (30 tabs / 30 days)	1	QL
EDURANT TABS 25mg	1	
EDURANT PED TBSO 2.5mg	1	
efavirenz TABS 600mg	1	
emtricitabine CAPS 200mg	1	
EMTRIVA SOLN 10mg/ml	1	
etravirine TABS 100mg, 200mg	1	
fosamprenavir calcium TABS 700mg	1	
FUZEON SOLR 90mg	1	
INTELENCE TABS 25mg	1	
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	
ISENTRESS HD TABS 600mg	1	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	1	
maraviroc TABS 150mg, 300mg	1	
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	
NORVIR PACK 100mg	1	
PIFELTRO TABS 100mg	1	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	1	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	1	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	1	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Last Updated: 09/01/25

Drug Name	Drug Requirements/ Tier Limits
REYATAZ PACK 50mg	1
ritonavir TABS 100mg	1
RUKOBIA TB12 600mg	1
SELZENTRY SOLN 20mg/ml	1
SUNLENCA TABS 300mg; TBPK 300mg	1
tenofovir disoproxil fumarate TABS 300mg	1
TIVICAY TABS 10mg, 25mg, 50mg	1
TIVICAY PD TBSO 5mg	1
TROGARZO SOLN 200mg/1.33ml	1
TYBOST TABS 150mg	1
VIRACEPT TABS 250mg, 625mg	1
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1
ANTIRETROVIRAL COMBINATION AGENTS	
abacavir sulfate-lamivudine tab 600-300 mg	1
BIKTARVY TAB 30-120-15 MG	1
BIKTARVY TAB 50-200-25 MG	1
CIMDUO TAB 300-300	1
COMPLERA TAB	1
DELSTRIGO TAB	1
DESCOVY TAB 120-15MG	1
DESCOVY TAB 200/25MG	1
DOVATO TAB 50-300MG	1
efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg	1
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1
emtricitabine-rilpivirine- tenofovir df tab 200-25-300 mg	1

Drug Name	Drug Requirements/ Tier Limits
emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg	1
emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg	1
emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg	1
emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg	1
EVOTAZ TAB 300-150	1
GENVOYA TAB	1
JULUCA TAB 50-25MG	1
KALETRA SOL	1
lamivudine-zidovudine tab 150-300 mg	1
lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)	1
lopinavir-ritonavir tab 100-25 mg	1
lopinavir-ritonavir tab 200-50 mg	1
ODEFSEY TAB	1
PREZCOBIX TAB 800-150	1
STRIBILD TAB	1
SYMTUZA TAB	1
TRIUMEQ PD TAB	1
TRIUMEQ TAB	1
ANTITUBERCULAR AGENTS	
cycloserine CAPS 250mg	1
ethambutol hcl TABS 100mg, 400mg	1
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1
PRIFTIN TABS 150mg	1
pyrazinamide TABS 500mg	1
rifabutin CAPS 150mg	1
rifampin CAPS 150mg, 300mg; SOLR 600mg	1
SIRTURO TABS 20mg, 100mg	1 NM PA
TRECTOR TABS 250mg	1

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Drug Name	Drug Requirements/ Tier	Limits
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	
BARACLUDE SOLN .05mg/ml	1	ST
<i>entecavir</i> TABS .5mg, 1mg	1	
EPCLUSA PAK 150-37.5	1	NM PA
EPCLUSA PAK 200-50MG	1	NM PA
EPCLUSA TAB 200-50MG	1	NM PA
EPCLUSA TAB 400-100	1	NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NM PA
HARVONI PAK 45-200MG	1	NM PA
HARVONI TAB 45-200MG	1	NM PA
HARVONI TAB 90-400MG	1	NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	1	QL NM PA
MAVYRET PAK 50-20MG	1	NM PA
MAVYRET TAB 100-40MG	1	NM PA
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID PAK QL (22 tabs / 90 days)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	1	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	
VOSEVI TAB	1	NM PA
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	1	QL
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1
TEFLARO SOLR 400mg, 600mg	1
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1
DIFICID SUSR 40mg/ml; TABS 200mg	1
e.e.s. 400 TABS 400mg	1
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1
ERYTHROCIN LACTOBIONATE SOLR 500mg	1
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1
<i>erythromycin ethylsuccinate</i> TABS 400mg	1
<i>erythromycin lactobionate</i> SOLR 500mg	1
FLUOROQUINOLONES	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1

Drug Name	Drug Requirements/ Tier Limits
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1
<i>moxifloxacin hcl</i> TABS 400mg	1
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1
PENICILLINS	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	1
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	1
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	1
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	1
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	1
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	1
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	1
<i>amoxicillin & k clavulanate tab</i> er 12hr 1000-62.5 mg	1
<i>ampicillin</i> CAPS 500mg	1
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	1
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	1
<i>ampicillin & sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	1
<i>ampicillin & sulbactam sodium for iv soln</i> 3 (2-1) gm	1
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin sodium</i> SOLR 1gm, 1 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafticillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	1	
<i>piperacillin sod-tazobactam</i> sod for inj 2.25 gm (2-0.25 gm)	1	
<i>piperacillin sod-tazobactam</i> sod for inj 4.5 gm (4-0.5 gm)	1	
<i>piperacillin sod-tazobactam</i> sod for inj 13.5 gm (12-1.5 gm)	1	
<i>piperacillin sod-tazobactam</i> sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	1	QL NM

Drug Name	Drug Requirements/ Tier	Limits
<i>tetracycline hcl</i> CAPS 250mg, 1 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	B/D NM
BENDEKA SOLN 100mg/4ml	1	B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D NM
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	NM
LEUKERAN TABS 2mg	1	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
VIVIMUSTA SOLN 100mg/4ml	1	B/D NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	B/D NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	1	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	1	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	1	QL NM PA
mercaptopurine SUSP 2000mg/100ml	1	NM
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	1	QL NM PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
PURIXAN SUSP 2000mg/100ml	1	NM
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA
abiraterone acetate TABS 500mg QL (60 tabs / 30 days)	1	QL NM PA
abirtega TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	1	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	1	QL NM PA
anastrozole TABS 1mg	1	
bicalutamide TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	1	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	1	QL NM PA
EULEXIN CAPS 125mg	1	
exemestane TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM PA
fulvestrant SOSY 250mg/5ml	1	B/D
letrozole TABS 2.5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
leuprolide acetate KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM PA
LYSODREN TABS 500mg	1	NM
megestrol acetate TABS 20mg, 40mg	1	
nilutamide TABS 150mg	1	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	1	QL NM PA
ORGOVYX TABS 120mg	1	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	1	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	1	QL NM PA
SOLTAMOX SOLN 10mg/5ml	1	
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate TABS 60mg	1	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	1	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	1	QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	1	QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	1	QL NM PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	1	QL NM PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	1	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	1	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	1	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	1	QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
BESREMI SOLN 500mcg/ml QL (2 syringes / 28 days)	1	QL NM PA
<i>bexarotene</i> CAPS 75mg QL (300 caps / 30 days)	1	QL NM PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	1	QL NM PA
MATULANE CAPS 50mg	1	NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	
WELIREG TABS 40mg QL (90 tabs / 30 days)	1	QL NM PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i>	1	B/D NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	1	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	1	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	1	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	1	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	1	QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	1	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	1	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	1	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	1	QL NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM PA
<i>bortezomib</i> SOLR 3.5mg	1	NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	1	QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	1	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	1	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	1	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	1	QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	1	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL NM PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	1	QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	1	QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	1	QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	1	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	1	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	1	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	1	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	1	QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	1	QL NM PA
<i>dasatinib</i> TABS 20mg QL (90 tabs / 30 days)	1	QL NM PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	1	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	1	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	1	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	1	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	1	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TBSO 2mg QL (150 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TBSO 5mg QL (60 tabs / 30 days)	1	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	1	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	1	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	1	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>gefitinib</i> TABS 250mg QL (60 tabs / 30 days)	1	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	1	QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	1	QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	1	QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	1	QL NM PA
HERCEP HYLEC SOL 60- 10000	1	NM PA
HERCEPTIN SOLR 150mg	1	NM PA
HERZUMA SOLR 150mg, 420mg	1	NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	1	QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	1	QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	1	QL NM PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	1	QL NM PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	1	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	1	QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	1	QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	1	QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	1	QL NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	1	QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	1	QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	1	QL NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Requirements/ Tier	Limits
INREBIC CAPS 100mg QL (120 caps / 30 days)	1	QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	1	QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	1	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	1	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	1	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	1	QL NM PA
KADCYLA SOLR 100mg, 160mg	1	B/D NM
KANJINTI SOLR 150mg, 420mg	1	NM PA
KEYTRUDA SOLN 100mg/4ml	1	NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	1	QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	1	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	1	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	1	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	1	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	1	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	1	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	1	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	1	QL NM PA
<i>lapatinib ditosylate</i> TABS 250mg QL (180 tabs / 30 days)	1	QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	1	QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	1	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	1	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	1	QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	1	QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	1	QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	1	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	1	QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	1	QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	1	QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	1	QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	1	QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	1	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	1	QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	1	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	1	QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	1	QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	1	QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	1	QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	1	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	1	QL NM PA
MONJUVI SOLR 200mg	1	NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	1	QL NM PA
<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	1	QL NM PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg QL (112 caps / 28 days)	1	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	1	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	1	QL NM PA
OGIVRI SOLR 150mg, 420mg	1	NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	1	QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	1	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	1	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	1	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	1	QL NM PA
ONTRUZANT SOLR 150mg, 420mg	1	NM PA
<i>pazopanib hcl</i> TABS 200mg QL (120 tabs / 30 days)	1	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	1	QL NM PA
PHESGO SOL	1	NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	1	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	1	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	1	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	1	QL NM PA
RETEVMO CAPS 40mg QL (240 caps / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
RETEVMO CAPS 80mg QL (120 caps / 30 days)	1	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	1	QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	1	QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	1	QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	1	QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	1	QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	1	QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	1	QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	1	QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	1	QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	1	QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	1	QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	1	QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	1	QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	1	QL NM PA
<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	1	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	1	QL NM PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	1	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	1	QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	1	QL NM PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	1	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	1	QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	1	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	1	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	1	QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	1	QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	1	QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	1	QL NM PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	1	QL NM PA
TRAZIMERA SOLR 150mg, 420mg	1	NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	1	QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	1	QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	1	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	1	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
VENCLEXTA TABS 10mg, 50mg QL (112 tabs / 28 days)	1	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	1	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	1	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	1	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	1	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	1	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	1	QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	1	QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	1	QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	1	QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	1	QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	1	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	1	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	1	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg QL (8 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg QL (32 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg QL (8 tabs / 28 days)	1	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	1	QL NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	1	QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	1	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	1	QL NM PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
mesna TABS 400mg	1	
MESNEX TABS 400mg	1	
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
amlodipine besylate-benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	1	QL
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	1	QL
QL (30 tabs / 30 days)		
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	QL
QL (30 tabs / 30 days)		
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	1	QL
QL (60 tabs / 30 days)		
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	1	QL
QL (30 tabs / 30 days)		
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg	1	QL
QL (30 tabs / 30 days)		
ENTRESTO CAP 6-6MG	1	QL
QL (240 caps / 30 days)		
ENTRESTO CAP 15-16MG	1	QL
QL (240 caps / 30 days)		
ENTRESTO TAB 24-26MG	1	QL
QL (60 tabs / 30 days)		
ENTRESTO TAB 49-51MG	1	QL
QL (60 tabs / 30 days)		
ENTRESTO TAB 97-103MG	1	QL
QL (60 tabs / 30 days)		
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg	1	QL
QL (60 tabs / 30 days)		
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg	1	QL
QL (30 tabs / 30 days)		
<i>losartan potassium & hydrochlorothiazide</i> tab 50-12.5 mg	1	

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<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (60 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil TABS 32mg</i> QL (30 tabs / 30 days)	1	QL
<i>irbesartan TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	1	QL
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i> QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan</i> TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>valsartan</i> TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	1	QL
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> QL (30 tabs / 30 days)	1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	1	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	1	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM PA
VASCEPA CAPS .5gm, 1gm	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
B/D - Covered under Medicare B or D

Drug Name	Drug Requirements/ Tier	Limits
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>nebivolol hcl TABS 20mg</i>	1	QL
QL (60 tabs / 30 days)		

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

Drug Name	Drug Requirements/ Tier	Limits
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	1	
<i>isradipine CAPS 2.5mg, 5mg</i>	1	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	1	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine CAPS 30mg</i>	1	
<i>tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg</i>	1	
DIURETICS		
<i>acetazolamide CP12 500mg; TABS 125mg, 250mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml QL (450 mL / 30 days)	1	QL
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>digoxin</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> CAPS 100mg QL (90 caps / 30 days)	1	QL NM PA
<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	1	QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 years and older	1	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
<i>metyrosine</i> CAPS 250mg	1	NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL PA
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
<i>NITRO-BID</i> OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
<i>alyq</i> TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL NM PA
<i>bosentan</i> TABS 62.5mg, 125mg QL (60 tabs / 30 days)	1	QL NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Requirements/ Tier	Limits
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	1	QL NM PA
sildenafil citrate (pulmonary hypertension) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
tadalafil (pulmonary hypertension) TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	1	QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	1	QL NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	1	QL
lorazepam SOLN 4mg/ml, 20mg/10ml	1	
lorazepam TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	1	QL
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	1	QL
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack PA applies if 29 years and younger	1	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	1	QL PA
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	1	QL
bupropion hcl TB24 300mg QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	1	QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	1	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	1	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	1	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	1	QL
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	1	QL PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	1	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	1	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	1	QL PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	1	QL PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	1	QL PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	1	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
<i>INBRIJA</i> CAPS 42mg QL (300 caps / 30 days)	1	QL NM PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA applies if 70 years and older	1	PA
ANTIPSYCHOTICS		
<i>ABILIFY ASIMTUFII</i> PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	1	QL
<i>ABILIFY MAINTENA</i> PRSY 300mg, 400mg QL (1 syringe / 28 days)	1	QL
<i>ABILIFY MAINTENA</i> SRER 300mg, 400mg QL (1 injection / 28 days)	1	QL
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL ST
<i>ARISTADA</i> PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	1	QL
<i>ARISTADA</i> PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	1	QL
<i>ARISTADA INITIO</i> PRSY 675mg/2.4ml	1	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
<i>CAPLYTA</i> CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	1	QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	1	QL PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	1	QL PA
COBENFY CAP 125-30MG QL (60 caps / 30 days)	1	QL PA
COBENFY STRT CAP PACK QL (2 packs / year)	1	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	1	QL PA
FANAPT PAK PACK A QL (2 packs / year)	1	QL PA
FANAPT PAK PACK C QL (2 packs / year)	1	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	1	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	1	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> TABS 80mg QL (60 tabs / 30 days)	1	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	1	QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	1	QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	1	QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	1	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	1	QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	1	QL NM PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	1	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	1	QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	1	QL PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL
QL (180 tabs / 30 days)		
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL
QL (90 tabs / 30 days)		
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL
QL (60 tabs / 30 days)		
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL PA
QL (60 tabs / 30 days)		
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL PA
QL (30 tabs / 30 days)		
REXULTI TABS 3mg, 4mg	1	QL
QL (30 tabs / 30 days)		
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	QL
QL (60 tabs / 30 days)		
<i>risperidone</i> SOLN 1mg/ml	1	QL
QL (240 mL / 30 days)		
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL ST
QL (60 tabs / 30 days)		
<i>risperidone</i> TBDP 4mg	1	QL ST
QL (120 tabs / 30 days)		
<i>risperidone</i> TBDP .25mg, .5mg	1	QL ST
QL (90 tabs / 30 days)		
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	1	QL
QL (2 injections / 28 days)		
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	QL
QL (30 patches / 30 days)		
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
VERSACLOZ SUSP 50mg/ml	1	QL PA
QL (600 mL / 30 days)		
VRAYLAR CAPS 1.5mg	1	QL
QL (60 caps / 30 days)		
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	QL
QL (30 caps / 30 days)		
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL
QL (60 caps / 30 days)		
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL
QL (6 injections / 3 days)		
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	QL
QL (30 tabs / 30 days)		
APTIOM TABS 600mg, 800mg	1	QL
QL (60 tabs / 30 days)		
BRIVIACT SOLN 10mg/ml	1	QL PA
QL (600 mL / 30 days)		
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL PA
QL (60 tabs / 30 days)		
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL PA
QL (480 mL / 30 days)		
<i>clobazam</i> TABS 10mg, 20mg	1	QL PA
QL (60 tabs / 30 days)		
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL
QL (300 tabs / 30 days)		
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL
QL (90 tabs / 30 days)		
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL PA
QL (180 tabs / 30 days)		
PA applies if 65 years and older		
DIACOMIT CAPS 250mg	1	QL NM PA
QL (360 caps / 30 days)		

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D

Drug Name	Drug Requirements/ Tier	Limits
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	1	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	1	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	1	QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	1	QL NM PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	1	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	1	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	1	QL PA
<i>gabapentin</i> CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	1	QL
<i>levetiracetam in sodium</i> <i>chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium</i> <i>chloride iv soln 1000</i> <i>mg/100ml</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<i>methsuximide CAPS 300mg</i>	1	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	1	QL
<i>oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i>	1	
<i>perampanel TABS 2mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg</i> QL (30 tabs / 30 days)	1	QL PA
<i>phenobarbital ELIX 20mg/5ml</i> QL (1500 mL / 30 days) PA applies if 70 years and older	1	QL PA
<i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i> QL (120 tabs / 30 days) PA applies if 70 years and older	1	QL PA
<i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i> PA applies if 70 years and older	1	PA
<i>phenytek CAPS 200mg, 300mg</i>	1	
<i>phenytoin CHEW 50mg; SUSP 125mg/5ml</i>	1	
<i>phenytoin sodium SOLN 50mg/ml</i>	1	
<i>phenytoin sodium extended CAPS 100mg, 200mg, 300mg</i>	1	
<i>pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg</i> QL (120 caps / 30 days)	1	QL PA
<i>pregabalin CAPS 200mg</i> QL (90 caps / 30 days)	1	QL PA
<i>pregabalin CAPS 225mg, 300mg</i> QL (60 caps / 30 days)	1	QL PA
<i>pregabalin SOLN 20mg/ml</i> QL (900 mL / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>primidone TABS 50mg, 125mg, 250mg</i>	1	
<i>roweepra TABS 500mg</i>	1	
<i>rufinamide SUSP 40mg/ml</i> QL (2400 mL / 30 days)	1	QL PA
<i>rufinamide TABS 200mg</i> QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide TABS 400mg</i> QL (240 tabs / 30 days)	1	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	1	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	1	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	1	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	1	QL
<i>subvenite TABS 25mg, 100mg, 150mg, 200mg</i>	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	1	QL PA
<i>tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg</i>	1	
<i>topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg</i>	1	
<i>topiramate SOLN 25mg/ml</i> QL (480 mL / 30 days)	1	QL PA
<i>valproate sodium SOLN 100mg/ml, 250mg/5ml</i>	1	
<i>valproic acid CAPS 250mg</i>	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	1	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	1	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	1	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	1	QL NM PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	1	QL NM PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	1	QL NM PA
<i>vigadrone</i> TABS 500mg QL (180 tabs / 30 days)	1	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	1	QL NM PA
<i>vigpoder</i> PACK 500mg QL (180 packets / 30 days)	1	QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	1	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	1	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	1	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	1	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	1	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	1	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	1	QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg QL (30 caps / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab</i> 5 mg QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab</i> 10 mg QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab</i> 15 mg QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab</i> 20 mg QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab</i> 30 mg QL (60 tabs / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	1	QL PA
<i>guanfacine hcl (adhd)</i> TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	1	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tasimelteon</i> CAPS 20mg QL (30 caps / 30 days)	1	QL NM PA
<i>temazepam</i> CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	1	QL NM PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	1	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	1	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	1	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	1	QL NM PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	1	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	1	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	1	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	1	QL NM PA
<i>lithium</i> SOLN 8meq/5ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	1	QL NM PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	1	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	1	QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	1	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	1	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	1	QL NM PA
<i>dalfampridine</i> TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA
<i> fingolimod hcl</i> CAPS .5mg QL (30 caps / 30 days)	1	QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	1	QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	1	QL NM PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	1	QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	1	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	1	QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i>baclofen</i> TABS 10mg, 20mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>carisoprodol</i> TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i>methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	1	QL PA
<i>SODIUM OXYBATE</i> SOLN 500mg/ml QL (540 mL / 30 days)	1	QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> QL (90 films / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> QL (60 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
<i>NICOTROL INHALER</i> INHA 10mg	1	
<i>NICOTROL NS</i> SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
<i>VIVITROL</i> SUSR 380mg	1	NM
ENDOCRINE AND METABOLIC ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 1 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
testosterone pump GEL 1.62% QL (150 gm / 30 days)	1	QL PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 1 100mg	1	
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide xl TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide xl TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5- 500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	1	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	1	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	1	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	1	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	1	QL
JANUVIA TABS 25mg, 50mg, 1 100mg QL (30 tabs / 30 days)	1	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	1	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	1	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	1	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	1	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL

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Last Updated: 09/01/25

Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	1	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	1	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	1	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	1	QL PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	1	QL PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	1	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	1	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	1	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	1	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	1	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	1	QL
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	1	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	1	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	1	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	1	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	1	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	1	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	1	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	1	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	1	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	1	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	1	QL PA
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	
INSULIN PEN NEEDLES: BD- EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD- EMBECTA	1	PA
NOVOLIN INJ 70/30 (brand RELION not covered)	1	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	1	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	1	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	1	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	1	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	1	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	1	
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	1	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	1	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	1	
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	1	
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	1	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	1	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	1	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	1	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	1	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	1	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	1	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	1	QL PA
SOLQUA INJ 100/33 QL (5 pens / 25 days)	1	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	1	QL
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	1	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
BONSITY SOPN 560mcg/2.24ml	1	NM PA
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
ibandronate sodium TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	1	QL NM
risedronate sodium TABS 5mg, 35mg, 150mg	1	
risedronate sodium TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml (ALVOGEN product)	1	NM PA
WYOST SOLN 120mg/1.7ml	1	NM PA
XGEVA SOLN 120mg/1.7ml	1	NM PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	1	NM PA
kionex SUSP 15gm/60ml	1	

Drug Name	Drug Requirements/ Tier	Limits
LOKELMA PACK 5gm, 10gm	1	
penicillamine TABS 250mg	1	NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	1	NM PA
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal eq	1	
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1
<i>elinest</i>	1
<i>eluryng</i>	1
<i>emzahh TABS .35mg</i>	1
<i>enilloring</i>	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
<i>errin TABS .35mg</i>	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1
<i>falmina</i>	1
<i>feirza 1.5/30</i>	1
<i>feirza 1/20</i>	1
<i>finzala</i>	1
<i>galbriela</i>	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>haloette</i>	1
<i>heather TABS .35mg</i>	1
<i>iclevia</i>	1
<i>incassia TABS .35mg</i>	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jaimiess</i>	1
<i>jasmiel</i>	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>layolis fe</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg</i>	1
<i>levora 0.15/30-28</i>	1
<i>LILETTA IUD 20.1mcg/day</i>	1 NM
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>lojaimiess</i>	1
<i>loryna</i>	1
<i>low-ogestrel</i>	1
<i>luteru</i>	1
<i>lyleq TABS .35mg</i>	1
<i>lyza TABS .35mg</i>	1

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Drug Name	Drug Requirements/ Tier	Limits
marlissa	1	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	1	
meleya TABS .35mg	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mono-lynyah	1	
necon 0.5/35-28	1	
NEXPLANON IMPL 68mg	1	NM
nikki	1	
nora-be TABS .35mg	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norlyroc TABS .35mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	

Drug Name	Drug Requirements/ Tier	Limits
nylia 1/35	1	
nylia 7/7/7	1	
ocella	1	
orquidea TABS .35mg	1	
philith	1	
pimtrea	1	
portia-28	1	
reclipsen	1	
rivelsa	1	
rosyrah	1	
setlakin	1	
sharobel TABS .35mg	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-lynyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
tydemy	1	
valtya 1/50	1	
velivet	1	
vestura	1	
vienva	1	
violele	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>xelria fe</i>	1
<i>xulane</i>	1
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i>	1
ESTROGENS	
<i>abigale</i>	1
<i>abigale lo</i>	1
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1
<i>fyavolv tab 0.5mg-2.5mcg</i>	1
<i>fyavolv tab 1mg-5mcg</i>	1
<i>jinteli</i>	1
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1
<i>mimvey</i>	1
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1
<i>yuvaferm</i> TABS 10mcg	1
GLUCOCORTICOIDS	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1
DEXAMETHASONE INTENSOL CONC 1mg/ml	1

Drug Name	Drug Requirements/ Tier Limits
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1
<i>fludrocortisone acetate</i> TABS .1mg	1
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1
<i>hydrocortisone sod succinate</i> SOLR 100mg	1
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1 B/D
<i>methylprednisolone</i> TBPK 4mg	1
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1 B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1 B/D
<i>prednisolone</i> SOLN 15mg/5ml	1 B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1 B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1 B/D
<i>prednisone</i> TBPK 5mg, 10mg	1
PREDNISONE INTENSOL CONC 5mg/ml	1 B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1
GLUCOSE ELEVATING AGENTS	
<i>diazoxide</i> SUSP 50mg/ml	1
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1
MISCELLANEOUS	
ALDURAZYME SOLN 2.9mg/5ml	1 NM PA
<i>betaine powder for oral solution</i>	1 NM
<i>cabergoline</i> TABS .5mg	1
<i>carglumic acid</i> TBSO 200mg	1 NM PA
CERDELGA CAPS 84mg	1 NM PA
CEREZYME SOLR 400unit	1 NM PA

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<i>cinacalcet hcl</i> TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	1	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	1	NM PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NM PA
GENOTROPIN CART 5mg, 12mg	1	NM PA
GENOTROPIN MINIQUEL PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM PA
INCRELEX SOLN 40mg/4ml	1	NM PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NM PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NM PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NM PA
NAGLAZYME SOLN 1mg/ml	1	NM PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM PA
<i>raloxifene hcl</i> TABS 60mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM PA
SYNAREL SOLN 2mg/ml	1	PA
VEOZAH TABS 45mg	1	PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D

Drug Name	Drug Requirements/ Tier	Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	B/D
calcitriol (oral) SOLN 1mcg/ml	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
compro SUPP 25mg	1	
dronabinol CAPS 2.5mg, 5mg, 10mg	1	B/D QL
QL (60 caps / 30 days)		
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
meclizine hcl TABS 12.5mg, 25mg	1	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA
PA applies if 70 years and older after a 30 day supply in a calendar year		
scopolamine PT72 1mg/3days	1	QL PA
QL (10 patches / 30 days)		
PA applies if 70 years and older after a 30 day supply in a calendar year		
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
glycopyrrolate TABS 1mg	1	QL
QL (90 tabs / 30 days)		
glycopyrrolate TABS 2mg	1	QL
QL (120 tabs / 30 days)		
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	1	
budesonide CPEP 3mg	1	QL PA
QL (90 caps / 30 days)		
budesonide TB24 9mg	1	QL PA
QL (30 tabs / 30 days)		
hydrocortisone (intrarectal) ENEM 100mg/60ml	1	
mesalamine CP24 .375gm	1	QL
QL (120 caps / 30 days)		
mesalamine CPDR 400mg	1	QL
QL (180 caps / 30 days)		
mesalamine ENEM 4gm	1	QL
QL (1680 mL / 28 days)		
mesalamine SUPP 1000mg	1	QL
QL (30 suppositories / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> KIT 4gm QL (28 bottles / 28 days)	1	QL
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg QL (60 tabs / 30 days)	1	QL PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	1	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	1	
GATTEX KIT 5mg	1	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	1	QL
<i>loperamide hcl</i> CAPS 2mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	1	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	1	QL PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP QL (12 caps / 30 days)	1	QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	1	QL NM PA
XIFAXAN TABS 550mg	1	PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	1	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	1	QL
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>finasteride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>tadalafil</i> TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
<i>GEMTESA</i> TABS 75mg QL (30 tabs / 30 days)	1	QL
<i>MYRBETRIQ</i> SRER 8mg/ml QL (300 mL / 28 days)	1	QL
<i>MYRBETRIQ</i> TB24 25mg, 50mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
<i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> <i>vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> CAPS 110mg QL (120 caps / 30 days)	1	QL
<i>ELIQUIS</i> TABS 2.5mg QL (60 tabs / 30 days)	1	QL
<i>ELIQUIS</i> TABS 5mg QL (74 tabs / 30 days)	1	QL
<i>ELIQUIS STARTER PACK</i> TBPK 5mg QL (74 tabs / 30 days)	1	QL
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
<i>HEP SOD/NACL INJ</i> 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> TABS 2.5mg QL (60 tabs / 30 days)	1	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>XARELTO</i> SUSR 1mg/ml QL (620 mL / 30 days)	1	QL
<i>XARELTO</i> TABS 2.5mg QL (60 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	1	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	1	QL NM PA
PROCRT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	1	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	1	QL NM PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	1	QL NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTLET TABS 20mg	1	NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	1	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	1	QL NM PA
<i>icatibant acetate</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	1	QL NM PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	1	QL NM PA
SIKLOS TABS 100mg, 1000mg	1	
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	1	QL NM PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

Drug Name	Drug Requirements/ Tier	Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	1	PA
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) 40mg/0.8ml QL (56 pens / 365 days)	1	QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	1	QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	1	QL NM PA
COSENTYX SOLN 125mg/5ml	1	NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	1	QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	1	QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	1	QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	1	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	1	QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	1	QL NM PA

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Last Updated: 09/01/25

Drug Name	Drug Requirements/ Tier	Limits
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	1	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	1	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	1	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	1	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	1	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	1	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	1	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	1	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	1	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	1	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	1	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	1	QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	1	QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	1	QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	1	QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	1	QL NM PA
INFLIXIMAB SOLR 100mg	1	NM PA
PYZCHIVA SOLN 130mg/26ml	1	NM PA
PYZCHIVA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	1	QL NM PA
REMICADE SOLR 100mg	1	NM PA
RENFLEXIS SOLR 100mg	1	NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	1	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	1	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	1	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	1	QL NM PA
SKYRIZI SOLN 600mg/10ml	1	NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	1	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	1	QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	1	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	1	QL NM PA
STELARA SOLN 130mg/26ml	1	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	1	QL NM PA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	1	QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	1	QL NM PA
TREMFYA SOLN 200mg/20ml	1	NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	1	QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	1	QL NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Requirements/ Tier	Limits
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	1	QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	1	QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	1	QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	1	QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	1	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	1	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	1	QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	1	QL NM PA
YESINTEK SOLN 130mg/26ml	1	NM PA
YESINTEK SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	1	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
methotrexate sodium TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NM PA
GAMASTAN INJ	1	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM PA
OCTAGAM SOLN 1gm/20ml, 1 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NM PA
PANZYGA SOLN 1gm/10ml, 1 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM PA
PRIVIGEN SOLN 5gm/50ml, 1 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NM PA
ARCALYST SOLR 220mg	1	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	1	QL NM PA
BENLYSTA SOLR 120mg, 400mg	1	NM PA
cyclosporine CAPS 25mg, 100mg	1	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

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Drug Name	Drug Requirements/ Tier	Limits
<i>everolimus</i> (<i>immunosuppressant</i>) TABS .25mg, .5mg, .75mg, 1mg	1	B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D
NULOJIX SOLR 250mg	1	B/D
PROGRAF PACK .2mg, 1mg	1	B/D
REZUROCK TABS 200mg QL (30 tabs / 30 days)	1	QL NM PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	NM
ACTHIB INJ	1	NM
ADACEL INJ	1	NM
AREXVY SUSR 120mcg/0.5ml	1	NM
BCG VACCINE SOLR 50mg	1	NM
BEXSERO SUSY .5ml	1	NM
BOOSTRIX INJ	1	NM
DAPTACEL INJ	1	NM
DENG VAXIA SUS	1	NM
DIP/TET PED INJ 25-5LFU	1	B/D NM
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D NM
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	NM
HAVRIX SUSP 1440elu/ml	1	NM
HAVRIX SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D NM
HIBERIX SOLR 10mcg	1	NM
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D NM
INFANRIX INJ	1	NM
IPOLE INJ INACTIVE	1	NM
IXCHIQ INJ	1	NM
IXIARO INJ	1	NM
JYNNEOS SUSP .5ml	1	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
KINRIX INJ	1	NM
M-M-R II INJ	1	NM
MENACTRA INJ	1	NM
MENQUADFI SOLN .5ml	1	NM
MENVEO INJ	1	NM
MENVEO SOL	1	NM
MRESVIA SUSY 50mcg/0.5ml	1	NM
PEDIARIX INJ 0.5ML	1	NM
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	NM
PENBRAYA INJ	1	NM
PENTACEL INJ	1	NM
PRIORIX INJ	1	NM
PROQUAD INJ	1	NM
QUADRACEL INJ 0.5ML	1	NM
RABAVERT INJ	1	B/D NM
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D NM
ROTARIX SUS	1	NM
ROTATEQ SOL	1	NM
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL NM
TENIVAC INJ 5-2LF	1	B/D NM
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	NM
TRUMENBA SUSY .5ml	1	NM
TWINRIX INJ	1	NM
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	NM
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	NM
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	NM
VIMKUNYA SUSY 40mcg/0.8ml	1	NM
VIVOTIF CAP EC	1	NM
YF-VAX INJ	1	NM
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS,		
INJECTABLE		
D2.5W/NAACL INJ 0.45%	1	
D10W/NAACL INJ 0.2%	1	

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Drug Name	Drug Requirements/ Tier Limits
dextrose 2.5% w/ sodium chloride 0.45%	1
dextrose 5% in lactated ringers	1
dextrose 5% w/ sodium chloride 0.2%	1
dextrose 5% w/ sodium chloride 0.3%	1
dextrose 5% w/ sodium chloride 0.9%	1
dextrose 5% w/ sodium chloride 0.45%	1
dextrose 5% w/ sodium chloride 0.225%	1
dextrose 10% w/ sodium chloride 0.45%	1
ISOLYTE-P INJ /D5W	1
ISOLYTE-S INJ PH 7.4	1
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1
KCL/D5W/NACL INJ 0.3/0.9%	1
lactated ringer's solution	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1

Drug Name	Drug Requirements/ Tier Limits
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1
multiple electrolytes ph 5.5	1
multiple electrolytes ph 7.4	1
POT CHL 20MEQ/L IN NACL 0.9% INJ	1
POT CHL 20MEQ/L IN NACL 0.45% INJ	1
POT CHL 40MEQ/L IN NACL 0.9% INJ	1
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1
TPN ELECTROL INJ	1 B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
klor-con PACK 20meq	1
klor-con 8 TBCR 8meq	1
klor-con 10 TBCR 10meq	1
klor-con m10 TBCR 10meq	1
klor-con m15 TBCR 15meq	1
klor-con m20 TBCR 20meq	1
M-NATAL PLUS TAB	1
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1
PRENATAL TAB 27-1MG	1
PRENATAL TAB PLUS	1
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1
WESTAB PLUS TAB 27-1MG	1
IV NUTRITION	
CLINIMIX INJ 4.25/D5W	1 B/D

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Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt- 10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVIY SOLN .25%	1	NM PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>Ioteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NM PA
CYSTARAN SOLN .44%	1	NM PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	1	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	1	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	1	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	1	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	1	QL
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	1	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	1	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	1	QL
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
<i>cycloheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older	1	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	1	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	1	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	1	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	1	QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	1	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	1	NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	1	QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	1	QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	1	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	1	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	1	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	1	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	1	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	1	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	1	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	1	QL NM PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	1	QL NM PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	1	QL NM PA
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	1	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	1	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>roflumilast</i> TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	1	QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	1	QL NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	1	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	1	QL NM PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	1	QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	1	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	1	QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	1	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	1	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	1	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	1	QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NM PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	1	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	1	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	1	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	1	QL
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	1	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	1	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	1	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	1	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	1	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	1	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	1	QL
breynd QL (3 inhalers / 30 days)	1	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act QL (3 inhalers / 30 days)	1	QL
budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act QL (3 inhalers / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	1	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	1	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
wixela inh QL (60 inhalations / 30 days)	1	QL
TOPICAL DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
amnestem CAPS 10mg, 20mg, 30mg, 40mg	1	PA
benzoyl peroxide- erythromycin gel 5-3% QL (46.6 gm / 30 days)	1	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
clindamycin phosphate (topical) GEL 1% QL (75 mL / 30 days)	1	QL
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	1	QL
ery PADS 2% QL (60 pledgets / 30 days)	1	QL
erythromycin (acne aid) GEL 2% QL (60 gm / 30 days)	1	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	1	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Requirements/ Tier	Limits
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10% QL (118 mL / 30 days)	1	QL
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
<i>SULFAMYLON</i> CREA 85mg/gm QL (453.6 gm / 30 days)	1	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	1	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	1	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>ENSTILAR</i> AER QL (120 gm / 30 days)	1	QL PA
<i>tazarotene</i> CREA .05%, .1% QL (60 gm / 30 days)	1	QL PA
<i>TAZORAC</i> CREA .05% QL (60 gm / 30 days)	1	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> 1% QL (30 gm / 30 days)	1	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	1	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>tridacaine ii</i> PTCH 5% QL (3 patches / 1 day)	1	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	1	QL NM PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	QL

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Drug Name		Drug Requirements/ Tier	Limits
fluorouracil (topical) SOLN 2%, 5%	1	QL	
QL (10 mL / 30 days)			
hydrocortisone (rectal) CREA 1%	1		
2.5%			
imiquimod CREA 5%	1	QL	
QL (24 packets / 30 days)			
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1		
metronidazole (topical) CREA .75%; GEL .75%	1	QL	
QL (45 gm / 30 days)			
metronidazole (topical) LOTN .75%	1	QL	
QL (59 mL / 30 days)			
nitroglycerin (intra-anal) OINT .4%	1	QL	
QL (30 gm / 30 days)			
PANRETIN GEL .1%	1	QL PA	
QL (60 gm / 30 days)			
pimecrolimus CREA 1%	1	QL PA	
QL (100 gm / 30 days)			
podofilox SOLN .5%	1	QL	
QL (7 mL / 28 days)			
procto-med hc CREA 2.5%	1		
proctocort CREA 1%	1		
proctosol hc CREA 2.5%	1		
proctozone-hc CREA 2.5%	1		
tacrolimus (topical) OINT .03%, .1%	1	QL PA	
QL (100 gm / 30 days)			
VALCHLOR GEL .016%	1	QL NM PA	
QL (60 gm / 30 days)			
DERMATOLOGY, SCABICIDES AND PEDICULIDES			
malathion LOTN .5%	1	QL	
QL (59 mL / 30 days)			
permethrin CREA 5%	1	QL	
QL (60 gm / 30 days)			
DERMATOLOGY, WOUND CARE AGENTS			
REGRANEX GEL .01%	1	QL PA	
QL (30 gm / 30 days)			
SANTYL OINT 250unit/gm	1	QL	
QL (180 gm / 30 days)			
sodium chloride (gu irrigant) SOLN .9%	1		

Drug Name		Drug Requirements/ Tier	Limits
water for irrigation, sterile irrigation soln	1		
MOUTH/THROAT/DENTAL AGENTS			
cevimeline hcl CAPS 30mg	1		
chlorhexidine gluconate (mouth-throat) SOLN .12%	1		
clotrimazole TROC 10mg	1	QL	
QL (150 lozenges / 30 days)			
kourzeq PSTE .1%	1		
lidocaine hcl (mouth-throat) SOLN 2%	1		
nystatin (mouth-throat) SUSP 100000unit/ml	1		
periogard SOLN .12%	1		
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1		
triamcinolone acetonide (mouth) PSTE .1%	1		

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D. Index of Covered Drugs

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calcitrene	53	carbidopa & levodopa tab er 25-100 mg.....	23	cefixime	6
calcitriol.....	40	carbidopa & levodopa tab er 50-200 mg.....	23	cefotetan disodium.....	6
calcitriol (oral)	40	carbidopa-levodopa- entacapone tabs 12.5- 50-200 mg.....	23	cefoxitin sodium.....	6
CALQUENCE	10	carbidopa-levodopa- entacapone tabs 18.75- 75-200 mg.....	23	cefpodoxime proxetil.....	6
camila	35	carbidopa-levodopa- entacapone tabs 25-100- 200 mg.....	23	cefprozil	7
camrese.....	35	carbidopa-levodopa- entacapone tabs 31.25- 125-200 mg.....	23	ceftazidime.....	7
camrese lo	35	carbidopa-levodopa- entacapone tabs 37.5- 150-200 mg.....	23	ceftriaxone sodium.....	7
candesartan cilexetil	17	carbidopa-levodopa- entacapone tabs 50-200- 200 mg.....	23	cefuroxime axetil.....	7
candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg.....	16	carboplatin	8	cefuroxime sodium.....	7
candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg.....	16	carglumic acid.....	38	celecoxib.....	1
candesartan cilexetil- hydrochlorothiazide tab 32-25 mg.....	16	carisoprodol	31	cephalexin.....	7
CAPLYTA	23	carteolol hcl (ophth)	49	CEQUR SIMPL KIT PATCH 2U (3-DAY).....	33
CAPRELSA	10	cartia xt	19	CEQUR SIMPL KIT PATCH 2U (4-DAY).....	33
captopril	16	carvedilol	19	CEQUR SIMPL MIS INSERTER.....	33
captopril & hydrochlorothiazide tab 25-15 mg.....	15	caspofungin acetate.....	4	CERDELGA.....	38
captopril & hydrochlorothiazide tab 25-25 mg.....	15	CAYSTON	2	CEREZYME.....	38
captopril & hydrochlorothiazide tab 50-15 mg.....	15	cefaclor	6	cetirizine hcl.....	50
captopril & hydrochlorothiazide tab 50-25 mg.....	15	cefadroxil	6	cevimeline hcl	55
carb/levo orally disintegrating tab 10- 100mg.....	23	CEFAZOLIN.....	6	chateal eq	35
carb/levo orally disintegrating tab 25- 100mg.....	23	CEFAZOLIN INJ 1GM/50ML	6	CHEMET.....	35
carb/levo orally disintegrating tab 25- 250mg.....	23	cefazolin sodium	6	chlorhexidine gluconate (mouth-throat)	55
carbamazepine	25	CEFAZOLIN/DEX SOL 2GM/100ML-4%.....	6	chloroquine phosphate	4
carbidopa & levodopa tab 10-100 mg.....	23	CEFAZOLIN/DEX SOL 1GM/50ML-4%.....	6	chlorpromazine hcl.....	23
carbidopa & levodopa tab 25-100 mg.....	23	CEFAZOLIN/DEX SOL 2GM/50ML-3%.....	6	chlorthalidone	20
carbidopa & levodopa tab 25-250 mg.....	23	CEFAZOLIN/DEX SOL 3GM/150ML-4%.....	6	cholestyramine.....	18
		CEFAZOLIN/DEX SOL 3GM/50ML-2%.....	6	cholestyramine light	18
		cefdinir	6	ciclopirox.....	53
		cefepime hcl.....	6	ciclopirox olamine	53
				cilostazol.....	43
				CILOXAN.....	48
				CIMDUO TAB 300-300	5
				cinacalcet hcl	39
				ciprofloxacin 200 mg/100ml in d5w.....	7
				ciprofloxacin 400 mg/200ml in d5w.....	7
				ciprofloxacin hcl	7
				ciprofloxacin hcl (ophth) ..	48
				ciprofloxacin- dexamethasone otic susp 0.3-0.1%.....	49
				cisplatin.....	8
				citalopram hydrobromide	22
				claravis	52

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<i>clarithromycin</i>	7	COARTEM TAB 20-120MG	4	CYCLOPHOSPHAMIDE ...	8
<i>clindamycin hcl</i>	2	COBENFY CAP 100-20MG	24	CYCLOPHOSPHAMIDE MONOHYDR.....	8
<i>clindamycin palmitate hydrochloride</i>	2	COBENFY CAP 125-30MG	24	<i>cycloserine</i>	5
<i>clindamycin phosphate</i>	2	COBENFY CAP 50-20MG	24	<i>cyclosporine</i>	45
<i>clindamycin phosphate (topical)</i>	52	COBENFY STRT CAP PACK	24	<i>cyclosporine modified (for microemulsion)</i>	45
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	<i>colchicine</i>	1	<i>cyproheptadine hcl</i>	50
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cyred eq</i>	35
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	<i>colesevelam hcl</i>	18	CYSTADROPS	49
<i>clindamycin phosphate vaginal</i>	42	<i>colestipol hcl</i>	18	CYSTAGON.....	39
CLINDMYC/NAC INJ 300/50ML	2	<i>colistimethate sodium</i>	3	CYSTARAN	49
CLINDMYC/NAC INJ 600/50ML	2	COMBIGAN SOL 0.2/0.5%	49	<i>cytarabine</i>	8
CLINDMYC/NAC INJ 900/50ML	3	COMBIVENT AER 20-100	49	D	
CLINIMIX INJ 4.25/D10 ..	48	COMETRIQ (60MG DOSE)	11	D10W/NACL INJ 0.2%....	46
CLINIMIX INJ 4.25/D5W.	47	COMETRIQ KIT 100MG ..	11	D2.5W/NACL INJ 0.45%.	46
CLINIMIX INJ 5%/D15W.	48	COMETRIQ KIT 140MG ..	11	<i>dabigatran etexilate mesylate</i>	42
CLINIMIX INJ 5%/D20W.	48	COMPLERA TAB.....	5	<i>dalfampridine</i>	30
CLINIMIX INJ 6/5.....	48	<i>compro</i>	40	<i>danazol</i>	31
CLINIMIX INJ 8/10.....	48	<i>constulose</i>	41	<i>dantrolene sodium</i>	31
CLINIMIX INJ 8/14.....	48	COPAXONE	30	DANZITEN.....	11
<i>clinisol sf 15%</i>	48	COPIKTRA	11	<i>dapsone</i>	3
CLINOLIPID EMU 20%...	48	CORLANOR	20	DAPTACEL INJ	46
<i>clobazam</i>	25	COSENTYX	43	<i>daptomycin</i>	3
<i>clobetasol propionate</i>	54	COSENTYX SENSOREADY PEN...43		DAPTOMYCIN.....	3
<i>clobetasol propionate e</i> ...	54	COSENTYX UNOREADY	43	<i>darunavir</i>	4
<i>clomipramine hcl</i>	22	COTELLIC	11	<i>dasatinib</i>	11
<i>clonazepam</i>	25	CREON CAP 12000UNT	41	<i>dasetta 1/35</i>	35
<i>clonidine</i>	20	CREON CAP 24000UNT	41	<i>dasetta 7/7/7</i>	35
<i>clonidine hcl</i>	20	CREON CAP 3000UNIT	41	DAURISMO	11
<i>clopidogrel bisulfate</i>	43	CREON CAP 36000UNT	41	<i>daysee</i>	35
<i>clorazepate dipotassium</i> .	25	CREON CAP 6000UNIT	41	DAYVIGO	29
<i>clotrimazole</i>	55	<i>cromolyn sodium</i>	51	<i>deblitane</i>	35
<i>clotrimazole (topical)</i>	53	<i>cromolyn sodium (mastocytosis)</i>	41	<i>deferasirox</i>	35
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	53	<i>cromolyn sodium (ophth)</i>	49	DELSTRIGO TAB	5
<i>clozapine</i>	23, 24	<i>cryselle-28</i>	35	DENG VAXIA SUS	46
		<i>cyclobenzaprine hcl</i>	31	DEPO-SUBQ PROVERA 104	35
		<i>cyclophosphamide</i>	8	<i>depo-testosterone</i>	31

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<i>desmopressin acetate</i>	<i>difluprednate</i>	<i>drospirenone-ethinyl</i>
<i>spray refrigerated</i>39	<i>digoxin</i>20	<i>estradiol tab 3-0.03 mg</i> 36
<i>desogest-eth estrad & eth</i>	<i>dihydroergotamine</i>	<i>drospirenone-ethinyl</i>
<i>estrad tab 0.15-0.02/0.01</i>	<i>mesylate</i>29	<i>estrad-levomefolate tab</i>
<i>mg(21/5)</i>35	DILANTIN26	<i>3-0.02-0.451 mg</i>36
<i>desvenlafaxine succinate</i> 22	<i>diltiazem hcl</i>19	<i>drospirenone-ethinyl</i>
<i>dexamethasone</i>38	<i>diltiazem hcl coated beads</i>	<i>estrad-levomefolate tab</i>
DEXAMETHASONE	19	<i>3-0.03-0.451 mg</i>36
INTENSOL38	<i>diltiazem hcl extended</i>	<i>droxidopa</i>20
<i>dexamethasone sodium</i>	<i>release beads</i>19	DULERA AER 100-5MCG
<i>phosphate</i>38	<i>dilt-xr</i>19	52
<i>dexamethasone sodium</i>	DIP/TET PED INJ 25-5LFU	DULERA AER 200-5MCG
<i>phosphate (ophth)</i>48	46	52
<i>dexmethylphenidate hcl</i> ..29	<i>diphenhydramine hcl</i>50	DULERA AER 50-5MCG 52
<i>dextrose</i>48	<i>diphenoxylate w/ atropine</i>	<i>duloxetine hcl</i>22
<i>dextrose 10% w/ sodium</i>	<i>liq 2.5-0.025 mg/5ml</i>41	DUPIXENT.....43
<i>chloride 0.45%</i>47	<i>diphenoxylate w/ atropine</i>	<i>dutasteride</i>41
<i>dextrose 2.5% w/ sodium</i>	<i>tab 2.5-0.025 mg</i>41	<i>dutasteride-tamsulosin hcl</i>
<i>chloride 0.45%</i>47	<i>dipyridamole</i>43	<i>cap 0.5-0.4 mg</i>41
<i>dextrose 5% in lactated</i>	<i>disopyramide phosphate</i> .18	E
<i>ringers</i>47	<i>disulfiram</i>31	<i>e.e.s. 400</i>7
<i>dextrose 5% w/ sodium</i>	<i>divalproex sodium</i>26	<i>econazole nitrate</i>53
<i>chloride 0.2%</i>47	<i>docetaxel</i>10	EDURANT4
<i>dextrose 5% w/ sodium</i>	DOCETAXEL10	EDURANT PED4
<i>chloride 0.225%</i>47	DOCIVYX10	<i>efavirenz</i>4
<i>dextrose 5% w/ sodium</i>	<i>dofetilide</i>18	<i>efavirenz-emtricitabine-</i>
<i>chloride 0.3%</i>47	<i>dolishale</i>36	<i>tenofovir df tab 600-200-</i>
<i>dextrose 5% w/ sodium</i>	<i>donepezil hydrochloride</i> ..21	<i>300 mg</i>5
<i>chloride 0.45%</i>47	DOPTelet43	<i>efavirenz-lamivudine-</i>
<i>dextrose 5% w/ sodium</i>	<i>dorzolamide hcl</i>49	<i>tenofovir df tab 400-300-</i>
<i>chloride 0.9%</i>47	<i>dorzolamide hcl-timolol</i>	<i>300 mg</i>5
DIACOMIT25, 26	<i>maleate ophth soln 2-</i>	<i>efavirenz-lamivudine-</i>
<i>diazepam</i>26	<i>0.5%</i>49	<i>tenofovir df tab 600-300-</i>
<i>diazepam (anticonvulsant)</i>	<i>dotti</i>38	<i>300 mg</i>5
.....26	DOVATO TAB 50-300MG.5	ELIGARD9
<i>diazepam inj</i>26	<i>doxazosin mesylate</i>16	<i>elinest</i>36
<i>diazepam intensol</i>26	<i>doxepin hcl</i>22	ELIQUIS42
<i>diazoxide</i>38	<i>doxepin hcl (sleep)</i>29	ELIQUIS STARTER PACK
<i>diclofenac potassium</i>1	<i>doxorubicin hcl</i>10	42
<i>diclofenac sodium</i>1	<i>doxorubicin hcl liposomal</i> 10	<i>eluryng</i>36
<i>diclofenac sodium (ophth)</i>	<i>doxy 100</i>8	EMGALITY.....29
.....48	<i>doxycycline (monohydrate)</i>	EMSAM22
<i>diclofenac sodium (topical)</i>	8	<i>emtricitabine</i>4
.....54	<i>doxycycline hyclate</i>8	<i>emtricitabine-rilpivirine-</i>
<i>dicloxacillin sodium</i>8	DRIZALMA SPRINKLE...22	<i>tenofovir df tab 200-25-</i>
<i>dicyclomine hcl</i>40	<i>dronabinol</i>40	<i>300 mg</i>5
DIFICID.....7	<i>drospirenone-ethinyl</i>	
<i>diflunisal</i>1	<i>estradiol tab 3-0.02 mg</i> 36	

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emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....5	EPCLUSA PAK 200-50MG6	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg36
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....5	EPCLUSA TAB 200-50MG6	etodolac1
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....5	EPCLUSA TAB 400-100...6	etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr36
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....5	EPIDIOLEX.....26	etoposide10
EMTRIVA.....4	epinephrine (anaphylaxis)20, 51	etravirine4
EMVERM.....3	epitol.....26	EULEXIN9
emzahh.....36	eplerenone.....16	everolimus11
enalapril maleate16	EPRONTIA26	everolimus (immunosuppressant) .46
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....15	ergotamine w/ caffeine tab 1-100 mg29	EVOTAZ TAB 300-1505
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....15	ERIVEDGE11	exemestane9
ENBREL44	ERLEADA9	EYSUVIS49
ENBREL MINI.....44	erlotinib hcl11	ezetimibe18
ENBREL SURECLICK...44	errin36	ezetimibe-simvastatin tab 10-10 mg18
endocet tab 10-325mg.....2	ertapenem sodium3	ezetimibe-simvastatin tab 10-20 mg18
endocet tab 2.5-325mg.....1	ery.....52	ezetimibe-simvastatin tab 10-40 mg18
endocet tab 5-325mg.....1	ery-tab7	ezetimibe-simvastatin tab 10-80 mg18
endocet tab 7.5-325mg.....2	ERYTHROCIN LACTOBIONATE7	F
ENGERIX-B.....46	erythromycin (acne aid) ..52	FABRAZYME.....39
enilloring36	erythromycin (ophth).....48	falmina36
enoxaparin sodium42	erythromycin base7	famciclovir.....6
enpresse-28.....36	erythromycin ethylsuccinate7	famotidine40
enskyce36	erythromycin lactobionate.7	famotidine in nacl 0.9% iv soln 20 mg/50ml.....40
ENSTILAR AER.....53	escitalopram oxalate.....22	FANAPT24
entacapone.....23	eslicarbazepine acetate ..26	FANAPT PAK PACK A ...24
entecavir6	esomeprazole magnesium41	FANAPT PAK PACK C ...24
ENTRESTO CAP 15-16MG16	estarylla36	FARXIGA.....32
ENTRESTO CAP 6-6MG 16	estradiol38	FASENRA.....51
ENTRESTO TAB 24-26MG16	estradiol & norethindrone acetate tab 0.5-0.1 mg 38	FASENRA PEN51
ENTRESTO TAB 49-51MG16	estradiol & norethindrone acetate tab 1-0.5 mg ...38	feirza 1.5/30.....36
ENTRESTO TAB 97- 103MG16	estradiol vaginal.....38	feirza 1/20.....36
enulose41	estradiol valerate38	felbamate26
EPCLUSA PAK 150-37.5..6	eszopiclone.....29	felodipine19
	ethambutol hcl5	fenofibrate.....18
	ethosuximide.....26	fenofibrate micronized18
	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg36	fentanyl1
		fesoterodine fumarate.....42
		FETZIMA22

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FETZIMA CAP TITRATIO	22	fluticasone-salmeterol aer powder ba 500-50 mcg/act	52	gemcitabine hcl.....	8
FIASP	33	fluvoxamine maleate	21	gemfibrozil	18
FIASP FLEXTOUCH.....	33	fondaparinux sodium	42	GEMTESA	42
FIASP PENFILL.....	34	fosamprenavir calcium.....	4	generlac	41
FIASP PUMPCART	34	fosinopril sodium.....	16	gengraf	46
finasteride	42	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	15	GENOTROPIN.....	39
finbolimod hcl.....	30	fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	15	GENOTROPIN MINIQUEL	39
FINTEPLA	26	FOTIVDA	11	gentamicin in saline inj 0.8 mg/ml	3
finzala	36	FRINDOVYX.....	8	gentamicin in saline inj 1 mg/ml	3
FIRMAGON	9	FRUZAQLA.....	11	gentamicin in saline inj 1.2 mg/ml	3
flac	49	FULPHILA	43	gentamicin in saline inj 1.6 mg/ml	3
FLAREX.....	48	fulvestrant	9	gentamicin in saline inj 2 mg/ml	3
FLEBOGAMMA DIF.....	45	furosemide	20	gentamicin sulfate	3
flecainide acetate	18	furosemide inj	20	gentamicin sulfate (ophth)	48
fluconazole	4	FUZEON	4	gentamicin sulfate (topical)	53
fluconazole in nacl 0.9% inj 200 mg/100ml	4	fyavolv tab 0.5mg-2.5mcg	38	GENVOYA TAB	5
fluconazole in nacl 0.9% inj 400 mg/200ml	4	fyavolv tab 1mg-5mcg.....	38	GILOTRIF	11
flucytosine.....	4	FYCOMPA	26	glatiramer acetate	30
fludrocortisone acetate ...	38	G		glatopa	30
flunisolide (nasal).....	51	gabapentin.....	26	GLEOSTINE	8
fluocinolone acetonide ...	54	galantamine hydrobromide	21	glimepiride	32
fluocinolone acetonide (otic)	49	galbriela	36	glipizide.....	32
fluocinonide	54	gallifrey	39	glipizide xl	32
fluocinonide emulsified base	54	GAMASTAN INJ	45	glipizide-metformin hcl tab 2.5-250 mg	32
fluorometholone (ophth) ..	48	GAMMAGARD LIQUID ...	45	glipizide-metformin hcl tab 2.5-500 mg	32
fluorouracil	8	GAMMAGARD S/D IGA LESS TH	45	glipizide-metformin hcl tab 5-500 mg	32
fluorouracil (topical) ..	54, 55	GAMMAKED.....	45	glycopyrrolate	40
fluoxetine hcl.....	22	GAMMAPLEX.....	45	glydo	54
fluphenazine decanoate ..	24	GAMUNEX-C.....	45	GLYXAMBI TAB 10-5 MG	32
fluphenazine hcl.....	24	ganciclovir sodium	6	GLYXAMBI TAB 25-5 MG	32
flurbiprofen.....	1	GARDASIL 9.....	46	GOMEKLI	11
flurbiprofen sodium	48	gatifloxacin (ophth)	48	granisetron hcl	40
fluticasone propionate.....	54	GATTEX	41	griseofulvin microsize	4
fluticasone propionate (nasal)	51	GAUZE PADS 2.....	34	griseofulvin ultramicrosize 4	4
fluticasone-salmeterol aer powder ba 100-50 mcg/act	52	gavilyte-c	41	guanfacine hcl.....	20
fluticasone-salmeterol aer powder ba 250-50 mcg/act	52	gavilyte-g	41		
		gavilyte-n/flavor pack	41		
		GAVRETO	11		
		gefitinib	11		

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<i>guanfacine hcl (adhd)</i>	29	<i>hydrocodone-</i>		IMOVAX RABIES	
H		<i>acetaminophen tab 5-325</i>		(H.D.C.V.).....	46
HAEGARDA	43	<i>mg</i>	2	IMPAVIDO	3
hailey 1.5/30	36	<i>hydrocodone-</i>		INBRIJA.....	23
hailey 24 fe	36	<i>acetaminophen tab 7.5-</i>		<i>incassia</i>	36
halobetasol propionate ...	54	<i>325 mg</i>	2	INCRELEX.....	39
haloette	36	<i>hydrocodone-ibuprofen tab</i>		INCRUSE ELLIPTA	50
haloperidol	24	<i>7.5-200 mg</i>	2	<i>indapamide</i>	20
haloperidol decanoate	24	<i>hydrocortisone</i>	38	INFANRIX INJ.....	46
haloperidol lactate.....	24	<i>hydrocortisone (intrarectal)</i>		INFLIXIMAB.....	44
HARVONI PAK 33.75-		<i>.....</i>	40	INLYTA	11
150MG	6	<i>hydrocortisone (rectal) ...</i>	55	INQOVI TAB 35-100MG ...	9
HARVONI PAK 45-200MG		<i>hydrocortisone (topical) ..</i>	54	INREBIC	12
.....	6	<i>hydrocortisone sod</i>		INSULIN PEN NEEDLES:	
HARVONI TAB 45-200MG6		<i>succinate</i>	38	BD-EMBECTA.....	34
HARVONI TAB 90-400MG6		<i>hydrocortisone valerate ..</i>	54	INSULIN SAFETY	
HAVRIX	46	<i>hydromorphone hcl</i>	2	NEEDLES: BD-	
heather	36	<i>hydroxychloroquine sulfate</i>		EMBECTA.....	34
HEP SOD/NACL INJ		<i>.....</i>	45	INSULIN SYRINGES: BD-	
25000UNT.....	42	<i>hydroxyurea</i>	10	EMBECTA.....	34
heparin sodium (porcine) 42		<i>hydroxyzine hcl.....</i>	50	INTELENCE.....	4
HEPLISAV-B	46	<i>hydroxyzine pamoate.....</i>	50	INTRALIPID	48
HERCEP HYLEC SOL 60-		I		<i>introvale</i>	36
10000	11	<i>ibandronate sodium</i>	35	INVEGA HAFYERA	24
HERCEPTIN.....	11	IBRANCE.....	11	INVEGA SUSTENNA.....	24
HERZUMA.....	11	<i>ibu</i>	1	INVEGA TRINZA	24
HIBERIX	46	<i>ibuprofen</i>	1	IPOL INJ INACTIVE.....	46
HUMIRA	44	<i>icatibant acetate.....</i>	43	<i>ipratropium bromide</i>	50
HUMIRA PEN	44	<i>iclevia</i>	36	<i>ipratropium bromide (nasal)</i>	
HUMIRA PEN KIT PS/UV		ICLUSIG	11	<i>.....</i>	50
.....	44	IDACIO (2 PEN).....	44	<i>ipratropium-albuterol nebu</i>	
HUMIRA PEN-CD/UC/HS		IDACIO (2 SYRINGE).....	44	<i>soln 0.5-2.5(3) mg/3ml</i>	49
START	44	IDACIO CROHN INJ		<i>irbesartan</i>	17
HUMIRA PEN-PEDIATRIC		DISEASE	44	<i>irbesartan-</i>	
UC S	44	IDACIO PLAQU INJ		<i>hydrochlorothiazide tab</i>	
HUMULIN R U-500		PSORIASIS.....	44	<i>150-12.5 mg</i>	16
(CONCENTR.....	34	IDHIFA.....	11	<i>irbesartan-</i>	
HUMULIN R U-500		<i>imatinib mesylate</i>	11	<i>hydrochlorothiazide tab</i>	
KWIKPEN	34	IMBRUVICA.....	11	<i>300-12.5 mg</i>	16
hydralazine hcl.....	20	<i>imipenem-cilastatin</i>		<i>irinotecan hcl</i>	10
hydrochlorothiazide.....	20	<i>intravenous for soln 250</i>		ISENTRESS	4
hydrocodone bitartrate.....	1	<i>mg</i>	3	ISENTRESS HD	4
<i>hydrocodone-</i>		<i>imipenem-cilastatin</i>		<i>isibloom</i>	36
<i>acetaminophen soln 7.5-</i>		<i>intravenous for soln 500</i>		ISOLYTE-P INJ /D5W.....	47
<i>325 mg/15ml</i>	2	<i>mg</i>	3	ISOLYTE-S INJ PH 7.4...47	
<i>hydrocodone-</i>		<i>imipramine hcl</i>	22	<i>isoniazid</i>	5
<i>acetaminophen tab 10-</i>		<i>imiquimod</i>	55	<i>isosorbide dinitrate</i>	20
<i>325 mg</i>	2	IMKELDI	11	<i>isosorbide mononitrate ...</i>	20

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<i>isotretinoin</i>	53	K	<i>kionex</i>	35
<i>isradipine</i>	19	KADCYLA	KISQALI 200 DOSE	12
ITOVEBI	12	<i>kaitlib fe</i>	KISQALI 200 PAK	
<i>itraconazole</i>	4	KALETRA SOL	FEMARA	12
<i>ivabradine hcl</i>	20	KALYDECO	KISQALI 400 DOSE	12
<i>ivermectin</i>	3	KANJINTI	KISQALI 400 PAK	
IWILFIN	10	<i>kariva</i>	FEMARA	12
IXCHIQ INJ	46	<i>kcl 10 meq/l (0.075%) in</i>	KISQALI 600 DOSE	12
IXIARO INJ	46	<i>dextrose 5% & nacl</i>	KISQALI 600 PAK	
J		<i>0.45% inj</i>	FEMARA	12
<i>jaimiess</i>	36	<i>kcl 20 meq/l (0.149%) in</i>	<i>klayesta</i>	53
JAKAFI	12	<i>nacl 0.45% inj</i>	<i>klor-con</i>	47
<i>jantoven</i>	42	<i>kcl 20 meq/l (0.15%) in</i>	<i>klor-con 10</i>	47
JANUMET TAB 50-1000	32	<i>dextrose 5% & nacl 0.2%</i>	<i>klor-con 8</i>	47
JANUMET TAB 50-500MG		<i>inj</i>	<i>klor-con m10</i>	47
.....	32	<i>kcl 20 meq/l (0.15%) in</i>	<i>klor-con m15</i>	47
JANUMET XR TAB 100-		<i>dextrose 5% & nacl</i>	<i>klor-con m20</i>	47
1000	32	<i>0.45% inj</i>	KOSELUGO	12
JANUMET XR TAB 50-		<i>kcl 20 meq/l (0.15%) in</i>	<i>kourzeq</i>	55
1000	32	<i>dextrose 5% & nacl 0.9%</i>	KRAZATI	12
JANUMET XR TAB 50-		<i>inj</i>	<i>kurvelo</i>	36
500MG	32	<i>kcl 20 meq/l (0.15%) in nacl</i>	L	
JANUVIA	32	<i>0.45% inj</i>	<i>labetalol hcl</i>	19
JARDIANCE	32	<i>kcl 20 meq/l (0.15%) in nacl</i>	<i>lacosamide</i>	26
<i>jasmiel</i>	36	<i>0.9% inj</i>	<i>lacosamide oral</i>	26
<i>javygtor</i>	39	<i>kcl 30 meq/l (0.224%) in</i>	<i>lactated ringer's solution</i>	47
JAYPIRCA	12	<i>dextrose 5% & nacl</i>	<i>lactic acid (ammonium</i>	
JENTADUETO TAB 2.5-		<i>0.45% inj</i>	<i>lactate)</i>	55
1000	32	<i>kcl 40 meq/l (0.3%) in</i>	<i>lactulose</i>	41
JENTADUETO TAB 2.5-		<i>dextrose 5% & nacl</i>	<i>lactulose (encephalopathy)</i>	
500	32	<i>0.45% inj</i>		41
JENTADUETO TAB 2.5-		<i>kcl 40 meq/l (0.3%) in</i>	<i>lamivudine</i>	4
850	32	<i>dextrose 5% & nacl 0.9%</i>	<i>lamivudine (hbv)</i>	6
JENTADUETO TAB XR		<i>inj</i>	<i>lamivudine-zidovudine tab</i>	
2.5-1000MG	32	<i>kcl 40 meq/l (0.3%) in nacl</i>	150-300 mg	5
JENTADUETO TAB XR 5-		<i>0.9% inj</i>	<i>lamotrigine</i>	26
1000MG	32	KCL/D5W/NACL INJ	<i>lanreotide acetate</i>	39
<i>jinteli</i>	38	0.3/0.9%	<i>lansoprazole</i>	41
<i>jolessa</i>	36	<i>kelnor 1/35</i>	<i>lapatinib ditosylate</i>	12
<i>juleber</i>	36	<i>kelnor 1/50</i>	<i>larin 1.5/30</i>	36
JULUCA TAB 50-25MG	5	KERENDIA	<i>larin 1/20</i>	36
<i>junel 1.5/30</i>	36	KESIMPTA	<i>larin 24 fe</i>	36
<i>junel 1/20</i>	36	<i>ketoconazole</i>	<i>larin fe 1.5/30</i>	36
<i>junel fe 1.5/30</i>	36	<i>ketoconazole (topical)</i>	<i>larin fe 1/20</i>	36
<i>junel fe 1/20</i>	36	<i>ketorolac tromethamine</i>	<i>latanoprost</i>	49
<i>junel fe 24</i>	36	<i>(ophth)</i>	<i>layolis fe</i>	36
JYLAMVO	45	KEYTRUDA	LAZCLUZE	12
JYNNEOS	46	KINRIX INJ	<i>leflunomide</i>	45
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<i>lenalidomide</i>9	<i>levonorgestrel & ethinyl</i>	<i>lithium carbonate</i>30
LENVIMA 10 MG DAILY	<i>estradiol tab 0.1 mg-20</i>	LIVTENCITY6
DOSE.....12	<i>mcg</i>36	<i>loestrin 1.5/30-21</i>36
LENVIMA 12MG DAILY	<i>levonorgestrel & ethinyl</i>	<i>loestrin 1/20-21</i>36
DOSE.....12	<i>estradiol tab 0.15 mg-30</i>	<i>loestrin fe 1.5/30</i>36
LENVIMA 20 MG DAILY	<i>mcg</i>36	<i>loestrin fe 1/20</i>36
DOSE.....12	<i>levonorgestrel-eth estra tab</i>	<i>lojaimiess</i>36
LENVIMA 4 MG DAILY	<i>0.05-30/0.075-40/0.125-</i>	LOKELMA.....35
DOSE.....12	<i>30mg-mcg</i>36	LONSURF TAB 15-6.14 ...9
LENVIMA 8 MG DAILY	<i>levonorgestrel-ethinyl</i>	LONSURF TAB 20-8.19 ...9
DOSE.....12	<i>estradiol (continuous) tab</i>	<i>loperamide hcl</i>41
LENVIMA CAP 14 MG....12	<i>90-20 mcg</i>36	<i>lopinavir-ritonavir soln 400-</i>
LENVIMA CAP 18 MG....12	<i>levonorg-eth est tab 0.1-</i>	<i>100 mg/5ml (80-20</i>
LENVIMA CAP 24 MG....12	<i>0.02mg(84) & eth est tab</i>	<i>mg/ml)</i>5
<i>lessina</i>36	<i>0.01mg(7).....36</i>	<i>lopinavir-ritonavir tab 100-</i>
<i>letrozole</i>9	<i>levonorg-eth est tab 0.15-</i>	<i>25 mg</i>5
<i>leucovorin calcium</i>15	<i>0.03mg(84) & eth est tab</i>	<i>lopinavir-ritonavir tab 200-</i>
LEUKERAN8	<i>0.01mg(7).....36</i>	<i>50 mg</i>5
<i>leuprolide acetate</i>9	<i>levora 0.15/30-28.....36</i>	<i>lorazepam</i>21
<i>levalbuterol hcl</i>50	<i>levo-t.....39</i>	<i>lorazepam intensol.....21</i>
<i>levalbuterol tartrate</i>50	<i>levothyroxine sodium</i>39	LORBRENA.....12
<i>levetiracetam</i>26	<i>levoxyl.....39</i>	<i>loryna</i>36
LEVETIRACETAM.....26	<i>l-glutamine (sickle cell) ...43</i>	<i>losartan potassium.....17</i>
<i>levetiracetam in sodium</i>	<i>lidocaine</i>54	<i>losartan potassium &</i>
<i>chloride iv soln 1000</i>	<i>lidocaine hcl</i>54	<i>hydrochlorothiazide tab</i>
<i>mg/100ml</i>26	<i>lidocaine hcl (local anesth.)</i>	<i>100-12.5 mg</i>17
<i>levetiracetam in sodium</i>	<i>.....1</i>	<i>losartan potassium &</i>
<i>chloride iv soln 1500</i>	<i>lidocaine hcl (mouth-throat)</i>	<i>hydrochlorothiazide tab</i>
<i>mg/100ml</i>27	<i>.....55</i>	<i>100-25 mg</i>17
<i>levetiracetam in sodium</i>	<i>lidocaine-prilocaine cream</i>	<i>losartan potassium &</i>
<i>chloride iv soln 500</i>	<i>2.5-2.5%.....54</i>	<i>hydrochlorothiazide tab</i>
<i>mg/100ml</i>26	<i>lidocan</i>54	<i>50-12.5 mg</i>16
<i>levobunolol hcl</i>49	LILETTA36	LOTEMAX.....48
<i>levocarnitine (metabolic</i>	<i>linezolid.....3</i>	<i>loteprednol etabonate</i>49
<i>modifiers)</i>39	LINEZOLID INJ 2MG/ML ..3	<i>lovastatin.....18</i>
<i>levocetirizine</i>	LINZESS.....41	<i>low-ogestrel</i>36
<i>dihydrochloride.....50</i>	<i>liothyronine sodium.....39</i>	<i>loxapine succinate</i>24
<i>levofloxacin</i>7	<i>lisinopril.....16</i>	LUMAKRAS12
<i>levofloxacin in d5w iv soln</i>	<i>lisinopril &</i>	LUMIGAN49
<i>250 mg/50ml</i>7	<i>hydrochlorothiazide tab</i>	LUMIZYME39
<i>levofloxacin in d5w iv soln</i>	<i>10-12.5 mg</i>15	LUPRON DEPOT (1-
<i>500 mg/100ml</i>7	<i>lisinopril &</i>	<i>MONTH).....9</i>
<i>levofloxacin in d5w iv soln</i>	<i>hydrochlorothiazide tab</i>	LUPRON DEPOT (3-
<i>750 mg/150ml</i>7	<i>20-12.5 mg</i>15	<i>MONTH).....9</i>
<i>levonest</i>36	<i>lisinopril &</i>	LUPRON DEPOT-PED (1-
<i>levonorgestrel & ethinyl</i>	<i>hydrochlorothiazide tab</i>	<i>MONTH.....39</i>
<i>estradiol (91-day) tab</i>	<i>20-25 mg</i>15	LUPRON DEPOT-PED (3-
<i>0.15-0.03 mg</i>36	<i>lithium</i>30	<i>MONTH.....39</i>

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LUPRON DEPOT-PED (6-MONTH).....39	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack21	metoprolol & hydrochlorothiazide tab 50-25 mg19
<i>lurasidone hcl</i>24	<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>21	<i>metoprolol succinate</i>19
<i>luter</i>36	<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>21	<i>metoprolol tartrate</i>19
LYBALVI TAB 10-10MG .24	<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>21	<i>metronidazole</i>3
LYBALVI TAB 15-10MG .24	MENACTRA INJ46	<i>metronidazole (topical)</i> ...55
LYBALVI TAB 20-10MG .24	MENQUADFI46	<i>metronidazole vaginal</i>42
LYBALVI TAB 5-10MG ...24	MENVEO INJ46	<i>metyrosine</i>20
<i>lyleq</i>36	MENVEO SOL46	<i>mibelas 24 fe</i>37
<i>lyllana</i>38	<i>mercaptopurine</i>9	<i>micafungin sodium</i>4
LYNPARZA12	<i>meropenem</i>3	<i>microgestin 1.5/30</i>37
LYSODREN9	<i>mesalamine</i>40, 41	<i>microgestin 1/20</i>37
LYTGOBI (12 MG DAILY DOSE).....12	<i>mesalamine w/ cleanser</i> .41	<i>microgestin fe 1.5/30</i>37
LYTGOBI (16 MG DAILY DOSE).....12	<i>mesna</i>15	<i>microgestin fe 1/20</i>37
LYTGOBI (20 MG DAILY DOSE).....12	MESNEX15	<i>midodrine hcl</i>20
<i>lyza</i>36	<i>metformin hcl</i>32	MIEBO49
M	<i>methadone hcl</i>1	<i>mifepristone (hyperglycemia)</i>39
<i>magnesium sulfate</i>47	<i>methadone hydrochloride i1</i>	<i>mili</i>37
MAGNESIUM SULFATE 47	<i>methazalamide</i>20	<i>mimvey</i>38
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>47	<i>methenamine hippurate</i>3	<i>minocycline hcl</i>8
<i>malathion</i>55	<i>methimazole</i>39	<i>minoxidil</i>20
<i>maraviroc</i>4	<i>methocarbamol</i>31	<i>mirtazapine</i>22
<i>marlissa</i>37	<i>methotrexate sodium</i> ..9, 45	<i>misoprostol</i>41
MARPLAN22	<i>methsuximide</i>27	MITIGARE1
MATULANE10	<i>methylphenidate hcl</i>29	M-M-R II INJ46
MAVYRET PAK 50-20MG 6	<i>methylprednisolone</i>38	M-NATAL PLUS TAB.....47
MAVYRET TAB 100-40MG6	<i>methylprednisolone acetate</i>38	<i>modafinil</i>31
<i>meclizine hcl</i>40	<i>methylprednisolone sod succ</i>38	<i>moexipril hcl</i>16
<i>medroxyprogesterone acetate</i>39	<i>methyltestosterone</i>31	<i>molindone hcl</i>24
<i>medroxyprogesterone acetate (contraceptive)</i> 37	<i>metoclopramide hcl</i>40	<i>mometasone furoate</i>54
<i>mefloquine hcl</i>4	<i>metolazone</i>20	MONJUVI.....13
<i>megestrol acetate</i>9, 39	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>19	<i>mono-lynyah</i>37
<i>megestrol acetate (appetite)</i>39	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>19	<i>montelukast sodium</i>50
MEKINIST12		<i>morphine sulfate</i>1, 2
MEKTOVI13		MOUNJARO32
<i>meleya</i>37		MOVANTIK41
<i>meloxicam</i>1		<i>moxifloxacin hcl</i>7
<i>memantine hcl</i>21		<i>moxifloxacin hcl (ophth)</i> ..48
		<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>7
		MRESVIA.....46
		MULTAQ.....18
		<i>multiple electrolytes ph 5.5</i>47

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<i>multiple electrolytes ph 7.4</i>	<i>neomycin-polymyxin-hc</i>	<i>norethindrone ace & ethinyl</i>
.....47	<i>ophth susp.....48</i>	<i>estradiol tab 1 mg-20</i>
<i>mupirocin53</i>	<i>neomycin-polymyxin-hc otic</i>	<i>mcg37</i>
<i>mycophenolate mofetil46</i>	<i>soln 1%49</i>	<i>norethindrone ace & ethinyl</i>
<i>mycophenolate sodium ...46</i>	<i>neomycin-polymyxin-hc otic</i>	<i>estradiol-fe tab 1 mg-20</i>
<i>MYRBETRIQ42</i>	<i>susp 3.5 mg/ml-10000</i>	<i>mcg37</i>
N	<i>unit/ml-1%49</i>	<i>norethindrone ace-eth</i>
<i>nabumetone.....1</i>	<i>neo-polycin 5(3.5)mg-</i>	<i>estradiol-fe chew tab 1</i>
<i>nadolol19</i>	<i>400unt-10000unt op oin</i>	<i>mg-20 mcg (24).....37</i>
<i>nafcillin sodium8</i>	48	<i>norethindrone acetate39</i>
<i>NAGLAZYME39</i>	<i>neo-polycin hc ophth oint</i>	<i>norethindrone acetate-</i>
<i>nalbuphine hcl2</i>	<i>1%.....48</i>	<i>ethinyl estradiol tab 0.5</i>
<i>naloxone hcl31</i>	<i>NERLYNX.....13</i>	<i>mg-2.5 mcg38</i>
<i>naltrexone hcl31</i>	<i>nevirapine4</i>	<i>norethindrone acetate-</i>
<i>NAMZARIC CAP 14-10MG</i>	<i>NEXLETOL.....18</i>	<i>ethinyl estradiol tab 1</i>
.....21	<i>NEXLIZET TAB 180/10MG</i>	<i>mg-5 mcg38</i>
<i>NAMZARIC CAP 21-10MG</i>	18	<i>norethindrone ac-ethinyl</i>
.....21	<i>NEXPLANON.....37</i>	<i>estradiol-fe tab 1-20/1-30/1-</i>
<i>NAMZARIC CAP 28-10MG</i>	<i>niacin (antihyperlipidemic)</i>	<i>35 mg-mcg37</i>
.....21	18	<i>norgestimate & ethinyl</i>
<i>NAMZARIC CAP 7-10MG</i>	<i>nicardipine hcl.....19</i>	<i>estradiol tab 0.25 mg-35</i>
.....21	<i>NICOTROL INHALER....31</i>	<i>mcg37</i>
<i>NAMZARIC CAP PACK..21</i>	<i>NICOTROL NS31</i>	<i>norgestimate-eth estrad tab</i>
<i>naproxen.....1</i>	<i>nifedipine19</i>	<i>0.18-25/0.215-25/0.25-25</i>
<i>naproxen dr1</i>	<i>nikki37</i>	<i>mg-mcg37</i>
<i>naproxen sodium1</i>	<i>nilotinib hcl.....13</i>	<i>norgestimate-eth estrad tab</i>
<i>naratriptan hcl.....30</i>	<i>nilutamide9</i>	<i>0.18-35/0.215-35/0.25-35</i>
<i>NATACYN48</i>	<i>nimodipine19</i>	<i>mg-mcg37</i>
<i>nateglinide32</i>	<i>NINLARO.....13</i>	<i>norlyroc37</i>
<i>NAYZILAM.....27</i>	<i>nitazoxanide3</i>	<i>nortrel 0.5/35 (28)37</i>
<i>nebivolol hcl.....19</i>	<i>nitisinone39</i>	<i>nortrel 1/35 (21)37</i>
<i>necon 0.5/35-28.....37</i>	<i>NITRO-BID20</i>	<i>nortrel 1/35 (28)37</i>
<i>nefazodone hcl22</i>	<i>nitrofurantoin macrocrystal3</i>	<i>nortrel 7/7/7.....37</i>
<i>neomycin sulfate3</i>	<i>nitrofurantoin monohyd</i>	<i>nortriptyline hcl.....22</i>
<i>neomycin-bacitrac zn-</i>	<i>macro3</i>	<i>NORVIR.....4</i>
<i>polymyx 5(3.5)mg-</i>	<i>nitroglycerin20</i>	<i>NOVOLIN INJ 70/3034</i>
<i>400unt-10000unt op oin</i>	<i>nitroglycerin (intra-anal) ..55</i>	<i>NOVOLIN INJ 70/30 FP..34</i>
.....48	<i>nizatidine40</i>	<i>NOVOLIN N.....34</i>
<i>neomycin-polymy-gramicid</i>	<i>nora-be37</i>	<i>NOVOLIN N FLEXPEN...34</i>
<i>op sol 1.75-10000-</i>	<i>norelgestromin-ethinyl</i>	<i>NOVOLIN R.....34</i>
<i>0.025mg-unt-mg/ml48</i>	<i>estradiol td ptwk 150-35</i>	<i>NOVOLIN R FLEXPEN...34</i>
<i>neomycin-polymyxin-</i>	<i>mcg/24hr37</i>	<i>NOVOLOG.....34</i>
<i>dexamethasone ophth</i>	<i>norethindrone & ethinyl</i>	<i>NOVOLOG FLEXPEN34</i>
<i>oint 0.1%48</i>	<i>estradiol-fe chew tab 0.4</i>	<i>NOVOLOG MIX INJ 70/30</i>
<i>neomycin-polymyxin-</i>	<i>mg-35 mcg37</i>	34
<i>dexamethasone ophth</i>	<i>norethindrone</i>	<i>NOVOLOG MIX INJ</i>
<i>susp 0.1%48</i>	<i>(contraceptive)37</i>	<i>FLEXPEN.....34</i>
		<i>NOVOLOG PENFILL34</i>

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NUBEQA	9	olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg.....	17	ORKAMBI GRA 100-125	51
NUDEXTA CAP 20-10MG	30	olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg.....	17	ORKAMBI GRA 150-188	51
NULOJIX	46	omega-3-acid ethyl esters cap 1 gm	18	ORKAMBI GRA 75-94MG	51
NUPLAZID	24	omeprazole	41	ORKAMBI TAB 100-125	51
NURTEC.....	30	OMNIPOD 5 DX KIT INT G7G6	34	ORKAMBI TAB 200-125	51
NUTRILIPID.....	48	OMNIPOD 5 DX MIS POD G7G6	34	orquidea.....	37
NUZYRA.....	8	OMNIPOD 5 G7 KIT INTRO	34	ORSERDU.....	9
nyamyc	53	OMNIPOD 5 G7 MIS PODS	34	oseltamivir phosphate	6
nylia 1/35	37	OMNIPOD 5 L2 KIT INTRO G6	34	oxacillin sodium	8
nylia 7/7/7	37	OMNIPOD 5 L2 MIS PODS G6	34	oxaliplatin.....	8
nystatin	4	OMNIPOD DASH KIT INTRO	34	oxcarbazepine	27
nystatin (mouth-throat)....	55	OMNIPOD DASH MIS PODS.....	34	oxybutynin chloride	42
nystatin (topical).....	53	OMNIPOD GO KIT 10UNT/DY.....	34	oxycodone hcl.....	2
nystop	53	OMNIPOD GO KIT 15UNT/DY.....	34	oxycodone w/ acetaminophen tab 10- 325 mg	2
O		OMNIPOD GO KIT 20UNT/DY.....	34	oxycodone w/ acetaminophen tab 2.5- 325 mg	2
ocella	37	OMNIPOD GO KIT 25UNT/DY.....	34	oxycodone w/ acetaminophen tab 5-325 mg	2
OCTAGAM	45	OMNIPOD GO KIT 30UNT/DY.....	34	oxycodone w/ acetaminophen tab 7.5- 325 mg	2
octreotide acetate	39	OMNIPOD MIS CLASSIC	35	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	33
ODEFSEY TAB.....	5	ondansetron.....	40	OZEMPIC (0.25 OR 0.5MG/DOSE)	33
ODOMZO	13	ondansetron hcl	40	OZEMPIC (1MG/DOSE) .	33
OFEV	51	ONTRUZANT.....	13	OZEMPIC (2MG/DOSE) .	33
ofloxacin (ophth)	48	ONUREG	9	P	
ofloxacin (otic)	49	OPIPZA	24	pacerone	18
OGIVRI	13	OPSUMIT	21	paclitaxel.....	10
OGSIVEO	13	ORGOVYX	9	paclitaxel inj 100mg	10
OJEMDA.....	13			paliperidone	24
OJJAARA	13			pamidronate disodium	35
olanzapine	24			PAMIDRONATE DISODIUM	35
olmesartan medoxomil....	17			PANRETIN.....	55
olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg.....	17			pantoprazole sodium	41
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg.....	17			PANZYGA.....	45
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg.....	17			paricalcitol	40
olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg.....	17			paroxetine hcl	22
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg.....	17			PAXLOVID PAK.....	6
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg.....	17			PAXLOVID TAB 150-100..	6
				PAXLOVID TAB 300-100..	6

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<i>pazopanib hcl</i>13	<i>pioglitazone hcl-metformin</i>	<i>potassium chloride</i>
PEDIARIX INJ 0.5ML.....46	<i>hcl tab 15-850 mg</i>33	<i>microencapsulated</i>
PEDVAX HIB46	<i>piperacillin sod-tazobactam</i>	<i>crystals er</i>47
peg 3350-kcl-na bicarb-	<i>na for inj 3.375 gm (3-</i>	<i>potassium citrate</i>
<i>nacl-na sulfate for soln</i>	<i>0.375 gm)</i>8	<i>(alkalinizer)</i>42
<i>236 gm</i>41	<i>piperacillin sod-tazobactam</i>	<i>pramipexole</i>
peg 3350-kcl-sod bicarb-	<i>sod for inj 13.5 gm (12-</i>	<i>dihydrochloride</i>23
<i>nacl for soln 420 gm</i>41	<i>1.5 gm)</i>8	<i>prasugrel hcl</i>43
PEGASYS6	<i>piperacillin sod-tazobactam</i>	<i>pravastatin sodium</i>18
PEMAZYRE13	<i>sod for inj 2.25 gm (2-</i>	<i>praziquantel</i>3
<i>pemetrexed disodium</i>9	<i>0.25 gm)</i>8	<i>prazosin hcl</i>16
PENBRAYA INJ.....46	<i>piperacillin sod-tazobactam</i>	<i>prednisolone</i>38
<i>penicillamine</i>35	<i>sod for inj 4.5 gm (4-0.5</i>	<i>prednisolone acetate</i>
<i>penicillin g potassium</i>8	<i>gm)</i>8	<i>(ophth)</i>49
<i>penicillin g sodium</i>8	<i>piperacillin sod-tazobactam</i>	PREDNISOLONE SODIUM
<i>penicillin v potassium</i>8	<i>sod for inj 40.5 gm (36-</i>	PHOSP.....49
PENTACEL INJ46	<i>4.5 gm)</i>8	<i>prednisolone sodium</i>
<i>pentamidine isethionate inh</i>	PIQRAY 200MG DAILY	<i>phosphate</i>38
.....3	DOSE13	<i>prednisone</i>38
<i>pentamidine isethionate inj</i>	PIQRAY 250MG TAB	PREDNISONE INTENSOL
.....3	DOSE13	38
<i>pentoxifylline</i>43	PIQRAY 300MG DAILY	<i>pregabalin</i>27
<i>perampanel</i>27	DOSE13	PREMASOL SOL 10% ...48
<i>perindopril erbumine</i>16	<i>pirfenidone</i>51	PRENATAL TAB 27-1MG
<i>periogard</i>55	<i>piroxicam</i>1	47
<i>permethrin</i>55	<i>plenamine</i>48	PRENATAL TAB PLUS ..47
<i>perphenazine</i>24	PLENVU SOL41	<i>prevalite</i>18
<i>pfizerpen</i>8	<i>podofilox</i>55	PREVYMIS6
<i>phenelzine sulfate</i>22	<i>polycin ophth oint</i>48	PREZCOBIX TAB 800-150
<i>phenobarbital</i>27	<i>polymyxin b sulfate</i>3	5
<i>phenobarbital sodium</i>27	<i>polymyxin b-trimethoprim</i>	PREZISTA4
<i>phenytek</i>27	<i>ophth soln 10000 unit/ml-</i>	PRIFTIN.....5
<i>phenytoin</i>27	<i>0.1%</i>48	<i>primaquine phosphate</i>4
<i>phenytoin sodium</i>27	POMALYST9	PRIMAQUINE
<i>phenytoin sodium extended</i>	<i>portia-28</i>37	PHOSPHATE4
.....27	<i>posaconazole</i>4	<i>primidone</i>27
PHESGO SOL13	POT CHL 20MEQ/L IN	PRIORIX INJ.....46
<i>philith</i>37	<i>NACL 0.45% INJ</i>47	PRIVIGEN.....45
PIFELTRO4	POT CHL 20MEQ/L IN	<i>probenecid</i>1
<i>pilocarpine hcl</i>49	<i>NACL 0.9% INJ</i>47	<i>prochlorperazine</i>40
<i>pilocarpine hcl (oral)</i>55	POT CHL 40MEQ/L IN	<i>prochlorperazine edisylate</i>
<i>pimecrolimus</i>55	<i>NACL 0.9% INJ</i>47	40
<i>pimozide</i>25	<i>potassium chloride</i>47	<i>prochlorperazine maleate</i>
<i>pimtrea</i>37	<i>potassium chloride 20</i>	40
<i>pindolol</i>19	<i>meq/l (0.15%) in</i>	PROCRIT.....43
<i>pioglitazone hcl</i>33	<i>dextrose 5% inj</i>47	<i>proctocort</i>55
<i>pioglitazone hcl-metformin</i>		<i>procto-med hc</i>55
<i>hcl tab 15-500 mg</i>33		<i>proctosol hc</i>55

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<i>proctozone-hc</i>55	RESTASIS MULTIDOSE 49	<i>selenium sulfide</i>53
<i>progesterone</i>39	RETEVMO13	SELZENTRY5
PROGRAF.....46	REVUFORJ13	SEREVENT DISKUS50
PROLASTIN-C.....51	REXULTI25	<i>sertraline hcl</i>22
PROLIA35	REYATAZ5	<i>setlakin</i>37
<i>promethazine hcl</i>40	REZLIDHIA.....13	<i>sharobel</i>37
<i>propafenone hcl</i>18	REZUROCK.....46	SHINGRIX46
<i>proparacaine hcl</i>49	RHOPRESSA49	SIGNIFOR39
<i>propranolol hcl</i>19	<i>ribavirin (hepatitis c)</i>6	SIKLOS.....43
<i>propylthiouracil</i>39	<i>rifabutin</i>5	<i>sildenafil citrate (pulmonary hypertension)</i>21
PROQUAD INJ46	<i>rifampin</i>5	<i>silver sulfadiazine</i>53
PROSOL INJ 20%48	<i>riluzole</i>30	SIMBRINZA SUS 1-0.2%49
<i>protriptyline hcl</i>22	<i>rimantadine hydrochloride</i> 6	<i>simliya</i>37
PULMOZYME.....51	RINVOQ44	<i>simpesse</i>37
PURIXAN.....9	RINVOQ LQ.....44	<i>simvastatin</i>18
<i>pyrazinamide</i>5	<i>risedronate sodium</i>35	<i>sirolimus</i>46
<i>pyridostigmine bromide</i> ...30	<i>risperidone</i>25	SIRTURO.....5
<i>pyrimethamine</i>3	<i>risperidone microspheres</i> 25	SKYRIZI.....44
PYZCHIVA.....44	<i>ritonavir</i>5	SKYRIZI PEN44
Q	<i>rivaroxaban</i>42	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>41
QINLOCK13	<i>rivastigmine</i>21	<i>sodium chloride</i>47
QUADRACEL INJ 0.5ML 46	<i>rivastigmine tartrate</i>21	<i>sodium chloride (gu irrigant)</i>55
<i>quetiapine fumarate</i>25	<i>rivelsa</i>37	<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> ..47
<i>quinapril hcl</i>16	<i>rizatriptan benzoate</i>30	SODIUM OXYBATE31
<i>quinidine sulfate</i>18	ROCKLATAN DRO49	<i>sodium phenylbutyrate</i> ...39
<i>quinine sulfate</i>4	<i>roflumilast</i>51	<i>sodium polystyrene sulfonate powder</i>35
QULIPTA30	ROMVIMZA13	<i>solifenacin succinate</i>42
R	<i>ropinirole hydrochloride</i> ..23	SOLQUA INJ 100/3335
RABAVERT INJ.....46	<i>rosuvastatin calcium</i>18	SOLTAMOX.....9
<i>rabeprazole sodium</i>41	<i>rosyrah</i>37	SOLU-CORTEF.....38
RALDESY22	ROTARIX SUS46	SOMATULINE DEPOT ...39
<i>raloxifene hcl</i>39	ROTATEQ SOL46	SOMAVERT.....39
<i>ramipril</i>16	<i>roweepra</i>27	<i>sorafenib tosylate</i>13
<i>ranolazine</i>20	ROZLYTREK13	<i>sotalol hcl</i>18
<i>rasagiline mesylate</i>23	RUBRACA13	<i>sotalol hcl (afib/afl)</i>18
<i>reclipsen</i>37	<i>rufinamide</i>27	SOTYKTU.....44
RECOMBIVAX HB.....46	RUKOBIA5	<i>spironolactone</i>16
REGRANEX55	RYBELSUS33	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>20
RELENZA DISKHALER...6	RYDAPT13	<i>sprintec 28</i>37
RELISTOR.....41	S	SPRITAM.....27
REMICADE.....44	<i>sajazir</i>43	
RENFLEXIS.....44	SANTYL.....55	
<i>repaglinide</i>33	<i>sapropterin dihydrochloride</i>39	
REPATHA.....18	SCSEMBLIX13	
REPATHA PUSHTRONEX SYSTEM18	<i>scopolamine</i>40	
REPATHA SURECLICK .18	SECUADO25	
RESTASIS.....49	<i>selegiline hcl</i>23	

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sps.....	35	SYNJARDY TAB 5-1000MG.....	33	telmisartan-hydrochlorothiazide tab 40-12.5 mg.....	17
sps rectal.....	35	SYNJARDY TAB 5-500MG.....	33	telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	17
sronyx.....	37	SYNJARDY XR TAB 10-1000.....	33	telmisartan-hydrochlorothiazide tab 80-25 mg.....	17
ssd.....	53	SYNJARDY XR TAB 12.5-1000.....	33	temazepam.....	29
STELARA.....	44	SYNJARDY XR TAB 25-1000.....	33	TENIVAC INJ 5-2LF.....	46
STIVARGA.....	13	SYNJARDY XR TAB 5-1000MG.....	33	tenofovir disoproxil fumarate.....	5
streptomycin sulfate.....	3	SYNTHROID.....	40	TEPMETKO.....	14
STRIBILD TAB.....	5	T		terazosin hcl.....	16
subvenite.....	27	TABLOID.....	9	terbinafine hcl.....	4
sucralfate.....	41	TABRECTA.....	13	terbutaline sulfate.....	50
sulfacetamide sodium (acne).....	53	tacrolimus.....	46	terconazole vaginal.....	42
sulfacetamide sodium (ophth).....	48	tacrolimus (topical).....	55	TERIPARATIDE.....	35
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....	48	tadalafil.....	42	testosterone.....	32
sulfadiazine.....	3	tadalafil (pulmonary hypertension).....	21	testosterone cypionate....	32
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml.....	3	TAFINLAR.....	14	testosterone enanthate ...	32
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	3	TAGRISSO.....	14	testosterone pump.....	32
sulfamethoxazole-trimethoprim tab 400-80 mg.....	3	TALZENNA.....	14	tetrabenazine.....	30
sulfamethoxazole-trimethoprim tab 800-160 mg.....	3	tamoxifen citrate.....	9	tetracycline hcl.....	8
SULFAMYLON.....	53	tamsulosin hcl.....	42	THALOMID.....	9
sulfasalazine.....	41	tarina 24 fe.....	37	THEO-24.....	51
sulindac.....	1	tarina fe 1/20 eq.....	37	theophylline.....	51
sumatriptan.....	30	TASIGNA.....	14	thioridazine hcl.....	25
sumatriptan succinate.....	30	tasimelteon.....	29	thiothixene.....	25
sunitinib malate.....	13	TAVNEOS.....	43	tiadylt er.....	19
SUNLENCA.....	5	tazarotene.....	53	tiagabine hcl.....	27
syeda.....	37	tazicef.....	7	TIBSOVO.....	14
SYMDEKO TAB 100-15051.....	51	TAZORAC.....	53	ticagrelor.....	43
SYMDEKO TAB 50-75MG.....	51	TAZVERIK.....	14	TICOVAC.....	46
SYMPAZAN.....	27	TECENTRIQ.....	14	tigecycline.....	8
SYMTUZA TAB.....	5	TECENTRIQ INJ		tilia fe.....	37
SYNAREL.....	39	HYBREZA.....	14	timolol maleate.....	19
SYNJARDY TAB 12.5-1000MG.....	33	TEFLARO.....	7	timolol maleate (ophth) ...	49
SYNJARDY TAB 12.5-500.....	33	telmisartan.....	18	tinidazole.....	3
		telmisartan-amlodipine tab 40-10 mg.....	17	TIVICAY.....	5
		telmisartan-amlodipine tab 40-5 mg.....	17	TIVICAY PD.....	5
		telmisartan-amlodipine tab 80-10 mg.....	17	tizanidine hcl.....	31
		telmisartan-amlodipine tab 80-5 mg.....	17	TOBI PODHALER.....	3
				TOBRADEX OIN 0.3-0.1%.....	48
				tobramycin.....	3
				tobramycin (ophth).....	48

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<i>tobramycin sulfate</i>3	<i>tridacaine ii</i>54	<i>twice-daily clindamycin</i>
<i>tobramycin-dexamethasone</i>	<i>triderm</i>54	<i>phosphate (topical)</i>53
<i>ophth susp 0.3-0.1% ...48</i>	<i>trientine hcl</i>35	TWINRIX INJ46
<i>tolterodine tartrate</i>42	<i>tri-estarylla</i>37	TYBOST5
<i>topiramate</i>27	<i>trifluoperazine hcl</i>25	<i>tydemy</i>37
<i>toremifene citrate</i>9	<i>trifluridine</i>48	TYENNE45
<i>torpenz</i>14	<i>trihexyphenidyl hcl</i>23	TYPHIM VI.....46
<i>torsemide</i>20	TRIJARDY XR TAB ER	U
TOUJEO MAX SOLOSTAR	24HR 10-5-1000MG33	UBRELVY30
.....35	TRIJARDY XR TAB ER	<i>unithroid</i>40
TOUJEO SOLOSTAR.....35	24HR 12.5-2.5-1000MG	<i>ursodiol</i>41
TPN ELECTROL INJ47	33	V
TRADJENTA33	TRIJARDY XR TAB ER	<i>valacyclovir hcl</i>6
<i>tramadol hcl</i>2	24HR 25-5-1000MG33	VALCHLOR55
<i>tramadol-acetaminophen</i>	TRIJARDY XR TAB ER	<i>valganciclovir hcl</i>6
<i>tab 37.5-325 mg</i>2	24HR 5-2.5-1000MG ...33	<i>valproate sodium</i>27
<i>trandolapril</i>16	TRIKAFTA PAK 59.5MG 51	<i>valproic acid</i>27
<i>tranexamic acid</i>43	TRIKAFTA PAK 75MG ...51	<i>valsartan</i>18
<i>tranylcypromine sulfate</i> ...22	TRIKAFTA TAB 100-50-	<i>valsartan-</i>
TRAVASOL INJ 10%48	75MG & 150MG51	<i>hydrochlorothiazide tab</i>
TRAZIMERA14	TRIKAFTA TAB 50-25-	<i>160-12.5 mg</i>17
<i>trazodone hcl</i>22	37.5MG & 75MG51	<i>valsartan-</i>
TRECATOR.....5	<i>tri-legest fe</i>37	<i>hydrochlorothiazide tab</i>
TRELEGY AER ELLIPTA	<i>tri-lynyah</i>37	<i>160-25 mg</i>17
100-62.5-25 MCG49	<i>tri-lo-estarylla</i>37	<i>valsartan-</i>
TRELEGY AER ELLIPTA	<i>tri-lo-marzia</i>37	<i>hydrochlorothiazide tab</i>
200-62.5-25 MCG49	<i>tri-lo-mili</i>37	<i>320-12.5 mg</i>17
TREMFYA44	<i>tri-lo-sprintec</i>37	<i>valsartan-</i>
TREMFYA INDUCTION	<i>trimethoprim</i>3	<i>hydrochlorothiazide tab</i>
PACK FO45	<i>tri-mili</i>37	<i>320-25 mg</i>17
<i>treprostinil</i>21	<i>trimipramine maleate</i>22	<i>valsartan-</i>
TRESIBA35	TRINTELLIX22	<i>hydrochlorothiazide tab</i>
TRESIBA FLEXTOUCH..35	<i>tri-nymyo</i>37	<i>80-12.5 mg</i>17
<i>tretinoin</i>53	<i>tri-sprintec</i>37	VALTOCO 10 MG DOSE 27
<i>tretinoin (chemotherapy)</i> .10	TRIUMEQ PD TAB5	VALTOCO 15 MG DOSE 27
<i>triamcinolone acetonide</i>	TRIUMEQ TAB5	VALTOCO 20 MG DOSE 27
<i>(mouth)</i>55	<i>tri-vylibra</i>37	VALTOCO 5 MG DOSE..27
<i>triamcinolone acetonide</i>	<i>tri-vylibra lo</i>37	<i>valtya 1/50</i>37
<i>(topical)</i>54	TROGARZO5	<i>vancomycin hcl</i>3
<i>triamterene &</i>	TROPHAMINE INJ 10% .48	VANCOMYCIN INJ 1 GM .3
<i>hydrochlorothiazide cap</i>	<i>tropium chloride</i>42	VANCOMYCIN INJ 500MG
<i>37.5-25 mg</i>20	TRULICITY33	3
<i>triamterene &</i>	TRUMENBA.....46	VANCOMYCIN INJ 750MG
<i>hydrochlorothiazide tab</i>	TRUQAP14	3
<i>37.5-25 mg</i>20	TRUXIMA14	VANFLYTA14
<i>triamterene &</i>	TUKYSA14	VAQTA46
<i>hydrochlorothiazide tab</i>	TURALIO14	<i>varenicline tartrate</i>31
<i>75-50 mg</i>20	<i>turqoz</i>37	

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<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>31	W	XPOVIO PAK (100 MG ONCE WEEKLY).....15
VARIVAX.....46	<i>warfarin sodium</i>42	XPOVIO PAK (40 MG ONCE WEEKLY).....14
VASCEPA.....18	<i>water for irrigation, sterile irrigation soln</i>55	XPOVIO PAK (40 MG TWICE WEEKLY)14
VAXCHORA SUS.....46	WELIREG10	XPOVIO PAK (60 MG ONCE WEEKLY).....14
velivet37	<i>wera</i>37	XPOVIO PAK (60 MG TWICE WEEKLY)14
VELSIPITY45	WESTAB PLUS TAB 27-1MG47	XPOVIO PAK (80 MG ONCE WEEKLY).....15
VENCLEXTA14	<i>wixela inhub</i>52	XPOVIO PAK (80 MG TWICE WEEKLY)15
VENCLEXTA TAB START PK14	<i>wymzya fe</i>37	XTANDI9
<i>venlafaxine hcl</i>22	WYOST35	<i>xulane</i>38
VENTOLIN HFA.....50	X	XULTOPHY INJ 100/3.6 .35
VENTOLIN HFA (INSTITUTIONAL PACK)50	XALKORI14	Y
VEOZAH.....39	<i>xarah fe</i>37	YESINTEK45
<i>verapamil hcl</i>19	XARELTO42, 43	YF-VAX INJ46
VERQUVO.....20	XARELTO STAR TAB 15/20MG43	YONSA9
VERSACLOZ.....25	XATMEP45	YUTREPIA.....21
VERZENIO14	XCOPRI28	<i>yuvafem</i>38
<i>vestura</i>37	XCOPRI PAK 100-150...28	Z
<i>vienva</i>37	XCOPRI PAK 12.5-25....28	<i>zafemy</i>38
<i>vigabatrin</i>28	XCOPRI PAK 150-200MG (MAINTENANCE).....28	<i>zafirlukast</i>50
<i>vigadrone</i>28	XCOPRI PAK 150-200MG (TITRATION).....28	<i>zaleplon</i>29
VIGAFYDE28	XCOPRI PAK 50-100MG 28	ZARXIO43
<i>vigpoder</i>28	XDEMZY48	ZEGALOGUE38
<i>vilazodone hcl</i>22	XELJANZ45	ZEJULA15
VIMKUNYA.....46	XELJANZ XR.....45	ZELBORAF.....15
<i>vincristine sulfate</i>10	<i>xelria fe</i>38	ZEMAIRA.....51
<i>vinorelbine tartrate</i>10	XERMELO41	<i>zenatane</i>53
<i>viorele</i>37	XGEVA35	ZENPEP CAP 10000UNT41
VIRACEPT.....5	XHANCE.....52	ZENPEP CAP 15000UNT41
VIREAD5	XIFAXAN41	ZENPEP CAP 20000UNT41
VITRAKVI14	XIGDUO XR TAB 10-100033	ZENPEP CAP 25000UNT41
VIVIMUSTA8	XIGDUO XR TAB 10-500MG33	ZENPEP CAP 3000UNIT 41
VIVITROL31	XIGDUO XR TAB 2.5-100033	ZENPEP CAP 40000UNT41
VIVOTIF CAP EC46	XIGDUO XR TAB 5-1000MG33	ZENPEP CAP 5000UNIT 41
VIZIMPRO14	XIIDRA.....49	ZENPEP CAP 60000UNT41
VONJO14	XOFLUZA.....6	ZERVIAE49
VORANIGO14	XOLAIR51	
<i>voriconazole</i>4	XOSPATA.....14	
VOSEVI TAB6		
VOWST CAP41		
VRAYLAR.....25		
<i>vyfemla</i>37		
<i>vylibra</i>37		
VYZULTA49		

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<i>zidovudine</i>	5	ZOLINZA	15	<i>zumandimine</i>	38
<i>ziprasidone hcl</i>	25	<i>zolpidem tartrate</i>	29	ZURZUVAE	22
<i>ziprasidone mesylate</i>	25	ZONISADE	28	ZYDELIG	15
ZIRABEV	15	<i>zonisamide</i>	28	ZYKADIA	15
ZIRGAN	48	<i>zovia 1/35</i>	38	ZYLET SUS 0.5-0.3%.....	48
<i>zoledronic acid</i>	35	ZTALMY	28		

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Last Updated: 09/01/25

2025 List of Covered Drugs for Dual Care Supplemental Medicaid Formulary

Effective 09/01/2025

As an HMSA Akamai Advantage Dual Care member, you are also enrolled in a QUEST (Medicaid) plan to provide coverage of products that are typically not covered by Medicare. The supplemental section lists additional drugs that are covered under your QUEST (Medicaid) plan.

Abbreviations used in this formulary

TERM	DEFINITION
AGE	Age Limit
Lowercase	Indicates generic drug
OB7	Initial prescriptions for opioids and benzodiazepines being filled concurrently will be limited to a 7-day supply.
OTC	Over the Counter
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy
UPPERCASE	Indicates brand name drug
+	Indicated both the generic is covered as well as the brand-name product equivalent, with dispense as written code 1 (DAW 1). This includes State-mandated drug classes (HIV and AIDS, Antidepressants, Antipsychotics, Antianxiety Agents, and Immunosuppressants).

Drug coverage information

The status of a drug on this list is current as of the date of this publication.

The list serves as a guide to product selection for our providers and members. The list is subject to change. Participating pharmacies have the most up-to-date formulary information at the time prescriptions are filled. New drugs, strengths, forms, and/or therapeutic categories will be reflected in the formulary, as applicable, following the completion of HMSA's review process.

Not all generic drugs may be listed.

Drug Name	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	
ANTI-OBESITY AGENTS	
WEGOVY INJ 0.25MG	PA; Not covered for obesity
WEGOVY INJ 0.5MG	PA; Not covered for obesity
WEGOVY INJ 1.7MG	PA; Not covered for obesity
WEGOVY INJ 1 MG	PA; Not covered for obesity
WEGOVY INJ 2.4MG	PA; Not covered for obesity
ANALGESICS - ANTI-INFLAMMATORY	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
<i>flurbiprofen tab 50 mg</i>	
<i>ibuprofen cap 200 mg</i>	OTC
<i>ibuprofen chew tab 100 mg</i>	OTC
<i>ibuprofen susp 40 mg/ml</i>	OTC
<i>ibuprofen tab 100 mg</i>	OTC
<i>ibuprofen tab 200 mg</i>	OTC
<i>naproxen sodium cap 220 mg</i>	OTC
<i>naproxen sodium tab 220 mg</i>	OTC
ANALGESICS - NONNARCOTIC	
ANALGESICS OTHER	
<i>acetaminophen cap 500 mg</i>	OTC
<i>acetaminophen chew tab 80 mg</i>	OTC
<i>acetaminophen chew tab 160 mg</i>	OTC
<i>acetaminophen disintegrating tab 80 mg</i>	OTC
<i>acetaminophen disintegrating tab 160 mg</i>	OTC
<i>acetaminophen elixir 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
<i>acetaminophen suppos 120 mg</i>	OTC
<i>acetaminophen suppos 650 mg</i>	OTC
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	OTC
<i>acetaminophen tab 500 mg</i>	OTC
<i>acetaminophen tab er 650 mg</i>	OTC
FEVERALL INF SUP 80MG	OTC
FEVERALL SUP 325MG	OTC
SALICYLATES	
<i>aspirin chew tab 81 mg</i>	OTC
<i>aspirin tab 325 mg</i>	OTC
<i>aspirin tab 500 mg</i>	OTC
<i>aspirin tab delayed release 81 mg</i>	OTC
<i>aspirin tab delayed release 325 mg</i>	OTC

Drug Name	Requirements/Limits
ANTACIDS	
ANTACID COMBINATIONS	
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	OTC
<i>aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml</i>	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i>	OTC
FOAM ANTACID CHW 80-20MG	OTC
ANTACIDS - BICARBONATE	
<i>sodium bicarbonate tab 325 mg</i>	OTC
<i>sodium bicarbonate tab 650 mg</i>	OTC
ANTACIDS - CALCIUM SALTS	
ANTACID CHW 1177MG	OTC
ANTACID SOFT CHW 1177MG	OTC
CALCIUM CARB TAB 648MG	OTC
<i>calcium carbonate (antacid) chew tab 400 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 420 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	OTC
CVS ANTACID CHW 1177MG	OTC
MAALOX CHW 600MG	OTC
TUMS CHW DEL CHW 1177MG	OTC
ANTACIDS - MAGNESIUM SALTS	
<i>magnesium oxide tab 250 mg</i>	OTC
<i>magnesium oxide tab 400 mg</i>	OTC
<i>magnesium oxide tab 420 mg</i>	OTC
ANTHELMINTICS	
ANTHELMINTICS	
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	OTC
ANTIANGINAL AGENTS	
NITRATES	
<i>nitroglycerin cap er 2.5 mg</i>	
<i>nitroglycerin cap er 6.5 mg</i>	
<i>nitroglycerin cap er 9 mg</i>	

Drug Name	Requirements/Limits
ANTIANKXIETY AGENTS	
ANTIANKXIETY AGENTS - MISC.	
DROPERIDOL POW	
DROPERIDOL SOL NACL	
HYDROXYZINE POW PAMOATE	
BENZODIAZEPINES	
DIAZEPAM INJ 10MG/2ML	OB7
ANTIARRHYTHMICS	
ANTIARRHYTHMICS TYPE I-A	
PROCAINAMIDE POW	
ANTICONVULSANTS	
ANTICONVULSANTS - MISC.	
CARBAMAZEPIN POW	
ELEPSIA XR TAB 1000MG	
ELEPSIA XR TAB 1500MG	
FANATREX SUS 25MG/ML	
GABAPENTIN TAB TINY TABS	
LEVETIR/NACL SOL 250/50ML	
HYDANTOINS	
PHENYTOIN POW SODIUM	
SEROTONIN MODULATORS	
TRAZODONE POW	
VIIBRYD KIT STARTER	
TRICYCLIC AGENTS	
DESIPRAMINE POW	
IMIPRAMINE POW HCL	
NORTRIPTYLIN POW HCL	
TRIMIPRAMINE POW MALEATE	
ANTIDIABETICS	
INSULIN	
HUMALOG MIX INJ 50/50	
ANTIARRHEAL/PROBIOTIC AGENTS	
ANTIARRHEAL/PROBIOTIC AGENTS - MISC.	
bismuth subsalicylate chew tab 262 mg	OTC
bismuth subsalicylate susp 262 mg/15ml	OTC
bismuth subsalicylate susp 525 mg/15ml	OTC
bismuth subsalicylate tab 262 mg	OTC
ANTIARRHEAL/PROBIOTIC COMBINATIONS	
loperamide-simethicone tab 2-125 mg	OTC
ANTIPERISTALTIC AGENTS	
loperamide hcl tab 2 mg	OTC

Drug Name	Requirements/Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS	
OPIOID ANTAGONISTS	
RIVIVE SPR 3/0.1ML	QL (2 units/30 days), OTC
ANTIHISTAMINES	
ANTIHISTAMINES - ALKYLAMINES	
chlorpheniramine maleate syrup 2 mg/5ml	OTC
chlorpheniramine maleate tab 4 mg	OTC
chlorpheniramine maleate tab er 12 mg	OTC
ANTIHISTAMINES - ETHANOLAMINES	
clemastine fumarate tab 1.34 mg (1 mg base equiv)	OTC
diphenhydramine hcl chew tab 12.5 mg	OTC
diphenhydramine hcl liquid 12.5 mg/5ml	OTC
diphenhydramine hcl tab 25 mg	OTC
diphenhydramine hcl tab disint 12.5 mg	OTC
ANTIHISTAMINES - NON-SEDATING	
ALLEGRA ALRG TAB 30MG	OTC
cetirizine hcl cap 10 mg	OTC
cetirizine hcl orally disintegrating tab 10 mg	OTC
fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	OTC
loratadine cap 10 mg	OTC
loratadine chew tab 5 mg	OTC
loratadine oral soln 5 mg/5ml	OTC
loratadine orally disintegrating tab 5 mg	OTC
loratadine rapidly-disintegrating tab 10 mg	OTC
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
MYLERAN TAB 2MG	
temozolomide cap 5 mg	SP, PA
temozolomide cap 20 mg	SP, PA
temozolomide cap 100 mg	SP, PA
temozolomide cap 140 mg	SP, PA
temozolomide cap 180 mg	SP, PA
temozolomide cap 250 mg	SP, PA
ANTIMETABOLITES	
capecitabine tab 150 mg	SP, PA
capecitabine tab 500	SP, PA
MITOTIC INHIBITORS	
etoposide cap 50 mg	SP
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
ANTIMANIC AGENTS	
LITHIUM CARB POW	

Drug Name	Requirements/Limits
ANTIPSYCHOTICS - MISC.	
BENZISOXAZOLES	
RYKINDO INJ 25MG	
RYKINDO INJ 37.5MG	
RYKINDO INJ 50MG	
DIBENZAPINES	
ADASUVE INH 10MG	
PHENOTHIAZINES	
PROCHLORPER POW MALEATE	
ANTISEPTICS & DISINFECTANTS	
ANTISEPTIC COMBINATIONS	
IV PREP WIPE PAD	OTC
MICROCLENS PAD WIPES	OTC
UNI-SOLVE PAD WIPES	OTC
IODINE ANTISEPTICS	
povidone-iodine soln 10%	OTC
ANTIVIRALS	
ANTIRETROVIRALS	
nevirapine tab er 24hr 100 mg	SP
NORVIR SOL 80MG/ML	SP
stavudine cap 15 mg	SP
stavudine cap 20 mg	SP
stavudine cap 30 mg	SP
stavudine cap 40 mg	SP
CONTRACEPTIVES	
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
TWIRLA DIS 120-30	
EMERGENCY CONTRACEPTIVES	
ELLA TAB 30MG	QL (3 tabs/90 days)
PROGESTIN CONTRACEPTIVES - ORAL	
OPILL TAB 0.075MG	OTC
COUGH/COLD/ALLERGY	
ANTITUSSIVES	
benzonatate cap 100 mg	
benzonatate cap 200 mg	
COUGH/COLD/ALLERGY COMBINATIONS	
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml	OTC
dextromethorphan-guaifenesin liquid 5-100 mg/5ml	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	OTC
dextromethorphan-guaifenesin liquid 10-200 mg/5ml	OTC
dextromethorphan-guaifenesin liquid 30-200 mg/5ml	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	OTC

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	OTC
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	QL (60 mL/day (7 day max per month)), AGE, OTC; (Covered for ages 18 and over)
M-CLEAR WC LIQ 100-6.33	QL (30 mL/day (7 day max per month)), AGE, OTC; (Covered for ages 18 and over)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (30 mL/day (7 day max per month)), AGE; (Covered for ages 18 and over)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
<i>pseudoephedrine w/ dm-gg liquid 30-10-100 mg/5ml</i>	OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i>	OTC
EXPECTORANTS	
EXPECT CHILD LIQ 200M/5ML	OTC
GILTUSS EX LIQ MAX STR	OTC
<i>guaifenesin liquid 100 mg/5ml</i>	OTC
<i>guaifenesin tab 200 mg</i>	OTC
<i>guaifenesin tab 400 mg</i>	OTC
<i>guaifenesin tab er 12hr 600 mg</i>	OTC
<i>guaifenesin tab er 12hr 1200 mg</i>	OTC
<i>potassium iodide oral soln 1 gm/ml</i>	
MISC. RESPIRATORY INHALANTS	
<i>sodium chloride soln nebu 3%</i>	
<i>sodium chloride soln nebu 7%</i>	
<i>sodium chloride soln nebu 10%</i>	
DERMATOLOGICALS	
ACNE PRODUCTS	
<i>benzoyl peroxide cream 2.5%</i>	OTC
<i>benzoyl peroxide cream 10%</i>	OTC
<i>benzoyl peroxide gel 2.5%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
<i>benzoyl peroxide liq 2.5%</i>	OTC
<i>benzoyl peroxide liq 5%</i>	OTC
<i>benzoyl peroxide liq 10%</i>	OTC
ANTIBIOTICS - TOPICAL	
<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>bacitracin-polymyxin b oint</i>	OTC
<i>neomycin-bacitracin-polymyxin oint</i>	OTC

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
ANTIFUNGALS - TOPICAL	
<i>miconazole nitrate cream 2%</i>	OTC
<i>miconazole nitrate ointment 2%</i>	OTC
<i>miconazole nitrate powder 2%</i>	OTC
<i>tolnaftate aerosol pow 1%</i>	OTC
<i>tolnaftate cream 1%</i>	OTC
<i>tolnaftate soln 1%</i>	OTC
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotion 1%</i>	OTC
ANTIVIRALS - TOPICAL	
<i>docosanol cream 10%</i>	OTC
CORTICOSTEROIDS - TOPICAL	
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>hydrocortisone cream 0.5%</i>	OTC
<i>hydrocortisone gel 1%</i>	OTC
<i>hydrocortisone lotion 1%</i>	OTC
<i>hydrocortisone oint 0.5%</i>	OTC
<i>hydrocortisone soln 1%</i>	OTC
LOCAL ANESTHETICS - TOPICAL	
<i>capsaicin cream 0.1%</i>	QL (120 grams/30 days), OTC
<i>capsaicin cream 0.025%</i>	QL (120 mL/30 days), OTC
<i>capsaicin cream 0.075%</i>	QL (120 grams/30 days), OTC
CAPSAICIN LIQ 0.15%	QL (30 mL/30 days), OTC
CAPZASIN GEL RELIEF	QL (42.5 grams/30 days), OTC
CAPZASIN LIQ 0.15%	QL (30 mL/30 days), OTC
CAPZASIN-P CRE 0.035%	QL (120 grams/30 days), OTC
CASTIVA LOT	QL (120 grams/30 days), OTC
<i>lidocaine patch 4%</i>	QL (30 patches/30 days), OTC
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
QC CAPSAICIN LIQ 0.15%	QL (30 mL/30 days), OTC
ZOSTRIX NAT CRE 0.033%	QL (120 grams/30 days), OTC
MISC. TOPICAL	
CALAMINE LOT	OTC
CALAMINE LOT 8-8%	OTC
DRYSOL SOL 20%	
GNP CALAMINE LOT 8-8%	OTC
HM CALAMINE LOT 8-8%	OTC
PX CALAMINE LOT	OTC
SM CALAMINE LOT	OTC
SCABICIDES & PEDICULICIDES	
<i>ivermectin lotion 0.5%</i>	OTC
<i>permethrin aerosol 0.5%</i>	OTC
<i>permethrin creme rinse 1%</i>	OTC

Drug Name	Requirements/Limits
DIAGNOSTIC PRODUCTS	
DIAGNOSTIC TESTS	
ALBUSTIX TES	OTC
CHEMSTRIP 2 TES GP	QL (100 strips/30 days), OTC
CHEMSTRIP 5 TES OB	QL (100 strips/30 days), OTC
CHEMSTRIP 9 TES STRIPS	QL (100 strips/30 days), OTC
CHEMSTRIP 10 TES MD	QL (100 strips/30 days), OTC
CHEMSTRIP TES -10 SG	QL (100 strips/30 days), OTC
CHEMSTRIP TES UGK	QL (100 strips/30 days), OTC
CHEMSTRIP K TES	
CVS KETONE TES CARE	QL (100 strips/30 days), OTC
KETONE TES	
DIASTIX TES STRIPS	
FREESTYLE TES	OTC
FREESTYLE TES INSULINX	OTC
FREESTYLE TES LITE	OTC
FREESTYLE TES PREC NEO	OTC
MULTISTIX 10 TES SG	QL (100 strips/30 days), OTC
ONETOUCH TES ULTRA	OTC
ONETOUCH TES VERIO	OTC
PRECISION TES XTRA	OTC
ENDOCRINE AND METABOLIC AGENTS - MISC.	
ADRENAL STEROID INHIBITORS	
ISTURISA TAB 10MG	SP, PA
GASTROINTESTINAL AGENTS - MISC.	
ANTIFLATULENTS	
GAS-X CHILD MIS 40MG	OTC
<i>simethicone cap 125 mg</i>	OTC
<i>simethicone cap 180 mg</i>	OTC
<i>simethicone chew tab 80 mg</i>	OTC
<i>simethicone chew tab 125 mg</i>	OTC
<i>simethicone liquid 40 mg/0.6ml</i>	OTC
<i>simethicone susp 40 mg/0.6ml</i>	OTC
GENITOURINARY AGENTS - MISCELLANEOUS	
ACIDIFIERS	
K-PHOS TAB NO 2	
ALKALINIZERS	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	
URINARY ANALGESICS	
<i>phenazopyridine hcl tab 100 mg</i>	
<i>phenazopyridine hcl tab 200 mg</i>	

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
HEMATOPOIETIC AGENTS	
COBALAMINS	
<i>cyanocobalamin inj 1000 mcg/ml</i>	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	
FOLIC ACID/FOLATES	
<i>folic acid tab 1 mg</i>	
<i>folic acid tab 400 mcg</i>	OTC
<i>folic acid tab 800 mcg</i>	OTC
HEMATOPOIETIC MIXTURES	
<i>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap</i>	
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i>	
<i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i>	
<i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i>	OTC
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg</i>	
<i>ferrous fumarate-folic acid tab 324-1 mg</i>	
<i>folic acid-vitamin b6-vitamin b12 tab 0.8-10-0.115 mg</i>	OTC
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg</i>	
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	
<i>iron combination cap</i>	
<i>iron combination cap</i>	OTC
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	OTC
<i>iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg</i>	OTC
<i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg</i>	
<i>iron-vit c-vit b12-folic acid tab 100-250-0.025-1 mg</i>	OTC
<i>iron-vitamin c tab 100-250 mg</i>	OTC
IRON	
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	OTC
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	OTC
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i>	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	OTC
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	OTC
<i>ferrous sulfate tab 27 mg (elemental fe)</i>	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	OTC
<i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i>	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	OTC
<i>ferrous sulfate tab er 45 mg (elemental fe)</i>	OTC
<i>ferrous sulfate tab er 50 mg (elemental fe)</i>	OTC
<i>IRON HP TAB 65MG</i>	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	OTC

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
ANTIHISTAMINE HYPNOTICS	
<i>diphenhydramine hcl (sleep) cap 50 mg</i>	OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i>	OTC
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	OTC
LAXATIVES	
LAXATIVE COMBINATIONS	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	OTC
STIMULANT LAXATIVES	
<i>bisacodyl suppos 10 mg</i>	OTC
<i>bisacodyl tab delayed release 5 mg</i>	OTC
<i>sennosides chew tab 15 mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC
<i>sennosides tab 8.6 mg</i>	OTC
<i>sennosides tab 15 mg</i>	OTC
<i>sennosides tab 17.2 mg</i>	OTC
<i>sennosides tab 25 mg</i>	OTC
SURFACTANT LAXATIVES	
<i>docusate calcium cap 240 mg</i>	OTC
DOCUSATE SOD SYP 60/15ML	OTC
<i>docusate sodium cap 50 mg</i>	OTC
<i>docusate sodium cap 250 mg</i>	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	OTC
<i>docusate sodium syrup 60 mg/15ml</i>	OTC
<i>docusate sodium tab 100 mg</i>	OTC
PEDIA-LAX LIQ 50MG	OTC
MEDICAL DEVICES AND SUPPLIES	
BANDAGES-DRESSINGS-TAPE	
ADHESIVE BANDAGES	
ADHESIVE BANDAGES	OTC
GAUZE BANDAGES	OTC
GAUZE PADS & DRESSINGS	
GAUZE PADS & DRESSINGS	OTC
CONTRACEPTIVES	
CAYA DPR	QL (1 unit/year)
DIAPHRAGM	QL (1 unit/year)
FC2 FEMALE MIS CONDOM	QL (12 units/30 days), OTC
FEMCAP MIS 22MM	
FEMCAP MIS 26MM	
FEMCAP MIS 30MM	
MALE CONDOMS	QL (12 units/30 days), OTC
WIDE-SEAL DPR KIT 60	QL (1 unit/year)

Drug Name	Requirements/Limits
WIDE-SEAL DPR KIT 65	QL (1 unit/year)
WIDE-SEAL DPR KIT 70	QL (1 unit/year)
WIDE-SEAL DPR KIT 75	QL (1 unit/year)
WIDE-SEAL DPR KIT 80	QL (1 unit/year)
WIDE-SEAL DPR KIT 85	QL (1 unit/year)
WIDE-SEAL DPR KIT 90	QL (1 unit/year)
WIDE-SEAL DPR KIT 95	QL (1 unit/year)
DIABETIC SUPPLIES	
CONTOUR KIT NEXT	OTC
FREESTYLE LIQ CONTROL	OTC
LANCETS OTC	OTC
LANCETS RX	
ONETOUCH KIT ULTRA 2	OTC
ONETOUCH KIT VERIO FL	OTC
ONETOUCH KIT VERIO RE	OTC
PRECISION LIQ GLUC/KET	OTC
ELASTIC BANDAGES & SUPPORTS	
ELASTIC BANDAGES & SUPPORTS	
ELASTIC BANDAGES & SUPPORTS	OTC
MISC. DEVICES	
ALCOHOL SWABS	QL (400/30 days), OTC
RESPIRATORY THERAPY SUPPLIES	
AERCHMBR PLS MIS FLOW-VU	QL (2/year)
AERCHMBR PLS MIS INTERMED	
AERCHMBR PLS MIS LRG MASK	QL (2/year)
AERCHMBR PLS MIS MED MASK	QL (2/year)
AERCHMBR PLS MIS SM MASK	QL (2/year)
AERCHMBR Z- MIS STAT PLS	QL (2/year)
AEROCHAMBER MIS CHAMBER	QL (2/year)
AEROCHAMBER MIS FLOSIGNA	QL (2/year)
AEROCHAMBER MIS HOLDING	
AEROCHAMBER MIS MTHPIECE	
AEROCHAMBER MIS MV	QL (2/year)
AEROCHAMBER MIS PLUS	QL (2/year)
AEROVENT MIS PLUS	
AIRZONE PEAK MIS FLOW MTR	QL (2/year), OTC
BREATHE EASE MIS LG MASK	
BREATHE EASE MIS MED MASK	
BREATHE EASE MIS SM MASK	
BREATHERITE MIS MDI CHMB	
COMPACT SPAC MIS CHAMBER	
COMPACT SPAC MIS LG MASK	
COMPACT SPAC MIS MD MASK	

Drug Name	Requirements/Limits
COMPACT SPAC MIS SM MASK	
EASIVENT MIS	QL (2/year)
EASIVENT MIS MASK LG	QL (2/year)
EASIVENT MIS MASK MED	QL (2/year)
EASIVENT MIS MASK SM	QL (2/year)
FLEXICHAMBER MIS	
FLEXICHAMBER MIS MASK LRG	
FLEXICHAMBER MIS MASK SM	
HOLD CHAMBER MIS ADLT LG	
HOLD CHAMBER MIS ADLT LG	OTC
HOLD CHAMBER MIS MEDIUM	
HOLD CHAMBER MIS MEDIUM	OTC
HOLD CHAMBER MIS SMALL	
HOLD CHAMBER MIS SMALL	OTC
HOLDING CHAM MIS ADULT	OTC
HOLDING CHAM MIS CHILD	OTC
INSPIREASE MIS DD SYST	QL (2/year)
MASK VORTEX/ MIS FROG	QL (2/year), OTC
MASK VORTEX/ MIS LADY BUG	QL (2/year), OTC
MICROCHAMBER MIS	QL (2/year)
MICROSPACER MIS	QL (2/year)
NEBULIZERS	
NEBULIZERS	OTC
OPTICHAMBER MIS DIA LG	
OPTICHAMBER MIS DIA MD	
OPTICHAMBER MIS DIA SM	
OPTICHAMBER MIS DIAMOND	
PANDA MASK MIS LARGE	OTC
PANDA MASK MIS MEDIUM	OTC
PANDA MASK MIS PEDIATRI	OTC
PANDA MASK MIS SMALL	OTC
PARI VORTEX MIS ADL MASK	OTC
POCKET CHAMB MIS	QL (2/year)
POCKET SPACE MIS	QL (2/year)
PROCARE MIS ADULT	OTC
PROCARE MIS CHILD	OTC
PROCHAMBER MIS VHC	QL (2/year)
PURE COMFORT MIS SPACER	OTC
RESPIRATORY THERAPY SUPPLIES	
RESPIRATORY THERAPY SUPPLIES	OTC
RITEFLO MIS	QL (2/year)
SPACE CHAMBR MIS ANTI-STA	
SPACE CHAMBR MIS LARGE	
SPACE CHAMBR MIS MEDIUM	

Drug Name	Requirements/Limits
SPACE CHAMBR MIS SMALL	
SPACER CHAMB MIS ADULT	OTC
SPACER CHAMB MIS CHILD	OTC
SPACER CHAMB MIS INFANT	OTC
VAPORIZERS	OTC
VORTEX VALVE MIS CHAMBER	QL (2/year)
VORTEX/MASK MIS CHILDS	QL (2/year)
VORTEX/MASK MIS TODDLER	QL (2/year)

MINERALS & ELECTROLYTES

CALCIUM

<i>calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalcif chew tab 500 mg-15 mcg (600 unit)</i>	OTC
<i>calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i>	OTC
<i>calcium carbonate tab 600 mg</i>	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	OTC
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	OTC
CALCIUM CHW 500-10	OTC
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>	OTC
<i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>	OTC
<i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	OTC
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	OTC
CALCIUM TAB 280MG	OTC
<i>calcium tab 600 mg</i>	OTC
<i>calcium w/ magnesium tab 333-167 mg</i>	OTC
<i>calcium w/ magnesium tab 500-250 mg</i>	OTC
<i>calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg</i>	OTC
<i>calcium w/ vitamin d & k chew tab 500 mg-200 unit-40 mcg</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	OTC
CALCIUM/D3 WAF	OTC
<i>oyster shell calcium tab 500 mg</i>	OTC

Drug Name	Requirements/Limits
ELECTROLYTE MIXTURES	
oral electrolyte solution	OTC
FLUORIDE	
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	
sodium fluoride tab 1 mg f (from 2.2 mg naf)	
MAGNESIUM	
MAG OXIDE TAB 420MG	OTC
MAGNESIUM CHW 200MG	OTC
magnesium glycinate cap 100 mg (elemental mg)	OTC
magnesium oxide tab 200 mg (elemental mg)	OTC
magnesium oxide tab 250 mg (mg supplement)	OTC
magnesium oxide tab 400 mg (240 mg elemental mg)	OTC
magnesium oxide tab 500 mg (mg supplement)	OTC
MAGNESIUM TAB 400MG	OTC
MINERAL COMBINATIONS	
CAL/MAG/ZINC TAB VIT D3	OTC
PHOSPHATE	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	
potassium phosphate monobasic tab 500 mg	
SODIUM	
sodium chloride tab 1 gm	OTC
MISCELLANEOUS THERAPEUTIC CLASSES	
IMMUNOSUPPRESSIVE AGENTS	
AZATHIOPRINE POW	
THICKENED PRODUCTS	
THICK-IT LIQ HONEY	OTC
THICK-IT LIQ NECTAR	OTC
MULTIVITAMINS	
B-COMPLEX VITAMINS	
b-complex vitamin cap	OTC
b-complex vitamin elixir	OTC
b-complex vitamin inj	
b-complex vitamin sublingual liquid	OTC
b-complex vitamin tab	OTC
b-complex vitamin tab er	OTC
brewers yeast tab	OTC
B-COMPLEX W/ C	
b-complex w/ c & calcium tab	OTC
b-complex w/ c & e + zn tab	OTC
b-complex w/ c cap	OTC
b-complex w/ c tab	OTC

Drug Name	Requirements/Limits
B-COMPLEX W/ FOLIC ACID	
<i>b-complex w/ c & folic acid cap 1 mg</i>	
<i>b-complex w/ c & folic acid cap 1 mg</i>	OTC
<i>b-complex w/ c & folic acid tab</i>	
<i>b-complex w/ c & folic acid tab</i>	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	
<i>b-complex w/ c & folic acid tab 1 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 5 mg</i>	
<i>b-complex w/ c-biotin-minerals & folic acid tab 5 mg</i>	
<i>b-complex w/ folic acid cap</i>	OTC
<i>b-complex w/ folic acid tab</i>	OTC
<i>b-complex w/biotin & folic acid tab</i>	OTC
<i>b-complex w/biotin & folic acid tab er</i>	OTC
B-COMPLEX W/ IRON	
<i>b-complex w/ iron tab</i>	OTC
B-COMPLEX W/ MINERALS	
<i>b-complex w/ minerals liq</i>	OTC
BIOFLAVONOID PRODUCTS	
<i>bioflavonoid products tab</i>	OTC
<i>bioflavonoid products tab er</i>	OTC
IRON W/ VITAMINS	
<i>iron w/ vitamin tab</i>	
<i>iron w/ vitamin tab</i>	OTC
MULTIPLE VITAMINS W/ CALCIUM	
<i>multiple vitamins w/ calcium tab</i>	AGE, OTC; (Covered for ages 20 and under)
MULTIPLE VITAMINS W/ IRON	
<i>multiple vitamins w/ iron tab</i>	AGE, OTC; (Covered for ages 20 and under)
MULTIPLE VITAMINS W/ MINERALS	
ABC COMPLETE TAB ADULT	OTC
ABC COMPLETE TAB MENS	OTC
ABC COMPLETE TAB MENS 50+	OTC
ABC COMPLETE TAB SENIOR	OTC
ABC COMPLETE TAB WOMEN	OTC
ACTIVE 55 LIQ PLUS	OTC
ACTIVESSENT PAK	OTC
ACTIVESSENTI PAK ONCOPLEX	OTC
ACTIVESSENTI PAK WOMEN	OTC
ACTIVNUT W/O POW COP/IRON	OTC
ACTIVNUTRIEN CAP	OTC
ACTIVNUTRIEN CAP PERFORMA	OTC

Drug Name	Requirements/Limits
ACTIVNUTRIEN CAP W/O IRON	OTC
ADEK CHW PLUS ZN	OTC
ADLT ONE DLY CHW GUMMIES	OTC
ADULT 50+ CAP EYE HLTH	OTC
ADULT 50+ CAP OCUVITE	OTC
ADV DIABETIC TAB MULTIVIT	OTC
AIRBORNE CHW	OTC
AIRBORNE CHW KIDS	OTC
AIRBORNE POW	OTC
AIRBORNE+ CHW PROBIOTI	OTC
AIRBORNE+ CHW REST	OTC
AIRBORNE+ POW STRESS	OTC
AIRBORNE+NAT LIQ ENERGY	OTC
AIRSHIELD CHW IMMUNITY	OTC
ALGAE BASED TAB CALCIUM	OTC
ALIVE 50+ TAB ENERGY	OTC
ALIVE DAILY TAB WOMENS	OTC
ALIVE DIABET TAB MULTIVIT	OTC
ALIVE ENERGY TAB WOMENS	OTC
ALIVE HAIR CHW SKN/NAIL	OTC
ALIVE IMMUNE CAP HEALTH	OTC
ALIVE LIQ MULT-VIT	OTC
ALIVE MENS CHW 50+	OTC
ALIVE MENS CHW GUMMY	OTC
ALIVE MENS TAB	OTC
ALIVE MENS TAB COMPLETE	OTC
ALIVE MULTI CHW VITAMIN	OTC
ALIVE WOMENS CHW 50+	OTC
ALIVE WOMENS CHW GUMMY	OTC
ALIVE WOMENS TAB 50+ COMP	OTC
ANTIOXIDANT TAB FORMULA	OTC
APETIBEX CAP	OTC
APPE-CURB CAP	OTC
ATP IGNITE PAK	OTC
ATP IGNITE POW WORKOUT	OTC
AZO HORMONAL TAB HEALTH	OTC
BACMIN TAB	
BARIATRIC CAP MULTIVIT	OTC
BARIATRIC CHW FUSION	OTC
BASIC AM TAB	OTC
BASIC PM TAB	OTC
BIO-35 GLUTE CAP FREE	OTC
BIO-35 IRON CAP FREE	OTC
BIOCAL CAP	OTC

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
BONEUP 3 PER CAP DAY	OTC
BONEUP CAP	OTC
BONEUP VEG TAB	OTC
BOOSTNOW CAP IMM SUPP	OTC
BOOSTNOW POW IMM SUPP	OTC
C-BUFF POW	OTC
CAL-DAY 1000 TAB	OTC
CELEBRATE CAP 18	OTC
CELEBRATE CAP 36	OTC
CELEBRATE CAP 45	OTC
CELEBRATE CAP 60	OTC
CELEBRATE CHW 18	OTC
CELEBRATE CHW 36	OTC
CELEBRATE CHW 45	OTC
CELEBRATE CHW 60	OTC
CENT MATURE TAB ADLT 50+	OTC
CENTRAL-VITE TAB	OTC
CENTRAVITES TAB 50 PLUS	OTC
CENTRAVITES TAB ADULTS	OTC
CENTRUM 50+ CHW ADULTS	OTC
CENTRUM 50+ CHW FRSH/FRU	OTC
CENTRUM CHW ADULTS	OTC
CENTRUM CHW FLAV BST	OTC
CENTRUM CHW SILVER	OTC
CENTRUM CHW VITAMINT	OTC
CENTRUM MINI TAB ADULT 50	OTC
CENTRUM MINI TAB MEN 50+	OTC
CENTRUM MINI TAB WOMEN 50	OTC
CENTRUM MULT CHW OMEGA 3	OTC
CENTRUM POW DRINK	OTC
CENTRUM SPEC TAB HEART	OTC
CENTRUM SPEC TAB IMMUNE	OTC
CENTRUM SPEC TAB VISION	OTC
CENTRUM TAB CARDIO	OTC
CENTRUM TAB MEN	OTC
CENTRUM TAB SILVER	OTC
CENTRUM TAB ULTRA	OTC
CERTAVITE TAB SENIOR	OTC
CERTAVITE/ TAB ANTIOXID	OTC
CHOICEFUL CAP MULTIVIT	OTC
CHOICEFUL CHW MULTIVIT	OTC
CONCEPTIONXR MIS MOTILITY	OTC
CULTURELLE CHW MULTIVIT	OTC
CVS IMMUNE CAP SUPPORT	OTC

Drug Name	Requirements/Limits
CVS VISION CAP HEALTH	OTC
DAILY HEART PAK SUPPORT	OTC
DAILY PAK MIS MULTIVIT	OTC
DAYAVITE TAB	
DECUBI-VITE CAP	OTC
DEKAS CHW BARIATRI	OTC
DEKAS PLUS CAP	OTC
DEKAS PLUS CAP OCEAN	OTC
DEKAS PLUS CHW	OTC
DERMACINRX TAB RIBOT-E	
DERMAVITE TAB	OTC
DEXATRAN CAP	
DIABET HLTH PAK SUPPORT	OTC
DIABETES PAK HEALTH	OTC
DIALYVITE TAB SUPREM D	
DIATROL TAB	
EMERGEN-C CHW IMMUNE/D	OTC
EMERGEN-C CHW VITA C	OTC
EMERGEN-C PAK BLUE	OTC
EMERGEN-C PAK FIVE	OTC
EMERGEN-C PAK HEART	OTC
EMERGEN-C PAK IMMUNE	OTC
EMERGEN-C PAK JOINT	OTC
EMERGEN-C PAK KIDZ	OTC
EMERGEN-C PAK MSM LITE	OTC
EMERGEN-C PAK PINK	OTC
EMERGEN-C PAK SUPER FR	OTC
EMERGEN-C PAK VIT D/CA	OTC
EMERGEN-C PAK VITA C	OTC
ENDUR-VM TAB	OTC
ENDUR-VM TAB IRON	OTC
ENERGY POW BOOSTER	OTC
EQ COMPLETE TAB ADULT	OTC
EQ ONE DAILY TAB MENS	OTC
EQ ONE DAILY TAB WOMENS	OTC
EQL CENTURY TAB MENS	OTC
EQL CENTURY TAB WOMENS	OTC
ESTROVEN MEN TAB SUPPLEM	OTC
EVOLUTION60 POW	OTC
EYE HEALTH CAP	OTC
EYE HEALTH CAP ADLT 50+	OTC
EYE HEALTH TAB LUTEIN	OTC
EYE MULTIVIT CAP	OTC
EYE MULTIVIT CAP LUTEIN	OTC

Drug Name	Requirements/Limits
EYE MULTIVIT TAB SODIUM	OTC
FITNESS TABS TAB MEN	OTC
FITNESS TABS TAB WOMEN	OTC
FOLAGENT CAP DHA	
FOLAMAX TAB	
FOLAMED DHA CAP	
FOLIFLEX TAB	
FOLIKA-MG TAB	OTC
FOLITIN-Z TAB	
FREEDAVITE TAB	OTC
GENADEK CAP STEP 1	OTC
GENADEK CAP STEP 2	OTC
GERI-FREEDA TAB SENIOR	OTC
GNP IMMUNE PAK	OTC
GNP IMMUNE PAK SUPPORT	OTC
HAIR SKIN & TAB NAILS AD	OTC
HAIR SKIN TAB NAILS	OTC
HAIR/SKIN/ CAP NAILS	OTC
HEAD CARE TAB PROACTIV	OTC
HEALTHY EYES CAP SUPERVIS	OTC
HI POT MV/ TAB BETA-CAR	OTC
HIGH POTENCY TAB MV/FA	OTC
HM COMPLETE TAB MEN	OTC
HM HAIR/SKIN TAB /NAILS	OTC
HYLAZINC TAB	
ICAPS AREDS TAB FORMULA	OTC
IMMUBLAST-C POW ORANGE	OTC
IMMUNE CHW SUPPORT	OTC
IMMUNE ESSEN CAP DAILY	OTC
IMMUNE SUPP POW VIT C	OTC
K-PAX TAB PROF ST	OTC
KEYFOLIC TAB	
KEYLOSA TAB	
KP MENS MIS DAILY PK	OTC
KP WOMENS PAK DAILY	OTC
LIFE PACK MIS MENS	OTC
LIFE PACK MIS WOMENS	OTC
LIVER DETOX TAB	OTC
LIVITA LIQ ADULTS	
LUTEIN PLUS TAB ZEAXANTH	OTC
LYSIPLEX LIQ PLUS	AGE, OTC; (Covered for ages 20 and under)
MAXIMIN PAK	OTC
MEGA MULTI TAB MEN	OTC

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

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Drug Name	Requirements/Limits
MEGA MULTI TAB WOMEN	OTC
MEGAVITE TAB FRT/VEG	OTC
MEGAVITE TAB GOLD 55+	OTC
MENATROL CAP	
MENS 50+ CAP ADVANCED	OTC
MENS 50+ TAB MULTIVIT	OTC
MENS DAILY PAK PACK	OTC
MENS MULTI CHW	OTC
MENS MULTI TAB VIT/MIN	OTC
MENS MULTIPL TAB	OTC
MENS PAK	OTC
MOOD FOOD CAP	OTC
MOOD FOOD ES CAP	OTC
MULTI FOR POW HER	OTC
MULTI FOR POW HIM	OTC
MULTI VITAMN TAB MINERALS	OTC
MULTI-BETIC TAB DIABETES	OTC
MULTI-VITAMI TAB MONOCAPS	OTC
MULTI-VITE LIQ	OTC
<i>multiple vitamins w/ minerals cap</i>	AGE; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals cap</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals chew tab</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals effer tab</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals liquid</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals tab</i>	AGE; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals tab</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals tab er</i>	AGE, OTC; (Covered for ages 20 and under)
MULTITAM TAB	
MULTIVITAMIN CHW ADLT GUM	OTC
MULTIVITAMIN TAB	OTC
MULTIVITAMIN TAB ADULT	OTC
MULTIVITAMIN TAB ADULTS	OTC
MULTIVITAMIN TAB MEN	OTC
MULTIVITAMIN TAB WOMEN	OTC
MULTIVITAMIN TAB ZINC STR	OTC
MVW COMPLETE CAP D3000	OTC
MVW COMPLETE CAP D5000	OTC

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
MVW COMPLETE CAP FORMULAT	OTC
MVW COMPLETE CAP MINIS	OTC
MVW HI-D CHW ADEK	OTC
MVW MODULAT CAP FORM MIN	OTC
MVW MODULAT CAP FORMULAT	OTC
NANOVN POW ADULT	OTC
NANOVN POW SENIOR	OTC
NAT-RUL THER TAB M	OTC
NATRUL-VITES TAB	OTC
NEOVITE TAB	
NICADAN TAB	
NICAZEL TAB	
NICAZEL TAB FORTE	
NUTRICAP TAB	
OCUHEALTH CAP VISION 2	OTC
OCULAR TAB VITAMINS	OTC
OCUVEL CAP 0.5MG	
OCUVITE CAP ADULT	OTC
OCUVITE LUTE CAP	OTC
ONCOVITE TAB	OTC
ONE A DAY CHW IMMUNITY	OTC
ONE A DAY CHW WOMENS	OTC
ONE DAILY CHW ADLT GUM	OTC
ONE DAILY MN TAB W/O IRON	OTC
ONE DAILY MV TAB WOMENS	OTC
ONE DAILY TAB MENS	OTC
ONE DAILY TAB MENS 50+	OTC
ONE DAILY TAB WMNS 50+	OTC
ONE DAILY TAB WOMENS	OTC
ONE-A-DAY CHW IMMUNITY	OTC
ONE-A-DAY CHW VITACRAV	OTC
ONE-A-DAY TAB 50+ ADV	OTC
ONE-A-DAY TAB 50+ MENS	OTC
ONE-A-DAY TAB 50+ WMN	OTC
ONE-A-DAY TAB 65+	OTC
ONE-A-DAY TAB ENERGY	OTC
ONE-A-DAY TAB MENOPAUS	OTC
ONE-A-DAY TAB MENS	OTC
ONE-A-DAY TAB PROEDGE	OTC
ONE-A-DAY TAB TEEN/HIM	OTC
ONE-A-DAY TAB WOMENS	OTC
ONE-DAILY CAP MULTI	OTC
ONEVITE TAB	
OPTIFAST POS CHW BARIATRI	OTC

Drug Name	Requirements/Limits
OPTIMUM CHW AIRVITES	OTC
OPTISOURCE CHW BARIATRC	OTC
OPURITY CHW BYPASS	OTC
OPURITY TAB	OTC
OSTEOPRIME TAB PLUS	OTC
PARVLEX TAB	OTC
PHLEXY-VITS POW	OTC
PHYTOMULTI TAB	OTC
PORENAL+D CAP OMEGA 3	OTC
PREMIUM MIS PACKETS	OTC
PRESCRIPTION CAP SUPPORT	OTC
PRESERVISION CAP AREDS	OTC
PRESERVISION CAP AREDS 2	OTC
PRESERVISION CAP LUTEIN	OTC
PRESERVISION CHW AREDS 2	OTC
PRESERVISION TAB AREDS	OTC
PRO-CAL TAB	OTC
PROCERV HP TAB	OTC
PROFOLA TAB	
PRORENAL +D TAB	OTC
PRORENAL+D CAP OMEGA-3	OTC
PRORENAL+D TAB	OTC
PROTECT CAP CARDIO	OTC
PROTECT CAP PLUS SO	OTC
PROTEGRA CAP	OTC
PROVIT TAB	OTC
PROXEED PLUS PAK	OTC
QC MULTI-VIT TAB	OTC
QUIN B TAB STRONG	OTC
QUINTABS-M TAB	OTC
RA ESSENCE-C POW ORANGE	OTC
RA ESSENCE-C POW RASPBRY	OTC
RA ESSENCE-C POW TNGERINE	OTC
RAYAVIT TAB	OTC
REMEDIENT CAP	
RENAPLEX-D TAB	OTC
SENTRY SENIO TAB LUTEIN	OTC
SENTRY TAB	OTC
SIDEROL TAB	
SKIN BEAUTY/ PAK WELLNESS	OTC
SKIN/HAIR/ CAP NAILS	OTC
SM ONE DAILY TAB MENS	OTC
SM ONE DAILY TAB WOMENS	OTC
SOLO TAB	OTC

Drug Name	Requirements/Limits
SPECTRAVITE CHW ADLT 50+	OTC
SPECTRAVITE CHW WOMEN	OTC
SPECTRAVITE TAB	OTC
SPECTRAVITE TAB ADLT 50+	OTC
SPECTRAVITE TAB ADULTS	OTC
SPECTRAVITE TAB MEN 50+	OTC
SPECTRAVITE TAB ULT MEN	OTC
SPECTRAVITE TAB ULT WMN	OTC
STROVITE FOR SYP	
STROVITE ONE TAB	
SUPER ANTIOX CAP	OTC
SUPER POW NU-THERA	OTC
SUPERIOR TAB MENS	OTC
SUPPORT LIQ	
SUPPORT-500 CAP	OTC
SYSTANE ICAP CHW AREDS2	OTC
SYSTANE ICAP TAB AREDS2	OTC
T-VITES TAB	OTC
THERA M PLUS TAB	OTC
THERA-M TAB	OTC
THERA-TABS M TAB	OTC
THERABETIC TAB MULTIVIT	OTC
THERAGRAN-M TAB	OTC
THERAGRAN-M TAB 50 PLUS	OTC
THERAGRAN-M TAB ADVANCED	OTC
THERAGRAN-M TAB PREMIER	OTC
THERAMILL CAP FORTE	OTC
THERANATAL CAP LACTATIO	OTC
THERANATAL MIS LACTATIO	OTC
THEREMS-M TAB	OTC
UDAMIN SP TAB	
ULTRA BONEUP TAB	OTC
ULTRA MEGA G TAB 75MG CR	OTC
ULTRA MEGA G TAB 100MG	OTC
ULTRA MEGA TAB 75MG CR	OTC
ULTRA MEGA TAB TWO	OTC
ULTRA POTENC TAB WOMEN 50	OTC
VENEXA FE TAB	
VENEXA TAB	
VENTRIXYL FE TAB	
VENTRIXYL TAB	
VISION CAP OPTIMIZE	OTC
VISION HEALT CAP	OTC
VISTA ADVAN CAP AREDS2	OTC

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
VISTA ADVAN CAP DRY EYE	OTC
VITABEX CAP	OTC
VITABEX PLUS CAP	OTC
VITACHEW CHW ADULT	OTC
VITACRAVES CHW GUMMIES	OTC
VITACRAVES CHW IMMUNITY	OTC
VITACRAVES CHW MENS	OTC
VITACRAVES CHW SOUR GUM	OTC
VITACRAVES CHW WOMENS	OTC
VITAJoy MULT CHW ADULT	OTC
VITAMIN C PAK BLEND	OTC
VITAMIN D3 TAB COMPLETE	OTC
VITASANA TAB	OTC
VITATRUM TAB	OTC
VITEYES CAP CLASSIC	OTC
VITEYES CLAS CAP ADV	OTC
VITEYES CLAS CAP ADVANCED	OTC
VITEYES CLAS CAP MAC SUPP	OTC
VITEYES CLAS CAP OMEGA-3	OTC
VITEYES CLAS POW +MULTI	OTC
VITEYES CLAS TAB MULTIVIT	OTC
VITEYES OPTI TAB NERV SUP	OTC
VITRAMYN TAB	
VITRANOL FE TAB	
VITRANOL TAB	
VITREXATE FE TAB	
VITREXATE TAB	
VITREXYL TAB	
VITREXYL TAB IRON	
VITRUM 50+ TAB ADT- MUL	OTC
VITRUM TAB ADULT	OTC
VITRUM TAB SENIOR	OTC
WAL-BORN CHW VIT C	OTC
WELLFOLA TAB	
WMNS MULTIVI CHW +COLLAGE	OTC
WOMENS 50+ TAB MULTIVIT	OTC
WOMENS DAILY PAK PACK	OTC
WOMENS MULT CHW GUMMIES	OTC
WOMENS MULTI TAB	OTC
WOMENS MULTI TAB VIT/MIN	OTC
WOMENS PAK	OTC
YELETS TEEN TAB FORMULA	OTC
YOUR LIFE CHW GUMMIES	OTC
YUMVS DIABET CHW MULTIVIT	OTC

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
YUMVS MULTI CHW ZERO	OTC
ZINC LOZ	OTC
ZINTREXYL-C TAB	
MULTIVITAMINS	
<i>multiple vitamin cap</i>	AGE; (Covered for ages 20 and under)
<i>multiple vitamin cap</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamin tab</i>	AGE, OTC; (Covered for ages 20 and under)
PED MULTIPLE VITAMINS W/ MINERALS	
BABY IRON DRO IMMUNITY	OTC
DEKAS PLUS LIQ	OTC
GENADEK DRO	OTC
LIVITA LIQ CHILDREN	
MVW COMPLETE DRO PEDIATRI	OTC
MVW HI-D DR LIQ EX VIT D	OTC
MVW MOD FORM LIQ PEDS	OTC
NANOVN POW 1-3 YRS	OTC
NANOVN POW 4-8YEARS	OTC
NANOVN POW 9-18 YRS	OTC
NANOVN T/F POW	OTC
UPSPRINGBABY DRO MV/IRON	OTC
PED MV W/ IRON	
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	AGE, OTC; (Covered for ages 20 and under)
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i>	AGE, OTC; (Covered for ages 20 and under)
PEDIATRIC MULTIPLE VITAMINS	
MULTIV INFAN DRO /TODDLER	OTC
MULTIVITAMIN DRO INFANT	OTC
PED POLY-VIT DRO	OTC
<i>pediatric multiple vitamin chew tab</i>	AGE, OTC; (Covered for ages 20 and under)
POLY-VI-SOL SOL 50MG/ML	OTC
POLY-VITA DRO	OTC
POLY-VITE DRO	OTC
PEDIATRIC VITAMINS	
<i>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</i>	AGE, OTC; (Covered for ages 20 and under)
PRENATAL VITAMINS	
ALIVE PREMIU CHW PRENATAL	OTC
ALIVE PRENAT CHW DAILY SU	OTC
ATABEX CHW PRENATAL	OTC

Drug Name	Requirements/Limits
ATABEX EC TAB 29-1MG	
ATABEX OB TAB 29-1MG	
AZESCO TAB 13-1MG	
BE WELL PAK ROUNDED	OTC
BRAINSTRONG MIS PRENATAL	OTC
C-NATE DHA CAP 28-1-200	
CADEAU DHA CAP	OTC
CENTRUM SPEC PAK PRENATAL	OTC
CL PRENATAL TAB 28-0.8MG	OTC
COMPLETE NAT PAK DHA	
CONCEPT DHA CAP	
CONCEPT OB CAP	
CVS PRENATAL CHW GUMMY	OTC
CVS PRENATAL TAB 27-0.8MG	OTC
DERMACINRX TAB PRETRATE	
DUET DHA 400 MIS 25-1-400	
DUET DHA MIS BALANCED	
ENBRACE HR CAP	
ENFAMIL MIS EXPECTA	OTC
EQL PRENATAL TAB FORMULA	OTC
FOLIVANE-OB CAP	
GNP PRENATAL TAB 28-0.8MG	OTC
JENLIVA CAP	
KOSHR PRENAT TAB 30-1MG	
KP PRENATAL TAB MULTIVIT	OTC
KPN PRENATAL TAB	OTC
MASONATAL TAB	OTC
MULTI PRENAT TAB	OTC
MULTI-MAC TAB	
NATACHEW CHW	
NATAL PNV TAB	
NATALVIT TAB 75-1MG	
NEEVO DHA CAP 27-1.13	
NEONATAL 19 TAB	
NEONATAL FE TAB	
NEONATAL TAB PRENATAL	OTC
NEONATAL VIT TAB 27-0.8MG	OTC
NEONATAL/DHA MIS	
NESTABS DHA PAK	
NESTABS ONE CAP	
NESTABS TAB	
OB COMPLETE CAP ONE	
OB COMPLETE CAP PETITE	
OB COMPLETE TAB	

Drug Name	Requirements/Limits
OB COMPLETE TAB PREMIER	
OB COMPLETE/ CAP DHA	
OBSTETRIX CAP ONE	OTC
OBSTETRIX EC TAB	
OBSTETRIX EC TAB	OTC
OBSTETRIX MIS DHA	OTC
OBSTETRIX ONE CAP 38-1-225	
OBTREX DHA PAK	OTC
OBTREX TAB	OTC
ONE A DAY CAP PRENATAL	OTC
ONE A DAY CHW PRENATAL	OTC
ONE A DAY MIS PRENATAL	OTC
ONE A DAY PAK PRENATAL	OTC
ONE-A-DAY PAK PRENATAL	OTC
PERRY PRENAT CAP	OTC
PNV TAB 20-1 TAB	
PNV-DHA CAP DOCUSATE	
PNV-OMEGA CAP	
PREGEN DHA CAP	
PREGENNA TAB	
PREMESISRX TAB	
PRENA1 CHW	
PRENA1 PEARL CAP	
PRENA 1 TRUE MIS	
PRENAISSANCE CAP	
PRENAISSANCE CAP PLUS	
PRENAT DHA CHW 0.4-25MG	OTC
PRENAT MULTI CAP +DHA	OTC
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	
PRENATAL ADV PAK BRAIN SU	OTC
PRENATAL CAP COMPLETE	OTC
PRENATAL CAP DHA	OTC
PRENATAL CAP ESSENTIA	OTC
PRENATAL CAP FORMULA	OTC
PRENATAL CHW GUMMIES	OTC
PRENATAL CHW NOURISH	OTC
PRENATAL COM CAP /DHA	OTC
PRENATAL DHA PAK MULTI	OTC
PRENATAL FRM TAB A-FREE	OTC
PRENATAL GUM CHW 0.4-32.5	OTC
PRENATAL MUL CAP +DHA	OTC
PRENATAL MUL CAP DHA	OTC
PRENATAL MV MIS + DHA	OTC
PRENATAL ONE TAB DAILY	OTC

Drug Name	Requirements/Limits
PRENATAL TAB	OTC
PRENATAL TAB 27-0.8MG	OTC
PRENATAL TAB 28-0.8MG	OTC
PRENATAL TAB COMPLETE	OTC
PRENATAL TAB FORTE	OTC
PRENATAL TAB IRON	OTC
PRENATAL TAB MULTIVIT	OTC
PRENATAL VIT TAB 28-0.8MG	OTC
PRENATAL VIT TAB MINERALS	OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	OTC
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	
PRENATAL+DHA MIS	OTC
PRENATAL+DHA MIS WOMENS	OTC
PRENATAL-U CAP 106.5-1	
PRENATAL/FA CAP +DHA	OTC
PRENATAL/FE TAB	OTC
PRENATE AM TAB 1MG	
PRENATE CAP ENHANCE	
PRENATE CAP ESSENT	
PRENATE CAP PIXIE	
PRENATE CAP RESTORE	
PRENATE CHW 0.6-0.4	
PRENATE DHA CAP	
PRENATE MINI CAP	
PRENATE TAB ELITE	
PRENATL MULT CAP + DHA	OTC
PRENATVITE TAB COMPLETE	
PRENATVITE TAB PLUS	
PRENATVITE TAB RX	
PRENTAT MULT CAP PLUS DHA	OTC
PRIMACARE CAP	
PROVIDA OB CAP	
PX PRENATAL TAB MULTIVIT	OTC
QC PRENATAL TAB 28-0.8MG	OTC
RA PRENATAL TAB 28-0.8MG	OTC
RA PRENATAL TAB FORMULA	OTC
REDICHEW RX CHW	
RELNATE DHA CAP	
SELECT-OB CHW	
SELECT-OB+ PAK DHA	

Drug Name	Requirements/Limits
SIMILAC PREN PAK EARLY SH	OTC
SM ONE DAILY MIS PRENATAL	OTC
SM PRENATAL TAB VITAMINS	OTC
STUART ONE CAP	OTC
TARON-C DHA CAP	
THERANATAL CAP ONE	OTC
THERANATAL MIS COMPLETE	OTC
THERANATAL PAK OVAVITE	OTC
TRINATAL RX TAB 1	
TRISTART CAP FREE	
TRISTART DHA CAP	
TRISTART ONE CAP 35-1-215	
ULTRA PRENAT CAP + DHA	OTC
VINATE CARE CHW 40-1MG	OTC
VINATE DHA CAP 27-1.13	
VINATE II TAB	
VINATE ONE TAB	
VIRT-C DHA CAP	
VIRT-NATE CAP DHA	
VIRT-PN DHA CAP	
VITA-PAC CAP	OTC
VITAFOL CAP ULTRA	
VITAFOL CHW GUMMIES	
VITAFOL FE+ CAP	
VITAFOL STRP MIS 1MG	
VITAFOL-NANO TAB	
VITAFOL-OB PAK +DHA	
VITAFOL-OB TAB 65-1MG	
VITAFOL-ONE CAP	
VITAFUSION CHW PRENATAL	OTC
VITAMED MD CAP ONE RX	
VITAPEARL CAP	
VITATRUE MIS	
VIVA DHA CAP	
WESCAP-C DHA CAP	
WESCAP-PN CAP DHA	
WESNATAL DHA PAK COMPLETE	
WESNATE DHA CAP	
WESTGEL DHA CAP	
ZALVIT TAB 13-1MG	
ZATEAN-PN CAP DHA	
ZIPHEX TAB 13-1MG	
VITAMIN MIXTURES	
<i>cod liver oil cap</i>	OTC

Drug Name	Requirements/Limits
<i>niacin w/ inositol cap 400-100 mg</i>	OTC
<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i>	
<i>vitamins a & d cap</i>	OTC
<i>vitamins a & d tab</i>	OTC
VITAMINS W/ LIPOTROPICS	
<i>vitamins w/ lipotropics cap</i>	OTC
<i>vitamins w/ lipotropics tab</i>	OTC
NASAL AGENTS - SYSTEMIC AND TOPICAL	
NASAL AGENTS - MISC.	
<i>AYR NASAL DRO 0.65%</i>	OTC
<i>CVS NASAL AER 0.9%</i>	OTC
<i>NOZIN NASAL KIT SANITIZE</i>	QL (400/30 days), OTC
<i>RA STERILE SOL NASAL</i>	OTC
<i>saline nasal spray 0.65%</i>	OTC
<i>SIMPLY SALIN AER 0.9%</i>	OTC
NASAL ANTIALLERGY	
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	OTC
SYMPATHOMIMETIC DECONGESTANTS	
<i>pseudoephedrine hcl tab 30 mg</i>	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	QL (60 tabs/30 days), OTC
<i>SUDAFED 24HR TAB 240MG</i>	QL (30 tabs/30 days), OTC
NUTRIENTS	
MISC. NUTRITIONAL SUBSTANCES	
<i>omega-3 fatty acids - oral liquid</i>	OTC
<i>omega-3 fatty acids cap 300 mg</i>	OTC
<i>omega-3 fatty acids cap 435 mg</i>	OTC
<i>omega-3 fatty acids cap 500 mg</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	OTC
<i>omega-3 fatty acids chew tab 113.5 mg</i>	OTC
OPHTHALMIC AGENTS	
ARTIFICIAL TEARS AND LUBRICANTS	
<i>artificial tear ophth solution</i>	OTC
<i>BION TEARS SOL 0.1-0.3%</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth gel 1%</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.25%</i>	OTC
<i>carboxymethylcellulose-glycerin ophth soln 0.5-0.9%</i>	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	OTC

Drug Name	Requirements/Limits
GENTEAL GEL 0.3%	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	OTC
LUBRICNT GEL DRO 0.25-0.3	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	OTC
<i>propylene glycol ophth soln 0.6%</i>	OTC
<i>propylene glycol-glycerin ophth soln 1-0.3%</i>	OTC
PURE & GENTL DRO 0.3%	OTC
REFRESH DRO OP	OTC
REFRESH DRO RELIEVA	OTC
REFRESH DRO TEARS PF	OTC
REFRESH OPT SOL MEGA-3	OTC
REFRESH OPTI DRO 0.5-0.9%	OTC
REFRESH SOL DIGITAL	OTC
REFRESH SOL OPTIVE	OTC
THERATEARS SOL 0.25% PF	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	OTC

OPHTHALMICS - MISC.

<i>ketotifen fumarate ophth soln 0.035%</i>	OTC
PATADAY SOL 0.7%	OTC

PHARMACEUTICAL ADJUVANTS

INTERNAL VEHICLE INGREDIENTS/AGENTS

GELMIX INFAN POW THICKENE	OTC
PURATHICK POW	OTC
RESOURCE LIQ WATER	OTC
RESOURCE POW THICKENU	OTC
SIMPLYTHICK GEL	OTC
SIMPLYTHICK GEL EASY MIX	OTC
SIMPLYTHICK GEL EASYMIX	OTC
SIMPLYTHICK GEL HONEY	OTC
SIMPLYTHICK GEL NECTAR	OTC
<i>starch-maltodextrin oral thickening powder</i>	OTC
<i>starch-maltodextrin oral thickening powder packet</i>	OTC
THICK-IT #2 POW	OTC
THICKENUP POW CLEAR	OTC
THIK & CLEAR PAK HONEY	OTC
THIK & CLEAR PAK NECTAR	OTC
THIK & CLEAR POW	OTC

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

COMBINATION PSYCHOTHERAPEUTICS

DULOXICAINE PAK 30MG-4%	
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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

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Drug Name	Requirements/Limits
SMOKING DETERRENTS	
<i>nicotine polacrilex gum 2 mg</i>	QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over)
<i>nicotine polacrilex gum 4 mg</i>	QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over)
<i>nicotine polacrilex lozenge 2 mg</i>	AGE, OTC; (covered for ages 18 and over)
<i>nicotine polacrilex lozenge 4 mg</i>	AGE, OTC; (covered for ages 18 and over)
NICOTINE SYS KIT TRANSDER	AGE, OTC; (covered for ages 18 and over)
<i>nicotine td patch 24hr 7 mg/24hr</i>	QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over)
<i>nicotine td patch 24hr 14 mg/24hr</i>	QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over)
<i>nicotine td patch 24hr 21 mg/24hr</i>	QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over)
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	
H-2 ANTAGONISTS	
<i>famotidine tab 10 mg</i>	OTC
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium tab delayed release 20 mg</i>	QL (30 tabs/30 days), OTC
<i>omeprazole delayed release tab 20 mg</i>	QL (90 tabs/year), OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	QL (30 caps/30 days), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	OTC
VACCINES	
BACTERIAL VACCINES	
PNEUMOVAX 23 INJ 25/0.5	AGE; (Covered for ages 19 and over)
VAGINAL AND RELATED PRODUCTS	
MISCELLANEOUS VAGINAL PRODUCTS	
<i>acetic acid vaginal solution</i>	OTC
SPERMICIDES	
ENCARE SUP 100MG	OTC
GYNOL II GEL 3%	OTC
TODAY SPONGE MIS	OTC
VCF VAGINAL GEL CONTRACE	OTC
VCF VAGINAL MIS CONTRACP	OTC

Drug Name	Requirements/Limits
VAGINAL ANTI-INFECTIVES	
<i>clotrimazole vaginal cream 1%</i>	OTC
<i>clotrimazole vaginal cream 2%</i>	OTC
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal cream 2%</i>	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC
MONISTAT 3 KIT COMBO PK	OTC
MONISTAT 7 KIT COMPLETE	OTC
VAGINAL ANTI-INFLAMMATORY AGENTS	
<i>hydrocortisone acetate perivaginal cream 1%</i>	OTC
<i>hydrocortisone perivaginal cream 1%</i>	OTC
VITAMINS	
OIL SOLUBLE VITAMINS	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	OTC
<i>cholecalciferol cap 10 mcg (400 unit)</i>	OTC
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol chew tab 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol chew tab 125 mcg (5000 unit)</i>	OTC
<i>cholecalciferol drops 10 mcg/0.028ml (400 unit/0.028ml)</i>	OTC
<i>cholecalciferol drops 25 mcg/0.03ml (1000 unit/0.03ml)</i>	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	OTC
<i>cholecalciferol tab 1.25 mg (50000 unit)</i>	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	OTC
<i>cholecalciferol tab 250 mcg (10000 unit)</i>	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	OTC
<i>phytonadione tab 5 mg</i>	
VITAMIN D3 TAB 2000UNIT	OTC
<i>vitamin e cap 180 mg (400 unit)</i>	OTC
<i>vitamin e cap 268 mg (400 unit)</i>	OTC
<i>vitamin e cap 400 unit</i>	OTC

Drug Name	Requirements/Limits
WATER SOLUBLE VITAMINS	
<i>ascorbic acid liquid 500 mg/5ml</i>	OTC
<i>benfotiamine cap 150 mg</i>	OTC
<i>calcium ascorbate tab 500 mg</i>	OTC
<i>calcium pantothenate tab 500 mg</i>	OTC
ENDUR-AMIDE TAB 750MG	OTC
<i>niacin cap er 250 mg</i>	OTC
<i>niacin cap er 500 mg</i>	OTC
<i>niacin tab 50 mg</i>	OTC
<i>niacin tab 100 mg</i>	OTC
<i>niacin tab 250 mg</i>	OTC
<i>niacin tab er 250 mg</i>	OTC
<i>niacin tab er 500 mg</i>	OTC
<i>niacin tab er 750 mg</i>	OTC
<i>niacinamide tab 100 mg</i>	OTC
<i>niacinamide tab 500 mg</i>	OTC
<i>niacinamide tab er 500 mg</i>	OTC
<i>niacinamide tab er 750 mg</i>	OTC
<i>pyridoxine hcl inj 100 mg/ml</i>	
<i>pyridoxine hcl tab 25 mg</i>	OTC
<i>pyridoxine hcl tab 50 mg</i>	OTC
<i>pyridoxine hcl tab 100 mg</i>	OTC
<i>pyridoxine hcl tab 250 mg</i>	OTC
<i>riboflavin tab 25 mg</i>	OTC
<i>riboflavin tab 50 mg</i>	OTC
<i>riboflavin tab 100 mg</i>	OTC
<i>thiamine hcl inj 100 mg/ml</i>	
<i>thiamine hcl tab 50 mg</i>	OTC
<i>thiamine hcl tab 100 mg</i>	OTC
<i>thiamine hcl tab 250 mg</i>	OTC
<i>thiamine mononitrate tab 100 mg</i>	OTC
<i>thiamine mononitrate tab 250 mg</i>	OTC

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<i>acetaminophen cap 500 mg</i>	1
<i>acetaminophen chew tab 160 mg</i>	1
<i>acetaminophen chew tab 80 mg</i>	1
<i>acetaminophen disintegrating tab 160 mg</i>	1
<i>acetaminophen disintegrating tab 80 mg</i>	1
<i>acetaminophen elixir 160 mg/5ml</i>	1
<i>acetaminophen liquid 160 mg/5ml</i>	1
<i>acetaminophen liquid 167 mg/5ml</i>	1
<i>acetaminophen soln 160 mg/5ml</i>	1
<i>acetaminophen suppos 120 mg</i>	1
<i>acetaminophen suppos 650 mg</i>	1
<i>acetaminophen susp 160 mg/5ml</i>	1
<i>acetaminophen tab 325 mg</i>	1
<i>acetaminophen tab 500 mg</i>	1
<i>acetaminophen tab er 650 mg</i>	1
<i>acetic acid vaginal solution</i>	33
ACTIVE 55 LIQ PLUS.....	16
ACTIVESSENT PAK.....	16
ACTIVESSENTI PAK ONCOPLEX.....	16
ACTIVESSENTI PAK WOMEN.....	16
ACTIVNUT W/O POW COP/IRON.....	16
ACTIVNUTRIEN CAP	16
ACTIVNUTRIEN CAP PERFORMA	16
ACTIVNUTRIEN CAP W/O IRON	16
ADASUVE INH 10MG	5
ADEK CHW PLUS ZN.....	16
ADHESIVE BANDAGES	10, 11
ADLT ONE DLY CHW GUMMIES.....	16
ADULT 50+ CAP EYE HLTH	16
ADULT 50+ CAP OCUVITE	16
ADV DIABETIC TAB MULTIVIT	16
AERCHMBR PLS MIS FLOW-VU.....	11
AERCHMBR PLS MIS INTERMED	11
AERCHMBR PLS MIS LRG MASK.....	11
AERCHMBR PLS MIS MED MASK	11
AERCHMBR PLS MIS SM MASK.....	11
AERCHMBR Z- MIS STAT PLS	11
AEROCHAMBER MIS CHAMBER	11
AEROCHAMBER MIS FLOSIGNA.....	11
AEROCHAMBER MIS HOLDING	12
AEROCHAMBER MIS MTHPIECE.....	12
AEROCHAMBER MIS MV	12
AEROCHAMBER MIS PLUS.....	12
AEROVENT MIS PLUS	12
AIRBORNE CHW	16
AIRBORNE CHW KIDS	16
AIRBORNE POW	16
AIRBORNE+ CHW PROBIOTI.....	16
AIRBORNE+ CHW REST.....	16
AIRBORNE+ POW STRESS.....	16
AIRBORNE+NAT LIQ ENERGY	16
AIRSHIELD CHW IMMUNITY.....	16
AIRZONE PEAK MIS FLOW MTR	12
ALBUSTIX TES	8
ALCOHOL SWABS	11
ALGAE BASED TAB CALCIUM.....	16
ALIVE 50+ TAB ENERGY	16
ALIVE DAILY TAB WOMENS.....	16
ALIVE DIABET TAB MULTIVIT	16
ALIVE ENERGY TAB WOMENS	16
ALIVE HAIR CHW SKN/NAIL.....	16
ALIVE IMMUNE CAP HEALTH	16
ALIVE LIQ MULT-VIT	16
ALIVE MENS CHW 50+.....	16
ALIVE MENS CHW GUMMY.....	16
ALIVE MENS TAB	16
ALIVE MENS TAB COMPLETE.....	16
ALIVE MULTI CHW VITAMIN	16
ALIVE PREMIU CHW PRENATAL	26
ALIVE PRENAT CHW DAILY SU.....	26
ALIVE WOMENS CHW 50+	16
ALIVE WOMENS CHW GUMMY.....	17
ALIVE WOMENS TAB 50+ COMP	17
ALLEGRA ALRG TAB 30MG	4
<i>alum & mag hydroxide-simethicone chew tab</i> <i>200-200-25 mg</i>	2
<i>alum & mag hydroxide-simethicone susp 200-</i> <i>200-20 mg/5ml</i>	2
<i>alum & mag hydroxide-simethicone susp 400-</i> <i>400-40 mg/5ml</i>	2
<i>aluminum hydroxide-magnesium carbonate chew</i> <i>tab 160-105 mg</i>	2
<i>aluminum hydroxide-magnesium carbonate susp</i> <i>508-475 mg/10ml</i>	2

<i>aluminum hydroxide-magnesium carbonate susp</i>		<i>b-complex w/ c tab</i>	15
95-358 mg/15ml.....	2	<i>b-complex w/ c-biotin-minerals & folic acid tab</i>	5
ANTACID CHW 1177MG	2	mg	15
ANTACID SOFT CHW 1177MG	2	<i>b-complex w/ folic acid cap</i>	15
ANTIOXIDANT TAB FORMULA	17	<i>b-complex w/ folic acid tab</i>	15
APETIBEX CAP	17	<i>b-complex w/ iron tab</i>	15
APPE-CURB CAP	17	<i>b-complex w/ minerals liq</i>	15
<i>artificial tear ophth solution</i>	31	<i>b-complex w/biotin & folic acid tab</i>	15
<i>ascorbic acid liquid 500 mg/5ml</i>	34	<i>b-complex w/biotin & folic acid tab er</i>	15
<i>aspirin chew tab 81 mg</i>	1	BE WELL PAK ROUNDED	26
<i>aspirin tab 325 mg</i>	1	<i>benfotiamine cap 150 mg</i>	34
<i>aspirin tab 500 mg</i>	1	<i>benzonatate cap 100 mg</i>	5
<i>aspirin tab delayed release 325 mg</i>	1	<i>benzonatate cap 200 mg</i>	5
<i>aspirin tab delayed release 81 mg</i>	1	<i>benzoyl peroxide cream 10%</i>	7
ATABEX CHW PRENATAL	26	<i>benzoyl peroxide cream 2.5%</i>	7
ATABEX EC TAB 29-1MG.....	26	<i>benzoyl peroxide gel 10%</i>	7
ATABEX OB TAB 29-1MG	26	<i>benzoyl peroxide gel 2.5%</i>	7
ATP IGNITE PAK	17	<i>benzoyl peroxide liq 10%</i>	7
ATP IGNITE POW WORKOUT	17	<i>benzoyl peroxide liq 2.5%</i>	7
AYR NASAL DRO 0.65%.....	30	<i>benzoyl peroxide liq 5%</i>	7
AZATHIOPRINE POW	14	BIO-35 GLUTE CAP FREE.....	17
AZESCO TAB 13-1MG.....	26	BIO-35 IRON CAP FREE	17
AZO HORMONAL TAB HEALTH	17	BIOCAL CAP	17
B		<i>bioflavonoid products tab</i>	15
BABY IRON DRO IMMUNITY	25	<i>bioflavonoid products tab er</i>	15
<i>bacitracin oint 500 unit/gm</i>	7	BION TEARS SOL 0.1-0.3%.....	31
<i>bacitracin zinc oint 500 unit/gm</i>	7	<i>bisacodyl suppos 10 mg</i>	10
<i>bacitracin-polymyxin b oint</i>	7	<i>bisacodyl tab delayed release 5 mg</i>	10
BACMIN TAB.....	17	<i>bismuth subsalicylate chew tab 262 mg</i>	3
BARIATRIC CAP MULTIVIT	17	<i>bismuth subsalicylate susp 262 mg/15ml</i>	3
BARIATRIC CHW FUSION	17	<i>bismuth subsalicylate susp 525 mg/15ml</i>	3
BASIC AM TAB	17	<i>bismuth subsalicylate tab 262 mg</i>	3
BASIC PM TAB.....	17	BONEUP 3 PER CAP DAY	17
<i>b-complex vitamin cap</i>	15	BONEUP CAP	17
<i>b-complex vitamin elixir</i>	15	BONEUP VEG TAB.....	17
<i>b-complex vitamin inj</i>	15	BOOSTNOW CAP IMM SUPP	17
<i>b-complex vitamin sublingual liquid</i>	15	BOOSTNOW POW IMM SUPP	17
<i>b-complex vitamin tab</i>	15	BRAINSTRONG MIS PRENATAL	26
<i>b-complex vitamin tab er</i>	15	BREATHE EASE MIS LG MASK.....	12
<i>b-complex w/ c & calcium tab</i>	15	BREATHE EASE MIS MED MASK	12
<i>b-complex w/ c & e + zn tab</i>	15	BREATHE EASE MIS SM MASK.....	12
<i>b-complex w/ c & folic acid cap 1 mg</i>	15	BREATHERITE MIS MDI CHMB	12
<i>b-complex w/ c & folic acid tab</i>	15	<i>brewers yeast tab</i>	15
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	15	<i>brompheniramine & pseudoephedrine elixir 1-15</i>	
<i>b-complex w/ c & folic acid tab 1 mg</i>	15	mg/5ml.....	6
<i>b-complex w/ c & folic acid tab 5 mg</i>	15	C	
<i>b-complex w/ c cap</i>	15	CADEAU DHA CAP	26

CAL/MAG/ZINC TAB VIT D3	14	calcium citrate tab 950 mg (200 mg elemental ca).....	14
CALAMINE LOT	8	calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca).....	13
CALAMINE LOT 8-8%	8	calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca).....	13
calcium ascorbate tab 500 mg	34	calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca).....	14
CALCIUM CARB TAB 648MG.....	2	calcium pantothenate tab 500 mg	34
calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit)	13	CALCIUM TAB 280MG	14
calcium carb-cholecalcif chew tab 500 mg-15 mcg (600 unit)	13	calcium tab 600 mg.....	14
calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)	13	calcium w/ magnesium tab 333-167 mg	14
calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)	13	calcium w/ magnesium tab 500-250 mg	14
calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)	13	calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg	14
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	13	calcium w/ vitamin d & k chew tab 500 mg-200 unit-40 mcg	14
calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)	13	CALCIUM/D3 WAF.....	14
calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)	13	calcium-magnesium-zinc tab 333-133-5 mg	14
calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)	13	calcium-magnesium-zinc tab 333-133-8.3 mg ..	14
calcium carbonate (antacid) chew tab 1000 mg. 2		CAL-DAY 1000 TAB	17
calcium carbonate (antacid) chew tab 400 mg... 2		capecitabine tab 150 mg	4
calcium carbonate (antacid) chew tab 420 mg... 2		capecitabine tab 500 mg	4
calcium carbonate (antacid) chew tab 500 mg... 2		capsaicin cream 0.025%.....	7
calcium carbonate (antacid) chew tab 750 mg... 2		capsaicin cream 0.075%.....	7
calcium carbonate (antacid) susp 1250 mg/5ml 2		capsaicin cream 0.1%.....	7
calcium carbonate tab 1250 mg (500 mg elemental ca).....	13	CAPSAICIN LIQ 0.15%.....	7
calcium carbonate tab 1500 mg (600 mg elemental ca).....	13	CAPZASIN GEL RELIEF	7
calcium carbonate tab 600 mg	13	CAPZASIN LIQ 0.15%	7
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)	13	CAPZASIN-P CRE 0.035%	7
calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)	13	CARBAMAZEPIN POW	3
calcium carbonate-mag hydroxide susp 400-135 mg/5ml	2	carboxymethylcellulose sodium (pf) ophth gel 1%	31
calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)	13	carboxymethylcellulose sodium (pf) ophth soln 0.5%.....	31
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)	13	carboxymethylcellulose sodium ophth gel 1%...31	
calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)	13	carboxymethylcellulose sodium ophth soln 0.25%	31
CALCIUM CHW 500-10	13	carboxymethylcellulose sodium ophth soln 0.5%	31
		carboxymethylcellulose-glycerin ophth soln 0.5- 0.9%.....	31
		CASTIVA LOT.....	7
		CAYA DPR	11
		C-BUFF POW.....	17
		CELEBRATE CAP 18.....	17
		CELEBRATE CAP 36.....	17

CELEBRATE CAP 45	17	<i>cholecalciferol cap 25 mcg (1000 unit)</i>	33
CELEBRATE CAP 60	17	<i>cholecalciferol cap 250 mcg (10000 unit)</i>	34
CELEBRATE CHW 18.....	17	<i>cholecalciferol cap 50 mcg (2000 unit)</i>	33
CELEBRATE CHW 36.....	17	<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	34
CELEBRATE CHW 45.....	17	<i>cholecalciferol chew tab 125 mcg (5000 unit)</i> ...	34
CELEBRATE CHW 60.....	17	<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	34
CENT MATURE TAB ADLT 50+	17	<i>cholecalciferol chew tab 50 mcg (2000 unit)</i>	34
CENTRAL-VITE TAB	17	<i>cholecalciferol drops 10 mcg/0.028ml (400</i>	
CENTRAVITES TAB 50 PLUS	17	<i>unit/0.028ml)</i>	34
CENTRAVITES TAB ADULTS.....	17	<i>cholecalciferol drops 25 mcg/0.03ml (1000</i>	
CENTRUM 50+ CHW ADULTS	17	<i>unit/0.03ml)</i>	34
CENTRUM 50+ CHW FRSH/FRU	17	<i>cholecalciferol oral liquid 10 mcg/ml (400</i>	
CENTRUM CHW ADULTS	17	<i>unit/ml)</i>	34
CENTRUM CHW FLAV BST	17	<i>cholecalciferol tab 1.25 mg (50000 unit)</i>	34
CENTRUM CHW SILVER	17	<i>cholecalciferol tab 10 mcg (400 unit)</i>	34
CENTRUM CHW VITAMINT.....	17	<i>cholecalciferol tab 125 mcg (5000 unit)</i>	34
CENTRUM MINI TAB ADULT 50	17	<i>cholecalciferol tab 25 mcg (1000 unit)</i>	34
CENTRUM MINI TAB MEN 50+	17	<i>cholecalciferol tab 250 mcg (10000 unit)</i>	34
CENTRUM MINI TAB WOMEN 50.....	17	<i>cholecalciferol tab 50 mcg (2000 unit)</i>	34
CENTRUM MULT CHW OMEGA 3.....	18	CL PRENATAL TAB 28-0.8MG	26
CENTRUM POW DRINK.....	18	<i>clemastine fumarate tab 1.34 mg (1 mg base</i>	
CENTRUM SPEC PAK PRENATAL.....	26	<i>equiv)</i>	4
CENTRUM SPEC TAB HEART	18	<i>clotrimazole vaginal cream 1%</i>	33
CENTRUM SPEC TAB IMMUNE	18	<i>clotrimazole vaginal cream 2%</i>	33
CENTRUM SPEC TAB VISION.....	18	C-NATE DHA CAP 28-1-200	26
CENTRUM TAB CARDIO	18	<i>cod liver oil cap</i>	30
CENTRUM TAB MEN.....	18	COMPACT SPAC MIS CHAMBER.....	12
CENTRUM TAB SILVER	18	COMPACT SPAC MIS LG MASK.....	12
CENTRUM TAB ULTRA	18	COMPACT SPAC MIS MD MASK	12
CERTAVITE TAB SENIOR.....	18	COMPACT SPAC MIS SM MASK.....	12
CERTAVITE/ TAB ANTIOXID	18	COMPLETE NAT PAK DHA	26
<i>cetirizine hcl cap 10 mg</i>	4	CONCEPT DHA CAP	26
<i>cetirizine hcl orally disintegrating tab 10 mg</i>	4	CONCEPT OB CAP	26
CHEMSTRIP 10 TES MD	8	CONCEPTIONXR MIS MOTILITY	18
CHEMSTRIP 2 TES GP.....	8	CONTOUR KIT NEXT	11
CHEMSTRIP 5 TES OB.....	8	<i>cromolyn sodium nasal aerosol soln 5.2 mg/act</i>	
CHEMSTRIP 9 TES STRIPS	8	<i>(4%)</i>	30
CHEMSTRIP TES -10 SG.....	8	CULTURELLE CHW MULTIVIT	18
CHEMSTRIP TES UGK	8	CVS ANTACID CHW 1177MG.....	2
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	4	CVS IMMUNE CAP SUPPORT	18
<i>chlorpheniramine maleate tab 4 mg</i>	4	CVS KETONE TES CARE	8
<i>chlorpheniramine maleate tab er 12 mg</i>	4	CVS NASAL AER 0.9%	30
CHOICEFUL CAP MULTIVIT	18	CVS PRENATAL CHW GUMMY	26
CHOICEFUL CHW MULTIVIT.....	18	CVS PRENATAL TAB 27-0.8MG.....	26
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	33	CVS VISION CAP HEALTH.....	18
<i>cholecalciferol cap 10 mcg (400 unit)</i>	33	<i>cyanocobalamin inj 1000 mcg/ml</i>	9
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	33	<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	9

D		
DAILY HEART PAK SUPPORT	18	
DAILY PAK MIS MULTIVIT	18	
DAYAVITE TAB	18	
DECUBI-VITE CAP	18	
DEKAS CHW BARIATRI	18	
DEKAS PLUS CAP	18	
DEKAS PLUS CAP OCEAN	18	
DEKAS PLUS CHW	18	
DEKAS PLUS LIQ	25	
DERMACINRX TAB PRETRATE	26	
DERMACINRX TAB RIBOT-E	18	
DERMAVITE TAB	18	
DESIPRAMINE POW	3	
DEXATRAN CAP	18	
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	31	
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i> .	31	
<i>dextromethorphan-guaifenesin liquid 10-100</i> <i>mg/5ml</i>	6	
<i>dextromethorphan-guaifenesin liquid 10-200</i> <i>mg/5ml</i>	6	
<i>dextromethorphan-guaifenesin liquid 30-200</i> <i>mg/5ml</i>	6	
<i>dextromethorphan-guaifenesin liquid 5-100</i> <i>mg/5ml</i>	6	
<i>dextromethorphan-guaifenesin syrup 10-100</i> <i>mg/5ml</i>	6	
<i>dextromethorphan-guaifenesin tab er 12hr 30-</i> <i>600 mg</i>	6	
<i>dextromethorphan-guaifenesin tab er 12hr 60-</i> <i>1200 mg</i>	6	
DIABET HLTH PAK SUPPORT	18	
DIABETES PAK HEALTH	18	
DIALYVITE TAB SUPREM D	18	
DIAPHRAGM	11	
DIATROL TAB	18	
DIAZEPAM INJ 10MG/2ML	3	
<i>diphenhydramine hcl (sleep) cap 50 mg</i>	10	
<i>diphenhydramine hcl (sleep) tab 25 mg</i>	10	
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	10	
<i>diphenhydramine hcl chew tab 12.5 mg</i>	4	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	4	
<i>diphenhydramine hcl tab 25 mg</i>	4	
<i>diphenhydramine hcl tab disint 12.5 mg</i>	4	
<i>docosanol cream 10%</i>	7	
<i>docusate calcium cap 240 mg</i>	10	
DOCUSATE SOD SYP 60/15ML	10	
<i>docusate sodium cap 250 mg</i>	10	
<i>docusate sodium cap 50 mg</i>	10	
<i>docusate sodium liquid 150 mg/15ml</i>	10	
<i>docusate sodium syrup 60 mg/15ml</i>	10	
<i>docusate sodium tab 100 mg</i>	10	
<i>doxylamine succinate (sleep) tab 25 mg</i>	10	
DROPERIDOL POW	3	
DROPERIDOL SOL NAACL	3	
DRYSOL SOL 20%	8	
DUET DHA 400 MIS 25-1-400	26	
DUET DHA MIS BALANCED	26	
DULOXICAINE PAK 30MG-4%	32	
E		
EASIVENT MIS	12	
EASIVENT MIS MASK LG	12	
EASIVENT MIS MASK MED	12	
EASIVENT MIS MASK SM	12	
ELASTIC BANDAGES & SUPPORTS	11	
ELEPSIA XR TAB 1000MG	3	
ELEPSIA XR TAB 1500MG	3	
ELLA TAB 30MG	5	
EMERGEN-C CHW IMMUNE/D	18	
EMERGEN-C CHW VITA C	18	
EMERGEN-C PAK BLUE	18	
EMERGEN-C PAK FIVE	18	
EMERGEN-C PAK HEART	18	
EMERGEN-C PAK IMMUNE	18	
EMERGEN-C PAK JOINT	18	
EMERGEN-C PAK KIDZ	18	
EMERGEN-C PAK MSM LITE	18	
EMERGEN-C PAK PINK	18	
EMERGEN-C PAK SUPER FR	18	
EMERGEN-C PAK VIT D/CA	18	
EMERGEN-C PAK VITA C	19	
ENBRACE HR CAP	26	
ENCARE SUP 100MG	33	
ENDUR-AMIDE TAB 750MG	34	
ENDUR-VM TAB	19	
ENDUR-VM TAB IRON	19	
ENERGY POW BOOSTER	19	
ENFAMIL MIS EXPECTA	26	
EQ COMPLETE TAB ADULT	19	
EQ ONE DAILY TAB MENS	19	
EQ ONE DAILY TAB WOMENS	19	
EQL CENTURY TAB MENS	19	
EQL CENTURY TAB WOMENS	19	

EQL PRENATAL TAB FORMULA.....	26
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	34
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	34
<i>esomeprazole magnesium tab delayed release 20 mg</i>	33
ESTROVEN MEN TAB SUPPLEM.....	19
<i>etoposide cap 50 mg</i>	5
EVOLUTION60 POW	19
EXPECT CHILD LIQ 200M/5ML.....	6
EYE HEALTH CAP	19
EYE HEALTH CAP ADLT 50+.....	19
EYE HEALTH TAB LUTEIN	19
EYE MULTIVIT CAP	19
EYE MULTIVIT CAP LUTEIN	19
EYE MULTIVIT TAB SODIUM	19
F	
<i>famotidine tab 10 mg</i>	33
FANATREX SUS 25MG/ML.....	3
FC2 FEMALE MIS CONDOM	11
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i>	9
<i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i>	9
<i>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap</i>	9
FEMCAP MIS 22MM	11
FEMCAP MIS 26MM	11
FEMCAP MIS 30MM	11
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	9
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg</i>	9
<i>ferrous fumarate-folic acid tab 324-1 mg</i>	9
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	9
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	10
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	10
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i>	10
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	10
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	10
<i>ferrous sulfate tab 27 mg (elemental fe)</i>	10

<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	10
<i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i>	10
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	10
<i>ferrous sulfate tab er 45 mg (elemental fe)</i>	10
<i>ferrous sulfate tab er 50 mg (elemental fe)</i>	10
FEVERALL INF SUP 80MG	1
FEVERALL SUP 325MG	1
<i>fexofenadine hcl susp 30 mg/5ml (6 mg/ml)</i>	4
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	6
FITNESS TABS TAB MEN	19
FITNESS TABS TAB WOMEN	19
FLEXICHAMBER MIS	12
FLEXICHAMBER MIS MASK LRG	12
FLEXICHAMBER MIS MASK SM	12
<i>flurbiprofen tab 50 mg</i>	1
FOAM ANTACID CHW 80-20MG	2
FOLAGENT CAP DHA	19
FOLAMAX TAB.....	19
FOLAMED DHA CAP.....	19
<i>folic acid tab 1 mg</i>	9
<i>folic acid tab 400 mcg</i>	9
<i>folic acid tab 800 mcg</i>	9
<i>folic acid-vitamin b6-vitamin b12 tab 0.8-10-0.115 mg</i>	9
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	9
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg</i>	9
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	9
FOLIFLEX TAB	19
FOLIKA-MG TAB	19
FOLITIN-Z TAB	19
FOLIVANE-OB CAP.....	26
FREEDAVITE TAB	19
FREESTYLE LIQ CONTROL	11
FREESTYLE TES.....	8
FREESTYLE TES INSULINX	8
FREESTYLE TES LITE	8
FREESTYLE TES PREC NEO	8
G	
GABAPENTIN TAB TINYTABS	3
GAS-X CHILD MIS 40MG.....	8

GAUZE BANDAGES.....	11
GAUZE PADS & DRESSINGS	11
GELMIX INFAN POW THICKENE.....	32
GENADEK CAP STEP 1	19
GENADEK CAP STEP 2	19
GENADEK DRO.....	25
GENTEAL GEL 0.3%.....	31
GERI-FREEDA TAB SENIOR.....	19
GILTUSS EX LIQ MAX STR.....	6
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%.....</i>	<i>31</i>
GNP CALAMINE LOT 8-8%	8
GNP IMMUNE PAK	19
GNP IMMUNE PAK SUPPORT	19
GNP PRENATAL TAB 28-0.8MG	26
<i>guaifenesin liquid 100 mg/5ml.....</i>	<i>6</i>
<i>guaifenesin tab 200 mg.....</i>	<i>6</i>
<i>guaifenesin tab 400 mg.....</i>	<i>6</i>
<i>guaifenesin tab er 12hr 1200 mg</i>	<i>6</i>
<i>guaifenesin tab er 12hr 600 mg</i>	<i>6</i>
<i>guaifenesin-codeine soln 100-10 mg/5ml.....</i>	<i>6</i>
GYNOL II GEL 3%.....	33
H	
HAIR SKIN & TAB NAILS AD	19
HAIR SKIN TAB NAILS.....	19
HAIR/SKIN/ CAP NAILS.....	19
HEAD CARE TAB PROACTIV	19
HEALTHY EYES CAP SUPERVIS	19
HI POT MV/ TAB BETA-CAR	19
HIGH POTENCY TAB MV/FA	19
HM CALAMINE LOT 8-8%	8
HM COMPLETE TAB MEN	19
HM HAIR/SKIN TAB /NAILS.....	19
HOLD CHAMBER MIS ADLT LG	12
HOLD CHAMBER MIS MEDIUM	12
HOLD CHAMBER MIS SMALL.....	12
HOLDING CHAM MIS ADULT	12
HOLDING CHAM MIS CHILD	12
HUMALOG MIX INJ 50/50	3
<i>hydrocortisone acetate cream 1%.....</i>	<i>7</i>
<i>hydrocortisone acetate perivaginal cream 1%..</i>	<i>33</i>
<i>hydrocortisone cream 0.5%.....</i>	<i>7</i>
<i>hydrocortisone gel 1%.....</i>	<i>7</i>
<i>hydrocortisone lotion 1%.....</i>	<i>7</i>
<i>hydrocortisone oint 0.5%</i>	<i>7</i>
<i>hydrocortisone perivaginal cream 1%.....</i>	<i>33</i>
<i>hydrocortisone soln 1%</i>	<i>7</i>

HYDROXYZINE POW PAMOATE.....	3
HYLAZINC TAB	19
I	
<i>ibuprofen cap 200 mg</i>	<i>1</i>
<i>ibuprofen chew tab 100 mg</i>	<i>1</i>
<i>ibuprofen susp 40 mg/ml</i>	<i>1</i>
<i>ibuprofen tab 100 mg</i>	<i>1</i>
<i>ibuprofen tab 200 mg</i>	<i>1</i>
ICAPS AREDS TAB FORMULA.....	19
IMIPRAMINE POW HCL	3
IMMUBLAST-C POW ORANGE.....	19
IMMUNE CHW SUPPORT	19
IMMUNE ESSEN CAP DAILY	20
IMMUNE SUPP POW VIT C.....	20
INSPIREASE MIS DD SYST	12
<i>iron combination cap</i>	<i>9</i>
IRON HP TAB 65MG	10
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	<i>9</i>
<i>iron w/ vitamin tab</i>	<i>15</i>
<i>iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg</i>	<i>9</i>
<i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg</i>	<i>9</i>
<i>iron-vit c-vit b12-folic acid tab 100-250-0.025-1 mg</i>	<i>9</i>
<i>iron-vitamin c tab 100-250 mg</i>	<i>9</i>
ISTURISA TAB 10MG.....	8
IV PREP WIPE PAD.....	5
<i>ivermectin lotion 0.5%</i>	<i>8</i>
J	
JENLIVA CAP	26
K	
<i>ketotifen fumarate ophth soln 0.035%</i>	<i>31</i>
KEYFOLIC TAB.....	20
KEYLOSA TAB.....	20
KOSHR PRENAT TAB 30-1MG.....	26
KP MENS MIS DAILY PK	20
KP PRENATAL TAB MULTIVIT	26
KP WOMENS PAK DAILY	20
K-PAX TAB PROF ST	20
K-PHOS TAB NO 2.....	9
KPN PRENATAL TAB.....	26
L	
LANCETS OTC	11
LANCETS RX.....	11
LEVETIR/NACL SOL 250/50ML.....	3

<i>lidocaine patch 4%</i>	7	MENS 50+ TAB MULTIVIT	20
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	8	MENS DAILY PAK PACK.....	20
LIFE PACK MIS MENS	20	MENS MULTI CHW	20
LIFE PACK MIS WOMENS.....	20	MENS MULTI TAB VIT/MIN	20
LITHIUM CARB POW	5	MENS MULTIPL TAB	20
LIVER DETOX TAB	20	MENS PAK	20
LIVITA LIQ ADULTS.....	20	<i>miconazole nitrate cream 2%</i>	7
LIVITA LIQ CHILDREN	25	<i>miconazole nitrate ointment 2%</i>	7
<i>loperamide hcl tab 2 mg</i>	4	<i>miconazole nitrate powder 2%</i>	7
<i>loperamide-simethicone tab 2-125 mg</i>	4	<i>miconazole nitrate vaginal app 200 mg & 2%</i> <i>cream 9 gm kit</i>	33
<i>loratadine cap 10 mg</i>	4	<i>miconazole nitrate vaginal cream 2%</i>	33
<i>loratadine chew tab 5 mg</i>	4	<i>miconazole nitrate vaginal cream 4% (200</i> <i>mg/5gm)</i>	33
<i>loratadine oral soln 5 mg/5ml</i>	4	<i>miconazole nitrate vaginal supp 1200 mg & 2%</i> <i>cream kit</i>	33
<i>loratadine orally disintegrating tab 5 mg</i>	4	<i>miconazole nitrate vaginal supp 200 mg & 2%</i> <i>cream 9 gm kit</i>	33
<i>loratadine rapidly-disintegrating tab 10 mg</i>	4	<i>miconazole nitrate vaginal suppos 100 mg</i>	33
LUBRICNT GEL DRO 0.25-0.3	31	MICROCHAMBER MIS	12
LUTEIN PLUS TAB ZEAXANTH	20	MICROCLENS PAD WIPES	5
LYSIPLEX LIQ PLUS	20	MICROSPACER MIS	12
M		MONISTAT 3 KIT COMBO PK	33
MAALOX CHW 600MG	2	MONISTAT 7 KIT COMPLETE	33
MAG OXIDE TAB 420MG	14	MOOD FOOD CAP	20
MAGNESIUM CHW 200MG	14	MOOD FOOD ES CAP	20
<i>magnesium glycinate cap 100 mg (elemental mg)</i>	14	MULTI FOR POW HER.....	20
<i>magnesium oxide tab 200 mg (elemental mg)</i> .	14	MULTI FOR POW HIM	20
<i>magnesium oxide tab 250 mg</i>	2	MULTI PRENAT TAB.....	27
<i>magnesium oxide tab 250 mg (mg supplement)</i>	14	MULTI VITAMN TAB MINERALS	20
<i>magnesium oxide tab 400 mg</i>	2	MULTI-BETIC TAB DIABETES.....	20
<i>magnesium oxide tab 400 mg (240 mg elemental</i> <i>mg)</i>	14	MULTI-MAC TAB	27
<i>magnesium oxide tab 420 mg</i>	2	<i>multiple vitamin cap</i>	25
<i>magnesium oxide tab 500 mg (mg supplement)</i>	14	<i>multiple vitamin tab</i>	25
MAGNESIUM TAB 400MG	14	<i>multiple vitamins w/ calcium tab</i>	15
MALE CONDOMS.....	11	<i>multiple vitamins w/ iron tab</i>	16
MASK VORTEX/ MIS FROG	12	<i>multiple vitamins w/ minerals cap</i>	20
MASK VORTEX/ MIS LADY BUG	12	<i>multiple vitamins w/ minerals chew tab</i>	20
MASONATAL TAB	27	<i>multiple vitamins w/ minerals effer tab</i>	20
MAXIMIN PAK.....	20	<i>multiple vitamins w/ minerals liquid</i>	21
M-CLEAR WC LIQ 100-6.33.....	6	<i>multiple vitamins w/ minerals tab</i>	21
MEGA MULTI TAB MEN	20	<i>multiple vitamins w/ minerals tab er</i>	21
MEGA MULTI TAB WOMEN.....	20	MULTISTIX 10 TES SG	8
MEGAVITE TAB FRT/VEG	20	MULTITAM TAB	21
MEGAVITE TAB GOLD 55+	20	MULTIV INFAN DRO /TODDLER	26
MENATROL CAP	20	MULTI-VITAMI TAB MONOCAPS	20
MENS 50+ CAP ADVANCED	20	MULTIVITAMIN CHW ADLT GUM.....	21

MULTIVITAMIN DRO INFANT	26	<i>niacin cap er 500 mg</i>	34
MULTIVITAMIN TAB	21	<i>niacin tab 100 mg</i>	34
MULTIVITAMIN TAB ADULT	21	<i>niacin tab 250 mg</i>	34
MULTIVITAMIN TAB ADULTS.....	21	<i>niacin tab 50 mg</i>	34
MULTIVITAMIN TAB MEN	21	<i>niacin tab er 250 mg</i>	34
MULTIVITAMIN TAB WOMEN	21	<i>niacin tab er 500 mg</i>	34
MULTIVITAMIN TAB ZINC STR	21	<i>niacin tab er 750 mg</i>	34
MULTI-VITE LIQ.....	20	<i>niacin w/ inositol cap 400-100 mg</i>	30
MVW COMPLETE CAP D3000	21	<i>niacinamide tab 100 mg</i>	34
MVW COMPLETE CAP D5000	21	<i>niacinamide tab 500 mg</i>	34
MVW COMPLETE CAP FORMULAT	21	<i>niacinamide tab er 500 mg</i>	34
MVW COMPLETE CAP MINIS.....	21	<i>niacinamide tab er 750 mg</i>	34
MVW COMPLETE DRO PEDIATRI	25	<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-</i>	
MVW HI-D CHW ADEK.....	21	<i>2-0.5 mg</i>	30
MVW HI-D DR LIQ EX VIT D	25	NICADAN TAB.....	21
MVW MOD FORM LIQ PEDS.....	25	NICAZEL TAB.....	21
MVW MODULAT CAP FORM MIN	21	NICAZEL TAB FORTE	21
MVW MODULAT CAP FORMULAT.....	21	<i>nicotine polacrilex gum 2 mg</i>	32
MYLERAN TAB 2MG.....	4	<i>nicotine polacrilex gum 4 mg</i>	32
N		<i>nicotine polacrilex lozenge 2 mg</i>	32
NANOVM POW 1-3 YRS.....	25	<i>nicotine polacrilex lozenge 4 mg</i>	32
NANOVM POW 4-8YEARS	25	NICOTINE SYS KIT TRANSDER.....	32
NANOVM POW 9-18 YRS.....	25	<i>nicotine td patch 24hr 14 mg/24hr</i>	32
NANOVM POW ADULT	21	<i>nicotine td patch 24hr 21 mg/24hr</i>	32
NANOVM POW SENIOR.....	21	<i>nicotine td patch 24hr 7 mg/24hr</i>	32
NANOVM T/F POW.....	25	<i>nitroglycerin cap er 2.5 mg</i>	2
<i>naproxen sodium cap 220 mg</i>	1	<i>nitroglycerin cap er 6.5 mg</i>	2
<i>naproxen sodium tab 220 mg</i>	1	<i>nitroglycerin cap er 9 mg</i>	2
NATACHEW CHW	27	NORTRIPTYLIN POW HCL	3
NATAL PNV TAB.....	27	NORVIR SOL 80MG/ML	5
NATALVIT TAB 75-1MG	27	NOZIN NASAL KIT SANITIZE.....	30
NAT-RUL THER TAB M	21	NUTRICAP TAB	21
NATRUL-VITES TAB	21	O	
NEBULIZERS	12	OB COMPLETE CAP ONE	27
NEEVO DHA CAP 27-1.13.....	27	OB COMPLETE CAP PETITE.....	27
<i>neomycin-bacitracin-polymyxin oint</i>	7	OB COMPLETE TAB.....	27
NEONATAL 19 TAB.....	27	OB COMPLETE TAB PREMIER	27
NEONATAL FE TAB.....	27	OB COMPLETE/ CAP DHA.....	27
NEONATAL TAB PRENATAL.....	27	OBSTETRIX CAP ONE	27
NEONATAL VIT TAB 27-0.8MG	27	OBSTETRIX EC TAB	27
NEONATAL/DHA MIS.....	27	OBSTETRIX MIS DHA	27
NEOVITE TAB	21	OBSTETR X ONE CAP 38-1-225.....	27
NESTABS DHA PAK.....	27	OBTREX DHA PAK.....	27
NESTABS ONE CAP	27	OBTREX TAB	27
NESTABS TAB.....	27	OCUHEALTH CAP VISION 2.....	21
<i>nevirapine tab er 24hr 100 mg</i>	5	OCULAR TAB VITAMINS	21
<i>niacin cap er 250 mg</i>	34	OCUVEL CAP 0.5MG.....	21

OCUVITE CAP ADULT	21	ONEVITE TAB	22
OCUVITE LUTE CAP	21	OPILL TAB 0.075MG	5
<i>omega-3 fatty acids - oral liquid</i>	30	OPTICHAMBER MIS DIA LG	12
<i>omega-3 fatty acids cap 1000 mg</i>	31	OPTICHAMBER MIS DIA MD	12
<i>omega-3 fatty acids cap 1200 mg</i>	31	OPTICHAMBER MIS DIA SM	12
<i>omega-3 fatty acids cap 300 mg</i>	31	OPTICHAMBER MIS DIAMOND	12
<i>omega-3 fatty acids cap 435 mg</i>	31	OPTIFAST POS CHW BARIATRI	22
<i>omega-3 fatty acids cap 500 mg</i>	31	OPTIMUM CHW AIRVITES	22
<i>omega-3 fatty acids chew tab 113.5 mg</i>	31	OPTISOURCE CHW BARIATRC	22
<i>omeprazole delayed release tab 20 mg</i>	33	OPURITY CHW BYPASS	22
<i>omeprazole magnesium cap dr 20.6 mg (20 mg</i> <i>base equiv)</i>	33	OPURITY TAB	22
<i>omeprazole magnesium delayed release tab 20</i> <i>mg (base equiv)</i>	33	<i>oral electrolyte solution</i>	14
ONCOVITE TAB	21	OSTEOPRIME TAB PLUS	22
ONE A DAY CAP PRENATAL	27	<i>oyster shell calcium tab 500 mg</i>	14
ONE A DAY CHW IMMUNITY	21	P	
ONE A DAY CHW PRENATAL	27	PANDA MASK MIS LARGE	12
ONE A DAY CHW WOMENS	21	PANDA MASK MIS MEDIUM	12
ONE A DAY MIS PRENATAL	27	PANDA MASK MIS PEDIATRI	12
ONE A DAY PAK PRENATAL	27	PANDA MASK MIS SMALL	12
ONE DAILY CHW ADLT GUM	21	PARI VORTEX MIS ADL MASK	13
ONE DAILY MN TAB W/O IRON	21	PARVLEX TAB	22
ONE DAILY MV TAB WOMENS	21	PATADAY SOL 0.7%	31
ONE DAILY TAB MENS	21	PED POLY-VIT DRO	26
ONE DAILY TAB MENS 50+	22	PEDIA-LAX LIQ 50MG	10
ONE DAILY TAB WMNS 50+	22	<i>pediatric multiple vitamin chew tab</i>	26
ONE DAILY TAB WOMENS	22	<i>pediatric multiple vitamins w/ iron chew tab 15</i> <i>mg</i>	25
ONE-A-DAY CHW IMMUNITY	22	<i>pediatric multiple vitamins w/ iron chew tab 18</i> <i>mg</i>	26
ONE-A-DAY CHW VITACRAV	22	<i>pediatric vitamins adc drops 750 unit-400 unit-35</i> <i>mg/ml</i>	26
ONE-A-DAY PAK PRENATAL	27	<i>permethrin aerosol 0.5%</i>	8
ONE-A-DAY TAB 50+ ADV	22	<i>permethrin creme rinse 1%</i>	8
ONE-A-DAY TAB 50+ MENS	22	PERRY PRENAT CAP	27
ONE-A-DAY TAB 50+ WMN	22	PEXEVA TAB 10MG	3
ONE-A-DAY TAB 65+	22	PEXEVA TAB 20MG	3
ONE-A-DAY TAB ENERGY	22	PEXEVA TAB 30MG	3
ONE-A-DAY TAB MENOPAUS	22	<i>phenazopyridine hcl tab 100 mg</i>	9
ONE-A-DAY TAB MENS	22	<i>phenazopyridine hcl tab 200 mg</i>	9
ONE-A-DAY TAB PROEDGE	22	PHENYTOIN POW SODIUM	3
ONE-A-DAY TAB TEEN/HIM	22	PHLEXY-VITS POW	22
ONE-A-DAY TAB WOMENS	22	PHYTOMULTI TAB	22
ONE-DAILY CAP MULTI	22	<i>phytonadione tab 5 mg</i>	34
ONETOUCH KIT ULTRA 2	11	PNEUMOVAX 23 INJ 25/0.5	33
ONETOUCH KIT VERIO FL	11	PNV TAB 20-1 TAB	27
ONETOUCH KIT VERIO RE	11	PNV-DHA CAP DOCUSATE	27
ONETOUCH TES ULTRA	8	PNV-OMEGA CAP	27
ONETOUCH TES VERIO	8		

POCKET CHAMB MIS	13	PRENATAL GUM CHW 0.4-32.5	28
POCKET SPACE MIS.....	13	PRENATAL MUL CAP +DHA	28
<i>polyethylene glycol-propylene glycol ophth soln</i>		PRENATAL MUL CAP DHA	28
0.4-0.3%.....	31	PRENATAL MV MIS + DHA.....	28
<i>polyethylene glycol-propylene glycol pf op soln</i>		PRENATAL ONE TAB DAILY	28
0.4-0.3%.....	31	PRENATAL TAB	28
<i>polysaccharide iron complex cap 150 mg (iron</i>		PRENATAL TAB 27-0.8MG	28
<i>equivalent)</i>	10	PRENATAL TAB 28-0.8MG	28
<i>polyvinyl alcohol ophth soln 1.4%</i>	31	PRENATAL TAB COMPLETE	28
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml</i>		PRENATAL TAB FORTE.....	28
<i>(0.5-0.6%)</i>	31	PRENATAL TAB IRON.....	28
POLY-VI-SOL SOL 50MG/ML.....	26	PRENATAL TAB MULTIVIT	28
POLY-VITA DRO.....	26	PRENATAL VIT TAB 28-0.8MG.....	28
POLY-VITE DRO	26	PRENATAL VIT TAB MINERALS	28
PORENAL+D CAP OMEGA 3.....	22	<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	
<i>pot phos monobasic w/sod phos di & monobas</i>			28
<i>tab 155-852-130mg</i>	14	<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	
<i>potassium citrate & citric acid powder pack 3300-</i>			28
<i>1002 mg</i>	9	<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	28
<i>potassium iodide oral soln 1 gm/ml</i>	6	<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-</i>	
<i>potassium phosphate monobasic tab 500 mg ..</i>	14	<i>0.6-0.4 mg</i>	28
<i>povidone-iodine soln 10%</i>	5	<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	28
PRECISION LIQ GLUC/KET	11	<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	
PRECISION TES XTRA	8		28
PREGEN DHA CAP	27	PRENATAL/FA CAP +DHA	28
PREGENNA TAB	27	PRENATAL/FE TAB.....	28
PREMESISRX TAB.....	27	PRENATAL+DHA MIS	28
PREMIUM MIS PACKETS.....	22	PRENATAL+DHA MIS WOMENS	28
PRENA 1 TRUE MIS	27	PRENATAL-U CAP 106.5-1	28
PRENA1 CHW.....	27	PRENATE AM TAB 1MG.....	28
PRENA1 PEARL CAP	27	PRENATE CAP ENHANCE	28
PRENAISSANCE CAP.....	27	PRENATE CAP ESSENT	28
PRENAISSANCE CAP PLUS.....	27	PRENATE CAP PIXIE	28
PRENAT DHA CHW 0.4-25MG	28	PRENATE CAP RESTORE.....	28
PRENAT MULTI CAP +DHA.....	28	PRENATE CHW 0.6-0.4	28
<i>prenat w/o a w/feum-methfol-fa-dha cap 27-</i>		PRENATE DHA CAP	29
<i>0.6-0.4-300 mg</i>	28	PRENATE MINI CAP	29
PRENATAL ADV PAK BRAIN SU	28	PRENATE TAB ELITE.....	29
PRENATAL CAP COMPLETE.....	28	PRENATL MULT CAP + DHA.....	29
PRENATAL CAP DHA	28	PRENATVITE TAB COMPLETE	29
PRENATAL CAP ESSENTIA	28	PRENATVITE TAB PLUS.....	29
PRENATAL CAP FORMULA.....	28	PRENATVITE TAB RX.....	29
PRENATAL CHW GUMMIES	28	PRENTAT MULT CAP PLUS DHA	29
PRENATAL CHW NOURISH.....	28	PRESCRIPTION CAP SUPPORT	22
PRENATAL COM CAP /DHA.....	28	PRESERVISION CAP AREDS	22
PRENATAL DHA PAK MULTI.....	28	PRESERVISION CAP AREDS 2	22
PRENATAL FRM TAB A-FREE.....	28	PRESERVISION CAP LUTEIN	22

PRESERVISION CHW AREDS 2.....	22
PRESERVISION TAB AREDS	22
PRIMACARE CAP	29
PROCAINAMIDE POW.....	3
PRO-CAL TAB	22
PROCARE MIS ADULT	13
PROCARE MIS CHILD.....	13
PROCERV HP TAB.....	22
PROCHAMBER MIS VHC	13
PROCHLORPER POW MALEATE	5
PROFOLA TAB	22
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	6
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	6
<i>propylene glycol ophth soln 0.6%.....</i>	31
<i>propylene glycol-glycerin ophth soln 1-0.3%</i>	31
PRORENAL +D TAB.....	22
PRORENAL+D CAP OMEGA-3	22
PRORENAL+D TAB	22
PROTECT CAP CARDIO	22
PROTECT CAP PLUS SO	22
PROTEGRA CAP.....	22
PROVIDA OB CAP.....	29
PROVIT TAB	22
PROXEED PLUS PAK	23
<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
<i>mg/5ml.....</i>	6
<i>pseudoephedrine hcl tab 30 mg.....</i>	30
<i>pseudoephedrine hcl tab 60 mg.....</i>	30
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	30
<i>pseudoephedrine w/ dm-gg liquid 30-10-100</i>	
<i>mg/5ml.....</i>	6
<i>pseudoephedrine-guaifenesin tab er 12hr 120-</i>	
<i>1200 mg.....</i>	6
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600</i>	
<i>mg.....</i>	6
PURATHICK POW	32
PURE & GENTL DRO 0.3%.....	31
PURE COMFORT MIS SPACER.....	13
PX CALAMINE LOT	8
PX PRENATAL TAB MULTIVIT.....	29
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml</i>	
<i>base equiv)</i>	2
<i>pyridoxine hcl inj 100 mg/ml.....</i>	34
<i>pyridoxine hcl tab 100 mg</i>	34
<i>pyridoxine hcl tab 25 mg</i>	34
<i>pyridoxine hcl tab 250 mg</i>	34
<i>pyridoxine hcl tab 50 mg</i>	34

Q

QC CAPSAICIN LIQ 0.15%	8
QC MULTI-VIT TAB	23
QC PRENATAL TAB 28-0.8MG	29
QUIN B TAB STRONG.....	23
QUINTABS-M TAB	23

R

RA ESSENCE-C POW ORANGE	23
RA ESSENCE-C POW RASPBRY.....	23
RA ESSENCE-C POW TNGERINE.....	23
RA PRENATAL TAB 28-0.8MG.....	29
RA PRENATAL TAB FORMULA	29
RA STERILE SOL NASAL.....	30
RAYAVIT TAB	23
REDICHEW RX CHW.....	29
REFRESH DRO OP	31
REFRESH DRO RELIEVA.....	31
REFRESH DRO TEARS PF.....	31
REFRESH OPT SOL MEGA-3	31
REFRESH OPTI DRO 0.5-0.9%	31
REFRESH SOL DIGITAL	31
REFRESH SOL OPTIVE	31
RELNATE DHA CAP	29
REMEDIENT CAP.....	23
RENAPLEX-D TAB.....	23
RESOURCE LIQ WATER	32
RESOURCE POW THICKENU	32
RESPIRATORY THERAPY SUPPLIES.....	13
<i>riboflavin tab 100 mg.....</i>	35
<i>riboflavin tab 25 mg.....</i>	35
<i>riboflavin tab 50 mg.....</i>	35
RITEFLO MIS	13
RIVIVE SPR.....	4
RYKINDO INJ 25MG	5
RYKINDO INJ 37.5MG	5
RYKINDO INJ 50MG	5

S

<i>saline nasal spray 0.65%</i>	30
SELECT-OB CHW	29
SELECT-OB+ PAK DHA	29
<i>selenium sulfide lotion 1%</i>	7
<i>sennosides chew tab 15 mg</i>	10
<i>sennosides syrup 8.8 mg/5ml</i>	10
<i>sennosides tab 15 mg</i>	10
<i>sennosides tab 17.2 mg</i>	10
<i>sennosides tab 25 mg</i>	10
<i>sennosides tab 8.6 mg</i>	10

<i>sennosides-docusate sodium tab 8.6-50 mg</i>	10	SPECTRAVITE TAB ULT WMN	23
SENTRY SENIO TAB LUTEIN	23	<i>starch-maltodextrin oral thickening powder</i>	32
SENTRY TAB	23	<i>starch-maltodextrin oral thickening powder</i>	
SIDEROL TAB.....	23	<i>packet</i>	32
<i>simethicone cap 125 mg</i>	8	<i>stavudine cap 15 mg</i>	5
<i>simethicone cap 180 mg</i>	8	<i>stavudine cap 20 mg</i>	5
<i>simethicone chew tab 125 mg</i>	9	<i>stavudine cap 30 mg</i>	5
<i>simethicone chew tab 80 mg</i>	9	<i>stavudine cap 40 mg</i>	5
<i>simethicone liquid 40 mg/0.6ml</i>	9	STROVITE FOR SYP	23
<i>simethicone susp 40 mg/0.6ml</i>	9	STROVITE ONE TAB	23
SIMILAC PREN PAK EARLY SH	29	STUART ONE CAP	29
SIMPLY SALIN AER 0.9%	30	SUDAFED 24HR TAB 240MG	30
SIMPLYTHICK GEL	32	SUPER ANTIOX CAP	23
SIMPLYTHICK GEL EASY MIX.....	32	SUPER POW NU-THERA.....	23
SIMPLYTHICK GEL EASYMIX.....	32	SUPERIOR TAB MENS	23
SIMPLYTHICK GEL HONEY.....	32	SUPPORT LIQ.....	23
SIMPLYTHICK GEL NECTAR	32	SUPPORT-500 CAP	23
SKIN BEAUTY/ PAK WELLNESS.....	23	SYSTANE ICAP CHW AREDS2	23
SKIN/HAIR/ CAP NAILS.....	23	SYSTANE ICAP TAB AREDS2	23
SM CALAMINE LOT	8	T	
SM ONE DAILY MIS PRENATAL	29	TARON-C DHA CAP	29
SM ONE DAILY TAB MENS	23	<i>temozolomide cap 100 mg</i>	4
SM ONE DAILY TAB WOMENS	23	<i>temozolomide cap 140 mg</i>	4
SM PRENATAL TAB VITAMINS	29	<i>temozolomide cap 180 mg</i>	4
<i>sodium bicarbonate tab 325 mg</i>	2	<i>temozolomide cap 20 mg</i>	4
<i>sodium bicarbonate tab 650 mg</i>	2	<i>temozolomide cap 250 mg</i>	4
<i>sodium chloride soln nebu 10%</i>	6	<i>temozolomide cap 5 mg</i>	4
<i>sodium chloride soln nebu 3%</i>	6	THERA M PLUS TAB	23
<i>sodium chloride soln nebu 7%</i>	6	THERABETIC TAB MULTIVIT	23
<i>sodium chloride tab 1 gm</i>	14	THERAGRAN-M TAB	23
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i> 14		THERAGRAN-M TAB 50 PLUS	23
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i> ... 14		THERAGRAN-M TAB ADVANCED.....	23
SOLO TAB.....	23	THERAGRAN-M TAB PREMIER	23
SPACE CHAMBR MIS ANTI-STA.....	13	THERA-M TAB.....	23
SPACE CHAMBR MIS LARGE	13	THERAMILL CAP FORTE	24
SPACE CHAMBR MIS MEDIUM	13	THERANATAL CAP LACTATIO	24
SPACE CHAMBR MIS SMALL	13	THERANATAL CAP ONE	29
SPACER CHAMB MIS ADULT	13	THERANATAL MIS COMPLETE	29
SPACER CHAMB MIS CHILD	13	THERANATAL MIS LACTATIO.....	24
SPACER CHAMB MIS INFANT.....	13	THERANATAL PAK OVAVITE	29
SPECTRAVITE CHW ADLT 50+	23	THERA-TABS M TAB	23
SPECTRAVITE CHW WOMEN	23	THERATEARS SOL 0.25% PF.....	31
SPECTRAVITE TAB.....	23	THEREMS-M TAB.....	24
SPECTRAVITE TAB ADLT 50+.....	23	<i>thiamine hcl inj 100 mg/ml</i>	35
SPECTRAVITE TAB ADULTS	23	<i>thiamine hcl tab 100 mg</i>	35
SPECTRAVITE TAB MEN 50+	23	<i>thiamine hcl tab 250 mg</i>	35
SPECTRAVITE TAB ULT MEN	23	<i>thiamine hcl tab 50 mg</i>	35

<i>thiamine mononitrate tab 100 mg</i>	35
<i>thiamine mononitrate tab 250 mg</i>	35
THICKENUP POW CLEAR.....	32
THICK-IT #2 POW.....	32
THICK-IT LIQ HONEY.....	14
THICK-IT LIQ NECTAR.....	14
THIK & CLEAR PAK HONEY.....	32
THIK & CLEAR PAK NECTAR.....	32
THIK & CLEAR POW.....	32
TODAY SPONGE MIS.....	33
<i>tolnaftate aerosol pow 1%</i>	7
<i>tolnaftate cream 1%</i>	7
<i>tolnaftate soln 1%</i>	7
TRAZODONE POW.....	3
TRIMIPRAMINE POW MALEATE.....	3
TRINATAL RX TAB 1.....	29
TRISTART CAP FREE.....	29
TRISTART DHA CAP.....	29
TRISTART ONE CAP 35-1-215.....	29
TUMS CHW DEL CHW 1177MG.....	2
T-VITES TAB.....	23
TWIRLA DIS 120-30.....	5

U

UDAMIN SP TAB.....	24
ULTRA BONEUP TAB.....	24
ULTRA MEGA G TAB 100MG.....	24
ULTRA MEGA G TAB 75MG CR.....	24
ULTRA MEGA TAB 75MG CR.....	24
ULTRA MEGA TAB TWO.....	24
ULTRA POTENC TAB WOMEN 50.....	24
ULTRA PRENAT CAP + DHA.....	29
UNI-SOLVE PAD WIPES.....	5
UPSPRINGBABY DRO MV/IRON.....	25

V

VAPORIZERS.....	13
VCF VAGINAL GEL CONTRACE.....	33
VCF VAGINAL MIS CONTRACP.....	33
VENEXA FE TAB.....	24
VENEXA TAB.....	24
VENTRIXYL FE TAB.....	24
VENTRIXYL TAB.....	24
VIIBRYD KIT STARTER.....	3
VINATE CARE CHW 40-1MG.....	29
VINATE DHA CAP 27-1.13.....	29
VINATE II TAB.....	29
VINATE ONE TAB.....	29
VIRT-C DHA CAP.....	29

VIRT-NATE CAP DHA.....	29
VIRT-PN DHA CAP.....	29
VISION CAP OPTIMIZE.....	24
VISION HEALT CAP.....	24
VISTA ADVAN CAP AREDS2.....	24
VISTA ADVAN CAP DRY EYE.....	24
VITABEX CAP.....	24
VITABEX PLUS CAP.....	24
VITACHEW CHW ADULT.....	24
VITACRAVES CHW GUMMIES.....	24
VITACRAVES CHW IMMUNITY.....	24
VITACRAVES CHW MENS.....	24
VITACRAVES CHW SOUR GUM.....	24
VITACRAVES CHW WOMENS.....	24
VITAFOL CAP ULTRA.....	29
VITAFOL CHW GUMMIES.....	29
VITAFOL FE+ CAP.....	29
VITAFOL STRP MIS 1MG.....	29
VITAFOL-NANO TAB.....	29
VITAFOL-OB PAK +DHA.....	30
VITAFOL-OB TAB 65-1MG.....	30
VITAFOL-ONE CAP.....	30
VITAFUSION CHW PRENATAL.....	30
VITAJoy MULT CHW ADULT.....	24
VITAMED MD CAP ONE RX.....	30
VITAMIN C PAK BLEND.....	24
VITAMIN D3 TAB 2000UNIT.....	34
VITAMIN D3 TAB COMPLETE.....	24
<i>vitamin e cap 180 mg (400 unit)</i>	34
<i>vitamin e cap 268 mg (400 unit)</i>	34
<i>vitamin e cap 400 unit</i>	34
<i>vitamins a & d cap</i>	30
<i>vitamins a & d tab</i>	30
<i>vitamins w/ lipotropics cap</i>	30
<i>vitamins w/ lipotropics tab</i>	30
VITA-PAC CAP.....	29
VITAPEARL CAP.....	30
VITASANA TAB.....	24
VITATRUE MIS.....	30
VITATRUM TAB.....	24
VITEYES CAP CLASSIC.....	24
VITEYES CLAS CAP ADV.....	24
VITEYES CLAS CAP ADVANCED.....	24
VITEYES CLAS CAP MAC SUPP.....	24
VITEYES CLAS CAP OMEGA-3.....	24
VITEYES CLAS POW +MULTI.....	24
VITEYES CLAS TAB MULTIVIT.....	24

VITEYES OPTI TAB NERV SUP	24
VITRAMYN TAB.....	24
VITRANOL FE TAB	24
VITRANOL TAB.....	24
VITREXATE FE TAB	24
VITREXATE TAB.....	25
VITREXYL TAB	25
VITREXYL TAB IRON	25
VITRUM 50+ TAB ADT- MUL.....	25
VITRUM TAB ADULT	25
VITRUM TAB SENIOR.....	25
VIVA DHA CAP	30
VORTEX VALVE MIS CHAMBER.....	13
VORTEX/MASK MIS CHILDS	13
VORTEX/MASK MIS TODDLER	13
W	
WAL-BORN CHW VIT C	25
WEGOVY INJ 0.25 MG	1
WEGOVY INJ 0.5 MG	1
WEGOVY INJ 1 MG	1
WEGOVY INJ 1.7 MG	1
WEGOVY INJ 2.4MG	1
WELLFOLA TAB	25
WESCAP-C DHA CAP	30
WESCAP-PN CAP DHA.....	30
WESNATAL DHA PAK COMPLETE	30
WESNATE DHA CAP	30
WESTGEL DHA CAP	30

<i>white petrolatum-mineral oil ophth ointment</i> ...	31
WIDE-SEAL DPR KIT 60	11
WIDE-SEAL DPR KIT 65	11
WIDE-SEAL DPR KIT 70	11
WIDE-SEAL DPR KIT 75	11
WIDE-SEAL DPR KIT 80	11
WIDE-SEAL DPR KIT 85	11
WIDE-SEAL DPR KIT 90	11
WIDE-SEAL DPR KIT 95	11
WMNS MULTIVI CHW +COLLAGE	25
WOMENS 50+ TAB MULTIVIT	25
WOMENS DAILY PAK PACK	25
WOMENS MULT CHW GUMMIES	25
WOMENS MULTI TAB.....	25
WOMENS MULTI TAB VIT/MIN	25
WOMENS PAK	25
Y	
YELETS TEEN TAB FORMULA	25
YOUR LIFE CHW GUMMIES	25
YUMVS DIABET CHW MULTIVIT	25
YUMVS MULTI CHW ZERO	25
Z	
ZALVIT TAB 13-1MG	30
ZATEAN-PN CAP DHA	30
ZINC LOZ.....	25
ZINTREXYL-C TAB.....	25
ZIPHEX TAB 13-1MG.....	30
ZOSTRIX NAT CRE 0.033%	8

HAWAI'I MEDICAL SERVICE ASSOCIATION

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This formulary was updated on 09/01/2025. For more recent information or other questions, please contact HMSA.

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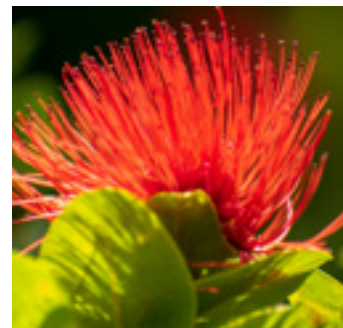
Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202

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