

CVS Caremark[®]
Value Formulary
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Table of Contents

INTRODUCTION	8
PREFACE	8
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	8
DRUG LIST PRODUCT DESCRIPTIONS	9
LEGEND	10
GENERIC SUBSTITUTION	10
SPECIALTY MEDICATIONS	10
PLAN DESIGN	11
PREVENTIVE SERVICES	11
NOTICE	12
ANALGESICS	13
GOUT	13
NSAIDS.....	13
OPIOID ANALGESICS	13
OPIOID PARTIAL AGONISTS	14
SALICYLATES	14
VISCOSUPPLEMENTS	14
ANTI-INFECTIVES	14
ANTHELMINTICS	14
ANTI-BACTERIALS - MISCELLANEOUS	14
ANTIFUNGALS.....	15
ANTIRETROVIRAL AGENTS	15
ANTIRETROVIRAL COMBINATION AGENTS	15
ANTITUBERCULAR AGENTS.....	16
ANTIVIRALS.....	16
CEPHALOSPORINS.....	17
ERYTHROMYCINS/MACROLIDES	17
FLUOROQUINOLONES	17
HEPATITIS B	17
HEPATITIS C.....	17
MISCELLANEOUS	18
PENICILLINS.....	18
TETRACYCLINES	19
ANTINEOPLASTIC AGENTS	19
ALKYLATING AGENTS	19
ANTIMETABOLITES	19
BIOLOGIC RESPONSE MODIFIERS	19
BIOSIMILARS.....	20
HORMONAL ANTINEOPLASTIC AGENTS	20
KINASE INHIBITORS	20
MISCELLANEOUS	22
MONOCLONAL ANTIBODIES	22
PROTEASOME INHIBITORS.....	22

CARDIOVASCULAR.....	22
ACE INHIBITOR COMBINATIONS	22
ACE INHIBITORS	22
ALDOSTERONE RECEPTOR ANTAGONISTS	23
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS.....	23
ANGIOTENSIN II RECEPTOR ANTAGONISTS	24
ANTIARRHYTHMICS.....	24
ANTILIPEMICS, BILE ACID RESINS.....	24
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	24
ANTILIPEMICS, FIBRATES	24
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	24
ANTILIPEMICS, MISCELLANEOUS.....	24
ANTILIPEMICS, OMEGA-3 FATTY ACIDS.....	24
ANTILIPEMICS, PCSK9 INHIBITORS.....	24
BETA-BLOCKER/DIURETIC COMBINATIONS	25
BETA-BLOCKERS.....	25
CALCIUM CHANNEL BLOCKERS	25
DIGITALIS GLYCOSIDES	25
DIURETICS	25
HEART FAILURE	26
MISCELLANEOUS	26
NITRATES	26
PULMONARY ARTERIAL HYPERTENSION.....	26
CENTRAL NERVOUS SYSTEM.....	27
ANTIANKXIETY	27
ANTIDEMENTIA.....	27
ANTIDEPRESSANTS	27
ANTIPARKINSONIAN AGENTS.....	28
ANTIPSYCHOTICS	29
ANTISEIZURE AGENTS	29
ATTENTION DEFICIT HYPERACTIVITY DISORDER.....	30
BOTULINUM TOXINS.....	31
FIBROMYALGIA.....	31
HYPNOTICS.....	31
MIGRAINE	31
MISCELLANEOUS	31
MOVEMENT DISORDERS.....	32
MULTIPLE SCLEROSIS AGENTS	32
MUSCULOSKELETAL THERAPY AGENTS.....	32
NARCOLEPSY/CATAPLEXY	32
OPIOID AGONIST/ANTAGONIST	33
OPIOID ANTAGONIST	33
OPIOID PARTIAL AGONISTS	33
SMOKING DETERRENTS.....	33

ENDOCRINE AND METABOLIC.....	33
ACROMEGALY	33
ANDROGENS.....	33
ANTIDIABETICS, AMYLIN ANALOGS	33
ANTIDIABETICS, BIGUANIDE.....	34
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	34
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS	34
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	34
ANTIDIABETICS, INCRETIN MIMETIC AGENTS.....	34
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	34
ANTIDIABETICS, INSULIN	34
ANTIDIABETICS, INSULIN SENSITIZER	35
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	35
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	35
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	35
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	35
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS..	35
ANTIDIABETICS, SULFONYLUREA.....	35
ANTIOBESITY	36
CALCIUM RECEPTOR AGONISTS	36
CALCIUM REGULATORS, BISPHOSPHONATES.....	36
CALCIUM REGULATORS, MISCELLANEOUS	36
CALCIUM REGULATORS, PARATHYROID HORMONES	36
CENTRAL PRECOCIOUS PUBERTY.....	36
CHELATING AGENTS	36
CONTRACEPTIVES.....	36
DIABETIC SUPPLIES.....	38
ENDOMETRIOSIS	38
ENZYME REPLACEMENTS.....	38
ESTROGENS	38
FERTILITY REGULATORS	39
GAUCHER DISEASE	39
GLUCOCORTICOID.....	39
GLUCOSE ELEVATING AGENTS	39
HEREDITARY TYROSINEMIA TYPE 1 AGENTS.....	40
HUMAN GROWTH HORMONES	40
MINERALOCORTICOID RECEPTOR ANTAGONISTS.....	40
MISCELLANEOUS	40
PHOSPHATE BINDER AGENTS	40
POLYNEUROPATHY	40
POTASSIUM-REMOVING AGENTS	40
PROGESTINS	40

THYROID AGENTS	40
VASOPRESSINS	41
GASTROINTESTINAL.....	41
ANTICHOLINERGICS	41
ANTIDIARRHEALS	41
ANTIEMETICS.....	41
H2-RECEPTOR ANTAGONISTS	41
INFLAMMATORY BOWEL DISEASE	41
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	41
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	42
LAXATIVES	42
MISCELLANEOUS	42
PANCREATIC ENZYMES	42
PROTON PUMP INHIBITORS	42
RECTAL, CORTICOSTEROIDS	42
GENITOURINARY	42
BENIGN PROSTATIC HYPERPLASIA	42
CONTRACEPTIVES	43
MISCELLANEOUS	43
URINARY ANTISPASMODICS	43
VAGINAL ANTI-INFECTIVES	43
HEMATOLOGIC.....	43
ANTICOAGULANTS	43
BLEEDING DISORDERS AGENTS	43
HEMATOPOIETIC GROWTH FACTORS	43
HEMOPHILIA A AGENTS	44
HEMOPHILIA B AGENTS	44
MISCELLANEOUS	44
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	45
PLATELET AGGREGATION INHIBITORS	45
SICKLE CELL DISEASE	45
THROMBOCYTOPENIA AGENTS	45
IMMUNOLOGIC AGENTS	45
ALLERGENIC EXTRACTS	45
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	45
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	45
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS.....	45
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	46
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	46
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS.....	46
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	47
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	47
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	48

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	48
HEREDITARY ANGIOEDEMA	48
IMMUNOGLOBULIN.....	48
IMMUNOSUPPRESSANTS	49
MISCELLANEOUS	49
NUTRITIONAL/SUPPLEMENTS	50
ELECTROLYTES	50
PRENATAL VITAMINS	50
VITAMINS	50
OPHTHALMIC.....	50
ANTI-INFECTIVE/ANTI-INFLAMMATORY	50
ANTI-INFECTIVES.....	51
ANTI-INFLAMMATORIES	51
ANTIALLERGICS	51
ANTIGLAUCOMA	51
DRY EYE DISEASE.....	51
RETINAL DISORDERS	51
RESPIRATORY	52
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS.....	52
ANAPHYLAXIS TREATMENT AGENTS	52
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS.....	52
ANTICHOLINERGICS	52
ANTIHISTAMINES	52
BETA AGONISTS	52
COLD/COUGH.....	52
CYSTIC FIBROSIS.....	53
LEUKOTRIENE RECEPTOR ANTAGONISTS	53
NASAL STEROIDS	53
PULMONARY FIBROSIS AGENTS.....	53
SEVERE ASTHMA AGENTS.....	53
STEROID INHALANTS	53
STEROID/BETA-AGONIST COMBINATIONS	53
XANTHINES	54
TOPICAL	54
DERMATOLOGY, ACNE.....	54
DERMATOLOGY, ACTINIC KERATOSIS.....	54
DERMATOLOGY, ANTIBIOTICS.....	54
DERMATOLOGY, ANTIFUNGALS	54
DERMATOLOGY, ANTIPSORIATICS	54
DERMATOLOGY, ANTISEBORRHEICS.....	55
DERMATOLOGY, ATOPIC DERMATITIS.....	55
DERMATOLOGY, CORTICOSTEROIDS.....	55
DERMATOLOGY, LOCAL ANESTHETICS	55
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE.....	55

DERMATOLOGY, ROSACEA	56
DERMATOLOGY, SCABICIDES AND PEDICULICIDES.....	56
MOUTH/THROAT/DENTAL AGENTS	56
OTIC.....	56
Index.....	57

Value Formulary

INTRODUCTION

We are pleased to provide the 2024 **CVS Caremark Value Formulary** as a useful reference and informational tool. This document can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical

expertise are invited to meet with the P&T Committee, but no CVS Caremark employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

There are two ways to find your drug on this drug list:

1. Medical Conditions

The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under Cardiovascular. If you know what your drug is used for, look for the category name in the list and then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the drug list. The Index is an alphabetical list of all drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find the coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in the lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug. Their requirements and limits may include:

- **Prior Authorization:** Your plan needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from your plan before you fill your prescriptions.
- **Quantity Limits:** For certain drugs, your plan limits the amount of the drug that it will cover. Your plan may also limit the amount of drugs you may receive within a class of drugs. For example, for opioid-naïve members aged 19 or younger, certain drugs within the opioid class are limited to a three-day or less supply.
- **Step Therapy:** Your plan needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B. If you don't get approval, your plan may not cover the drug.

LEGEND

Symbol	Name
AGE	Age Limit
OTC	Over the counter
PA	Prior Authorization
PA*	If Quantity Limit is exceeded, Prior Authorization may apply
PA**	If Step Therapy requirements are not met, Prior Authorization may apply
QL	Quantity Limit
SP	Specialty Drug subject to Specialty Guideline Management
ST	Step Therapy

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

SPECIALTY MEDICATIONS

A rapidly growing category of drugs, specialty medications are the result of continued advances in drug development technology and design. They are created to target and treat complex chronic or genetic medical conditions and include bioengineered proteins, blood-derived products and complex molecules.

Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization for specialty medications based on currently accepted evidence-based medicine guidelines. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the document as “SP” for your reference. For additional information, please refer to [CVSpecialty.com](https://www.cvs.com/specialty) or to submit a prior authorization, please call 1-866-814-5506.

PLAN DESIGN

Preferred brand-name medications are listed to help identify product that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Special note for opioid containing products: The quantity of opioid product prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30 day supply. Members who are opioid-naïve will be required to use an immediate-release (IR) formulation before moving to an extended-release (ER) formulation and will be subject to quantity limit restrictions.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. If covered in the pharmacy benefit, OTC products require a valid prescription.

Log in to [Caremark.com](https://www.caremark.com) to check coverage.

PREVENTIVE SERVICES

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for \$0 member cost share. These items may include:

- Bowel Preparations for Colorectal Cancer Screening
- Fluoride Supplementation in Children
- Folic Acid Supplementation
- Tobacco Use Counseling and Cessation Intervention
- Immunizations

- Medications for Risk Reduction of Primary Breast Cancer
- Contraceptives
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults
- Antiretroviral therapy for preexposure prevention of human immunodeficiency virus (HIV) infection
- Diabetes Prevention Medicine for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity

Items that may be covered as preventive services under this formulary will not be specifically noted since final coverage is determined by the plan sponsor.

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Name	Requirements/Limits
ANALGESICS	
GOUT	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine tabs .6mg</i>	
<i>MITIGARE CAPS .6MG</i>	
<i>probenecid tabs 500mg</i>	
NSAIDS	
<i>diclofenac potassium tabs 50mg</i>	
<i>diclofenac sodium delayed-rel tbec 25mg, 50mg, 75mg</i>	
<i>diclofenac sodium ext-rel tb24 100mg</i>	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg</i>	
<i>flurbiprofen tabs 50mg, 100mg</i>	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	
<i>ketoprofen caps 50mg, 75mg</i>	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg</i>	
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	
<i>naproxen tbec 375mg, 500mg</i>	
<i>naproxen sodium tabs 275mg, 550mg</i>	
<i>oxaprozin tabs 600mg</i>	
<i>piroxicam caps 10mg, 20mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	
OPIOID ANALGESICS	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL
<i>codeine sulfate tabs 30mg</i>	QL; PA*
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	PA, QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	QL; PA*

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbs 40mg</i>	QL; PA*
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	QL; PA*, Initial PA may apply to higher strengths
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	QL; PA*
<i>oxycodone hcl conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL; PA*
<i>oxycodone hcl t12a 10mg, 20mg, 40mg, 80mg</i>	QL; Initial PA may apply to higher strengths
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL
<i>tramadol hcl tabs 50mg</i>	QL; PA*
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	QL; PA*, Initial PA may apply to higher strengths

OPIOID PARTIAL AGONISTS

<i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>	QL; PA*, Initial PA may apply to higher strengths
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths

SALICYLATES

diflunisal tabs 500mg

VISCOSUPPLEMENTS

<i>DUROLANE PRSY 60MG/3ML</i>	SP, PA
<i>EUFLEXXA SOSY 20MG/2ML</i>	SP, PA
<i>GELSYN-3 SOSY 16.8MG/2ML</i>	SP, PA
<i>SUPARTZ FX SOSY 25MG/2.5ML</i>	SP, PA

ANTI-INFECTIVES

ANTHELMINTICS

<i>EMVERM CHEW 100MG</i>	QL; PA*
<i>ivermectin tabs 3mg</i>	
<i>praziquantel tabs 600mg</i>	QL; PA*

ANTI-BACTERIALS - MISCELLANEOUS

<i>ARIKAYCE SUSP 590MG/8.4ML</i>	SP, PA
<i>sulfamethoxazole/trimethoprim</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>tinidazole tabs 250mg, 500mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
ANTIFUNGALS	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	PA
ANTIRETROVIRAL AGENTS	
<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	QL; PA*
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	QL; PA*
<i>darunavir tabs 600mg, 800mg</i>	QL; PA*
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	QL; PA*
<i>emtricitabine caps 200mg</i>	QL; PA*
EMTRIVA SOLN 10MG/ML	QL; PA*
<i>etravirine tabs 100mg, 200mg</i>	QL; PA*
<i>fosamprenavir calcium tabs 700mg</i>	QL; PA*
FUZEON SOLR 90MG	SP, PA, QL
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	QL; PA*
ISENTRESS HD TABS 600MG	QL; PA*
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	QL; PA*
<i>maraviroc tabs 150mg, 300mg</i>	QL; PA*
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg</i>	QL; PA*
NORVIR PACK 100MG	QL; PA*
REYATAZ PACK 50MG	QL; PA*
<i>ritonavir tabs 100mg</i>	QL; PA*
RUKOBIA TB12 600MG	QL; PA*
SUNLENCA SOLN 463.5MG/1.5ML; TBPK 300MG	QL
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL; PA*
TIVICAY TABS 10MG, 25MG, 50MG	QL; PA*
TIVICAY PD TBSO 5MG	QL; PA*
TROGARZO SOLN 200MG/1.33ML	
VIREAD POWD 40MG/GM; TABS 150MG, 200MG, 250MG	QL; PA*
<i>zidovudine caps 100mg; syr 50mg/5ml; tabs 300mg</i>	QL; PA*
ANTIRETROVIRAL COMBINATION AGENTS	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	QL; PA*
BIKTARVY TAB	QL; PA*
CABENUVA SUS 400-600	SP, PA, QL
CABENUVA SUS 600-900	SP, PA, QL
CIMDUO TAB 300-300	QL; PA*

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
DESCOVY TAB 120-15MG	QL; PA*
DESCOVY TAB 200/25MG	QL; PA*
DOVATO TAB 50-300MG	QL; PA*
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL; PA*
EVOTAZ TAB 300-150	QL; PA*
GENVOYA TAB	QL; PA*
JULUCA TAB 50-25MG	QL; PA*
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL; PA*
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	QL
<i>lopinavir-ritonavir tab 100-25 mg</i>	QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	QL
ODEFSEY TAB	QL; PA*
PREZCOBIX TAB 800-150	QL; PA*
SYMTUZA TAB	QL; PA*
TRIUMEQ PD TAB	QL; PA*
TRIUMEQ TAB	QL; PA*

ANTITUBERCULAR AGENTS

<i>cycloserine caps 250mg</i>
<i>ethambutol hcl tabs 100mg, 400mg</i>
<i>isoniazid syr 50mg/5ml; tabs 100mg, 300mg</i>
PRIFTIN TABS 150MG
<i>pyrazinamide tabs 500mg</i>
<i>rifabutin caps 150mg</i>
<i>rifampin caps 150mg, 300mg</i>
<i>streptomycin sulfate solr 1gm</i>
TRECTOR TABS 250MG

ANTIVIRALS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>
<i>famciclovir tabs 125mg, 250mg, 500mg</i>

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Drug Name	Requirements/Limits
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	QL; PA*
PAXLOVID TAB 150-100	QL
PAXLOVID TAB 300-100	QL
<i>valacyclovir hcl tabs 1gm, 500mg</i>	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	SP, QL

CEPHALOSPORINS

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefepodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>clarithromycin ext-rel tb24 500mg</i>	
DIFICID SUSR 40MG/ML; TABS 200MG	PA
<i>erythromycin susr 200mg/5ml; tabs 250mg, 400mg</i>	
<i>erythromycin base tabs 500mg</i>	
<i>erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg</i>	

FLUOROQUINOLONES

CIPRO SUSR 5GM/100ML, 500MG/5ML	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	

HEPATITIS B

<i>entecavir tabs .5mg, 1mg</i>	SP, QL
<i>lamivudine (hbv) tabs 100mg</i>	
VEMLIDY TABS 25MG	QL

HEPATITIS C

EPCLUSA PAK 150-37.5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
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Drug Name	Requirements/Limits
EPCLUSA PAK 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
<i>ribavirin caps 200mg; tabs 200mg</i>	SP, PA
VOSEVI TAB	SP, PA, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

MISCELLANEOUS

<i>atovaquone susp 750mg/5ml</i>	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	
<i>dapsone tabs 25mg, 100mg</i>	
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	PA
<i>linezolid inj soln 600mg/300ml</i>	PA
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	
<i>nitrofurantoin ext-rel caps 100mg</i>	
<i>nitrofurantoin macrocrystals caps 25mg, 50mg, 100mg</i>	
<i>vancomycin hcl caps 125mg, 250mg</i>	QL
XIFAXAN TABS 550MG	PA

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	

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Drug Name	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & pot clavulanate ext-rel</i>	
<i>ampicillin caps 500mg</i>	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	

TETRACYCLINES

<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>doxycycline monohydrate susp susr 25mg/5ml</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	QL; PA*

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	
EMCYT CAPS 140MG	
LEUKERAN TABS 2MG	
<i>melphalan tabs 2mg</i>	
MYLERAN TABS 2MG	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, SP, PA 250mg</i>	

ANTIMETABOLITES

<i>capecitabine tabs 150mg, 500mg</i>	SP, PA
LONSURF TAB 15-6.14	SP, PA, QL
LONSURF TAB 20-8.19	SP, PA, QL
<i>mercaptopurine tabs 50mg</i>	
ONUREG TABS 200MG, 300MG	SP, PA, QL
TABLOID TABS 40MG	

BIOLOGIC RESPONSE MODIFIERS

BESREMI SOSY 500MCG/ML	SP, PA, QL
ERIVEDGE CAPS 150MG	SP, PA, QL
PADCEV SOLR 20MG, 30MG	SP, PA, QL
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	SP, PA, QL
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	SP, PA, QL
THALOMID CAPS 50MG, 100MG, 150MG, 200MG	SP, PA, QL

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Drug Name	Requirements/Limits
BIOSIMILARS	
HERZUMA SOLR 150MG, 420MG	SP, PA
OGIVRI SOLR 150MG, 420MG	SP, PA
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	SP, PA
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	SP, PA
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate tabs 250mg</i>	SP, PA, QL
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	SP, PA
ERLEADA TABS 60MG, 240MG	SP, PA, QL
<i>exemestane tabs 25mg</i>	
<i>flutamide caps 125mg</i>	
<i>fulvestrant sosy 250mg/5ml</i>	SP, PA
<i>letrozole tabs 2.5mg</i>	
LUPRON DEPOT (1-MONTH) KIT 3.75MG	SP, PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG	SP, PA
LYSODREN TABS 500MG	
<i>megestrol acetate tabs 20mg, 40mg</i>	
<i>nilutamide tabs 150mg</i>	
NUBEQA TABS 300MG	SP, PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
XTANDI CAPS 40MG; TABS 40MG, 80MG	SP, PA, QL
YONSA TABS 125MG	SP, PA, QL
KINASE INHIBITORS	
ALECENSA CAPS 150MG	SP, PA, QL
ALUNBRIG TABS 30MG, 90MG, 180MG	SP, PA, QL
ALUNBRIG PAK	SP, PA, QL
AUGTYRO CAPS 40MG	SP, PA, QL
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	SP, PA, QL
BRAFTOVI CAPS 75MG	SP, PA, QL
BRUKINSA CAPS 80MG	SP, PA, QL
CABOMETYX TABS 20MG, 40MG, 60MG	SP, PA, QL
CALQUENCE CAPS 100MG; TABS 100MG	SP, PA, QL
CAPRELSA TABS 100MG, 300MG	SP, PA, QL
COPIKTRA CAPS 15MG, 25MG	SP, PA, QL
COTELLIC TABS 20MG	SP, PA, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	SP, PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	SP, PA, QL

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Drug Name	Requirements/Limits
GAVRETO CAPS 100MG	SP, PA, QL
<i>gefitinib tabs 250mg</i>	SP, PA, QL
GILOTRIF TABS 20MG, 30MG, 40MG	SP, PA, QL
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	SP, PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	SP, PA, QL
INLYTA TABS 1MG, 5MG	SP, PA, QL
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	SP, PA, QL; Polycythemia vera is not a covered indication
KOSELUGO CAPS 10MG, 25MG	SP, PA, QL
<i>lapatinib ditosylate tabs 250mg</i>	SP, PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 8 MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10MG	SP, PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10MG	SP, PA, QL
LENVIMA CAP 14 MG	SP, PA, QL
LENVIMA CAP 18 MG	SP, PA, QL
LENVIMA CAP 24 MG	SP, PA, QL
MEKINIST SOLR .05MG/ML	SP, PA, QL
MEKTOVI TABS 15MG	SP, PA, QL
NERLYNX TABS 40MG	SP, PA, QL
<i>pazopanib hcl tabs 200mg</i>	SP, PA, QL
PIQRAY 200MG DAILY DOSE TBPK 200MG	SP, PA, QL
PIQRAY 250MG TAB DOSE	SP, PA, QL
PIQRAY 300MG DAILY DOSE TBPK 150MG	SP, PA, QL
RETEVMO CAPS 40MG, 80MG	SP, PA, QL
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	SP, PA, QL
RYDAPT CAPS 25MG	SP, PA, QL
<i>sorafenib tosylate tabs 200mg</i>	SP, PA, QL
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	SP, PA, QL
STIVARGA TABS 40MG	SP, PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	SP, PA, QL
TAFINLAR TBSO 10MG	SP, PA, QL
TAGRISSE TABS 40MG, 80MG	SP, PA, QL
TUKYSA TABS 50MG, 150MG	SP, PA, QL
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	SP, PA, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	SP, PA, QL
XALKORI CPSP 20MG, 50MG, 150MG	SP, PA, QL
XOSPATA TABS 40MG	SP, PA, QL
ZELBORAF TABS 240MG	SP, PA, QL

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Drug Name	Requirements/Limits
ZYDELIG TABS 100MG, 150MG	SP, PA, QL
ZYKADIA TABS 150MG	SP, PA, QL

MISCELLANEOUS

<i>bexarotene caps 75mg</i>	SP, PA
CRYSVITA SOLN 10MG/ML, 20MG/ML, 30MG/ML	SP, PA, QL
<i>etoposide caps 50mg</i>	
<i>hydroxyurea caps 500mg</i>	
KRAZATI TABS 200MG	SP, PA, QL
LUMAKRAS TABS 120MG, 320MG	SP, PA, QL
LYNPARZA TABS 100MG, 150MG	SP, PA, QL
MATULANE CAPS 50MG	
ODOMZO CAPS 200MG	SP, PA, QL
POLIVY SOLR 30MG, 140MG	SP, PA
<i>tretinoin (chemotherapy) caps 10mg</i>	
VENCLEXTA TABS 10MG, 50MG, 100MG	SP, PA, QL
VENCLEXTA TAB START PK	SP, PA, QL
VISTOGARD PACK 10GM	SP, QL
ZEJULA CAPS 100MG; TABS 100MG, 200MG, 300MG	SP, PA, QL
ZOLINZA CAPS 100MG	SP, PA, QL

MONOCLONAL ANTIBODIES

PERJETA SOLN 420MG/14ML	SP, PA
PHESGO SOL	SP, PA

PROTEASOME INHIBITORS

<i>bortezomib solr 3.5mg</i>	SP, PA, QL
NINLARO CAPS 2.3MG, 3MG, 4MG	SP, PA, QL

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	

ACE INHIBITORS

<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
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Drug Name	Requirements/Limits
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	

ALDOSTERONE RECEPTOR ANTAGONISTS

eplerenone tabs 25mg, 50mg

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

amlodipine besylate-olmesartan medoxomil tab 5-20 mg

amlodipine besylate-olmesartan medoxomil tab 5-40 mg

amlodipine besylate-olmesartan medoxomil tab 10-20 mg

amlodipine besylate-olmesartan medoxomil tab 10-40 mg

irbesartan-hydrochlorothiazide tab 150-12.5 mg

irbesartan-hydrochlorothiazide tab 300-12.5 mg

losartan potassium & hydrochlorothiazide tab 50-12.5 mg

losartan potassium & hydrochlorothiazide tab 100-12.5 mg

losartan potassium & hydrochlorothiazide tab 100-25 mg

olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg

olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg

olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg

olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg

olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg

olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg

olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg

olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg

valsartan-hydrochlorothiazide tab 80-12.5 mg

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Drug Name	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	SP, PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>ibutilide fumarate soln 1mg/10ml</i>	
<i>propafenone ext-rel cp12 225mg, 325mg, 425mg</i>	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	
<i>sotalol tabs 80mg, 120mg, 160mg</i>	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine powd 4gm/dose</i>	
<i>cholestyramine light powd 4gm/dose</i>	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
<i>ezetimibe tabs 10mg</i>	
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	
<i>gemfibrozil tabs 600mg</i>	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	
ANTILIPEMICS, MISCELLANEOUS	
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
<i>icosapent ethyl caps .5gm, 1gm</i>	
ANTILIPEMICS, PCSK9 INHIBITORS	
<i>REPATHA SOSY 140MG/ML</i>	

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Drug Name	Requirements/Limits
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REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	
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REPATHA SURECLICK SOAJ 140MG/ML	
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BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	
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<i>atenolol & chlorthalidone tab 100-25 mg</i>	
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<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
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<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
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<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
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<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
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<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
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<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
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BETA-BLOCKERS

<i>acebutolol hcl caps 200mg, 400mg</i>	
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<i>atenolol tabs 25mg, 50mg, 100mg</i>	
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<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
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<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
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<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
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<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	
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<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	
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<i>nadolol tabs 20mg, 40mg, 80mg</i>	
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<i>pindolol tabs 5mg, 10mg</i>	
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<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	
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<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	
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CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	
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<i>diltiazem ext-rel cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	
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<i>felodipine ext-rel tb24 2.5mg, 5mg, 10mg</i>	
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<i>isradipine caps 2.5mg, 5mg</i>	
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<i>nicardipine hcl caps 20mg, 30mg</i>	
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<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	
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<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg</i>	
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DIGITALIS GLYCOSIDES

<i>digoxin tabs 62.5mcg, 125mcg, 250mcg</i>	
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<i>digoxin ped elixir soln .05mg/ml</i>	
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DIURETICS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
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AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy 25

Drug Name	Requirements/Limits
<i>amiloride hcl tabs 5mg</i>	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	
<i>chlorthalidone tabs 25mg, 50mg</i>	
<i>ethacrynic acid tabs 25mg</i>	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>indapamide tabs 1.25mg, 2.5mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	

HEART FAILURE

<i>CORLANOR SOLN 5MG/5ML; TABS 5MG, 7.5MG</i>	
<i>ENTRESTO TAB 24-26MG</i>	
<i>ENTRESTO TAB 49-51MG</i>	
<i>ENTRESTO TAB 97-103MG</i>	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	

MISCELLANEOUS

<i>CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG</i>	<i>SP, PA, QL</i>
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	
<i>VYNDAMAX CAPS 61MG</i>	<i>SP, PA, QL</i>

NITRATES

<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	
<i>isosorbide mononitrate ext-rel tb24 30mg, 60mg, 120mg</i>	
<i>NITRO-DUR PT24 .3MG/HR, .8MG/HR</i>	
<i>nitroglycerin sublingual subl .3mg, .4mg, .6mg</i>	
<i>nitroglycerin transdermal pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	

PULMONARY ARTERIAL HYPERTENSION

<i>ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG</i>	<i>SP, PA, QL</i>
<i>ambrisentan tabs 5mg, 10mg</i>	<i>SP, PA, QL</i>

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Drug Name	Requirements/Limits
<i>bosentan tabs 62.5mg, 125mg</i>	SP, PA, QL
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	SP, PA
OPSUMIT TABS 10MG	SP, PA, QL
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	SP, PA
ORENITRAM TAB MONTH 1	SP, PA
ORENITRAM TAB MONTH 2	SP, PA
ORENITRAM TAB MONTH 3	SP, PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg</i>	SP, PA, QL
TADLIQ SUSP 20MG/5ML	SP, PA, QL
TYVASO SOLN .6MG/ML	SP, PA, QL
UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	SP, PA, QL
UPTRAVI PACK TAB 200/800	SP, PA, QL

CENTRAL NERVOUS SYSTEM

ANTIANSXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg</i>	QL
ALPRAZOLAM INTENSOL CONC 1MG/ML	QL
<i>alprazolam orally disintegrating tabs tbdp .25mg, .5mg, 1mg, 2mg</i>	QL
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	
<i>fluvoxamine ext-rel cp24 100mg, 150mg</i>	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	QL
<i>oxazepam caps 10mg, 15mg, 30mg</i>	QL

ANTIDEMENTIA

<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	
<i>memantine hcl soln 2mg/ml; tabs 5mg, 10mg</i>	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	

ANTIDEPRESSANTS

<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>bupropion tabs 75mg, 100mg</i>	
<i>bupropion hcl tb12 100mg, 150mg, 200mg</i>	
<i>bupropion hcl ext-rel tb24 150mg, 300mg</i>	

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Drug Name	Requirements/Limits
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>desvenlafaxine succinate ext-rel tb24 25mg, 50mg, 100mg</i>	
<i>doxepin caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	
<i>duloxetine delayed-rel cpep 20mg, 30mg, 60mg</i>	
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml</i>	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i>	
<i>mirtazapine orally disintegrating tabs tbdp 15mg, 30mg, 45mg</i>	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	
<i>paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg</i>	Listing does not include certain NDCs
<i>paroxetine hcl tabs tabs 10mg, 20mg, 30mg, 40mg</i>	
<i>phenelzine sulfate tabs 15mg</i>	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	
<i>tranylcypromine sulfate tabs 10mg</i>	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	
<i>venlafaxine hcl ext-rel cp24 37.5mg, 75mg, 150mg</i>	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	

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Drug Name	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tabs 200mg</i>	
INBRIJA CAPS 42MG	SP, PA, QL
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>rasagiline mesylate tabs .5mg, 1mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	

ANTIPSYCHOTICS

<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	
ARISTADA INITIO PRSY 675MG/2.4ML	
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	

ANTISEIZURE AGENTS

<i>carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	QL
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	QL
<i>diazepam tabs 2mg, 5mg, 10mg</i>	QL

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Drug Name	Requirements/Limits
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg;</i>	
<i>tbec 125mg, 250mg, 500mg</i>	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	
<i>gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg</i>	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
<i>phenytoin chew 50mg; susp 100mg/4ml</i>	
<i>phenytoin sodium extended caps 100mg</i>	
<i>primidone tabs 50mg, 250mg</i>	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	
<i>valproic acid caps 250mg</i>	
<i>vigabatrin pack 500mg; tabs 500mg</i>	SP, PA, QL
<i>zonisamide caps 25mg, 50mg, 100mg</i>	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL; PA*
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, QL 80mg, 100mg</i>	
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	QL; PA*

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Drug Name	Requirements/Limits
dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg	QL; PA*
lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	QL; PA*
methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tbc 10mg, 18mg, 20mg, 27mg, 36mg, 54mg	QL; PA*
VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG; CHEW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	QL; PA*
BOTULINUM TOXINS	
DYSPORT SOLR 300UNIT, 500UNIT	SP, PA
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	SP, PA
FIBROMYALGIA	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	PA
SAVELLA MIS TITR PAK	PA
HYPNOTICS	
doxepin hcl (sleep) tabs 3mg, 6mg	
ramelteon tabs 8mg	QL; PA*
temazepam caps 7.5mg, 15mg, 22.5mg, 30mg	QL
zaleplon caps 5mg, 10mg	QL; PA*
zolpidem tartrate tabs 5mg, 10mg	QL; PA*
zolpidem tartrate ext-rel tbc 6.25mg, 12.5mg	QL; PA*
MIGRAINE	
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	ST, QL; PA**
naratriptan hcl tabs 1mg, 2.5mg	QL; PA*
QULIPTA TABS 10MG, 30MG, 60MG	ST, QL; PA**
rizatriptan benzoate tabs 5mg, 10mg	QL; PA*
rizatriptan orally disintegrating tabs tbdp 5mg, 10mg	QL; PA*
sumatriptan soln 5mg/act, 20mg/act	QL; PA*
sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg	QL; PA*
UBRELVY TABS 50MG, 100MG	ST, QL; PA**
zolmitriptan tabs 2.5mg, 5mg	QL; PA*
zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg	QL; PA*
MISCELLANEOUS	
EVRYSDI SOLR .75MG/ML	SP, PA, QL

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Drug Name	Requirements/Limits
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	
RADICAVA ORS SUSP 105MG/5ML	SP, PA, QL
<i>riluzole tabs 50mg</i>	

MOVEMENT DISORDERS

AUSTEDO TABS 6MG, 9MG, 12MG	SP, PA, QL
AUSTEDO XR TB24 6MG, 12MG, 24MG	SP, PA, QL
AUSTEDO XR TAB TITR KIT	SP, PA, QL
INGREZZA CAPS 40MG, 60MG, 80MG	SP, PA, QL
INGREZZA CAP 40-80MG	SP, PA, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	SP, PA, QL

MULTIPLE SCLEROSIS AGENTS

AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML	SP, PA, QL
BETASERON KIT .3MG	SP, PA, QL
COPAXONE INJ 40MG/ML SOSY 40MG/ML	SP, PA, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	SP, PA, QL
<i>ingolimod hcl caps .5mg</i>	SP, PA, QL
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	SP, PA, QL
KESIMPTA SOAJ 20MG/0.4ML	SP, PA, QL
MAYZENT TABS .25MG, 1MG, 2MG; TBPK .25MG	SP, PA, QL
MAYZENT STARTER PACK TBPK .25MG	SP, PA, QL
OCREVUS SOLN 300MG/10ML	SP, PA, QL
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	SP, PA, QL
<i>teriflunomide tabs 7mg, 14mg</i>	SP, PA, QL
TYSABRI CONC 300MG/15ML	SP, PA, QL
VUMERITY CPDR 231MG	SP, PA, QL
ZEPOSIA CAPS .92MG	SP, PA, QL
ZEPOSIA CAP STR KIT	SP, PA, QL

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	

NARCOLEPSY/CATAPLEXY

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	PA, QL
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	SP, PA, QL
<i>modafinil tabs 100mg, 200mg</i>	PA, QL
WAKIX TABS 4.45MG, 17.8MG	SP, PA, QL

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Drug Name	Requirements/Limits
XYWAV SOL 0.5GM/ML	SP, PA, QL
OPIOID AGONIST/ANTAGONIST	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL
OPIOID ANTAGONIST	
<i>naloxone hcl liqd 4mg/0.1ml</i>	QL; PA*
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosal 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
VIVITROL SUSR 380MG	SP, PA, QL
OPIOID PARTIAL AGONISTS	
<i>buprenorphine hcl subl 2mg, 8mg</i>	PA, QL
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosal 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	SP, PA, QL
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	SP, PA, QL
ANDROGENS	
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	
ANTIDIABETICS, AMYLIN ANALOGS	
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7MLST; PA**	

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Drug Name	Requirements/Limits
ANTIDIABETICS, BIGUANIDE	
<i>metformin ext-rel tb24 500mg, 750mg</i>	Listing does not include generics for FORTAMET and GLUMETZA
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS	
JANUMET TAB 50-500MG	ST; PA**
JANUMET TAB 50-1000	ST; PA**
JANUMET XR TAB 50-500MG	ST; PA**
JANUMET XR TAB 50-1000	ST; PA**
JANUMET XR TAB 100-1000	ST; PA**
TRIJARDY XR TAB	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
JANUVIA TABS 25MG, 50MG, 100MG	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
MOUNJARO SOPN 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	ST, QL; PA**
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	ST, QL; PA**
RYBELSUS TABS 3MG, 7MG, 14MG	ST, QL; PA**
TRULICITY SOPN .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	ST, QL; PA**
VICTOZA SOPN 18MG/3ML	ST, QL; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	
SOLIQUA	ST; PA**
ANTIDIABETICS, INSULIN	
FIASP SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	
HUMULIN R U-500 SOLN 500UNIT/ML; SOPN 500UNIT/ML	
LANTUS SOLN 100UNIT/ML	
LANTUS SOLOSTAR SOPN 100UNIT/ML	
NOVOLIN MIX	OTC
NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML	OTC

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Drug Name	Requirements/Limits
NOVOLIN R SOLN 100UNIT/ML; SOPN 100UNIT/ML	OTC
NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	
NOVOLOG MIX	
TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	

ANTIDIABETICS, INSULIN SENSITIZER

pioglitazone hcl tabs 15mg, 30mg, 45mg

ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

pioglitazone hcl-metformin hcl tab 15-500 mg

pioglitazone hcl-metformin hcl tab 15-850 mg

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

pioglitazone hcl-glimepiride tab 30-2 mg

pioglitazone hcl-glimepiride tab 30-4 mg

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS

SYNJARDY TAB	ST; PA**
SYNJARDY TAB 5-500MG	ST; PA**
SYNJARDY TAB 5-1000MG	ST; PA**
SYNJARDY TAB 12.5-500	ST; PA**
SYNJARDY XR TAB	ST; PA**
SYNJARDY XR TAB 5-1000MG	ST; PA**
SYNJARDY XR TAB 10-1000	ST; PA**
SYNJARDY XR TAB 25-1000	ST; PA**
XIGDUO XR TAB 2.5-1000	ST; PA**
XIGDUO XR TAB 5-500MG	ST; PA**
XIGDUO XR TAB 5-1000MG	ST; PA**
XIGDUO XR TAB 10-500MG	ST; PA**
XIGDUO XR TAB 10-1000	ST; PA**

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS

GLYXAMBI TAB 10-5 MG	ST; PA**
GLYXAMBI TAB 25-5 MG	ST; PA**

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS

FARXIGA TABS 5MG, 10MG	ST; PA**
JARDIANCE TABS 10MG, 25MG	ST; PA**

ANTIDIABETICS, SULFONYLUREA

glimepiride tabs 1mg, 2mg, 4mg

glipizide tabs 5mg, 10mg

glipizide ext-rel tb24 2.5mg, 5mg, 10mg

glipizide xl tb24 2.5mg, 5mg, 10mg

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Drug Name	Requirements/Limits
ANTI-OBESITY	
<i>orlistat caps 120mg</i>	
QSYMIA CAP 3.75-23	
QSYMIA CAP 7.5-46MG	
QSYMIA CAP 11.25-69	
QSYMIA CAP 15-92MG	
SAXENDA SOPN 18MG/3ML	
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML	
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
CALCIUM REGULATORS, BIPHOSPHONATES	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	
<i>ibandronate sodium tabs 150mg</i>	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	
CALCIUM REGULATORS, MISCELLANEOUS	
PROLIA SOSY 60MG/ML	SP, PA, QL
CALCIUM REGULATORS, PARATHYROID HORMONES	
<i>teriparatide (recombinant) sopn 600mcg/2.4ml</i>	SP, PA, QL
TYMLOS SOPN 3120MCG/1.56ML	SP, PA, QL
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45MG	SP, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	SP, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	SP, PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG	SP, PA
SUPPRELIN LA KIT 50MG	SP, PA
CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbs 125mg, 250mg, 500mg</i>	SP, PA
<i>deferiprone tabs 500mg</i>	SP, PA
<i>deferoxamine mesylate solr 2gm, 500mg</i>	SP, PA
<i>penicillamine tabs 250mg</i>	
CONTRACEPTIVES	
ANNOVERA MIS	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	

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Drug Name	Requirements/Limits
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
ELLA TABS 30MG	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	
KYLEENA IUD 19.5MG	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
LO LOESTRIN TAB 1-10-10	
<i>medroxyprogesterone acetate 150 mg/ml susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 20MCG/DAY	
NEXPLANON IMPL 68MG	
<i>norelgestromin/ethinyl estradiol - xulane</i>	
<i>norethindrone tabs .35mg</i>	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinylestradiol-fe cap 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	

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Drug Name	Requirements/Limits
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	
PARAGARD IUD T380A	
SKYLA IUD 13.5MG	

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	OTC
BD INSULIN SYRINGES AND NEEDLES	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	
OMNIPOD 5 INSULIN INFUSION PUMP	
OMNIPOD DASH INSULIN INFUSION PUMP	
OMNIPOD INSULIN INFUSION PUMP	
ONETOUCH LANCETS / LANCING DEVICE	OTC
ONETOUCH ULTRA STRIPS AND KITS	OTC
ONETOUCH VERIO STRIPS AND KITS	OTC
V-GO INSULIN INFUSION PUMP	

ENDOMETRIOSIS

<i>danazol caps 50mg, 100mg, 200mg</i>	
ORLISSA TABS 150MG, 200MG	PA

ENZYME REPLACEMENTS

<i>betaine powder for oral solution</i>	SP, PA
<i>carglumic acid tbs 200mg</i>	SP, PA
ELFABRIO SOLN 20MG/10ML	SP, PA
FABRAZYME SOLR 5MG, 35MG	SP, PA
GALAFOLD CAPS 123MG	SP, PA
PHEBURANE PLLT 483MG/GM	SP, PA, QL
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	SP, PA
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	SP, PA, QL
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	SP, PA

ESTROGENS

CLIMARA PRO DIS WEEKLY	
COMBIPATCH DIS	

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Drug Name	Requirements/Limits
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	
<i>estradiol vaginal crm crea .1mg/gm</i>	
<i>estradiol/norethindrone</i>	
IMVEXXY INST 4MCG, 10MCG	
MYFEMBREE TAB	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
ORIAHNN CAP	
VAGIFEM TABS 10MCG	

FERTILITY REGULATORS

<i>clomiphene citrate tabs 50mg</i>	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	SP, PA, QL
GANIRELIX ACETATE SOSY 250MCG/0.5ML	SP, PA
MENOPUR SOLR 75UNIT	SP, PA
OVIDREL INJ 250MCG/0.5ML	SP, PA

GAUCHER DISEASE

CERDELGA CAPS 84MG	SP, PA, QL
CEREZYME SOLR 400UNIT	SP, PA, QL

GLUCOCORTICOIDS

<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	
<i>fludrocortisone acetate tabs .1mg</i>	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	
MEDROL TABS 2MG	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	

GLUCOSE ELEVATING AGENTS

BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>glucagon (rdna) kit 1mg</i>	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	

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Drug Name	Requirements/Limits
GVOKE KIT SOLN 1MG/0.2ML	
GVOKE PFS SOSY .5MG/0.1ML, 1MG/0.2ML	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	SP, PA
ORFADIN CAPS 20MG	SP, PA
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	SP, PA
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	SP, PA
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	SP, PA, QL
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TABS 10MG, 20MG	PA
MISCELLANEOUS	
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50MG, 150MG	SP, PA
<i>raloxifene hcl tabs 60mg</i>	
XIAFLEX SOLR .9MG	SP, PA
PHOSPHATE BINDER AGENTS	
<i>calcium acetate caps caps 667mg</i>	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	
POLYNEUROPATHY	
TEGSEDI SOSY 284MG/1.5ML	SP, PA, QL
POTASSIUM-REMOVING AGENTS	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	
PROGESTINS	
ENDOMETRIN INST 100MG	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	
<i>megestrol acetate susp 400mg/10ml</i>	
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone, micronized caps 100mg, 200mg</i>	
THYROID AGENTS	
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	

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Drug Name	Requirements/Limits
VASOPRESSINS	
<i>desmopressin acetate tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .01%</i>	
GASTROINTESTINAL	
ANTICHOLINERGICS	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	
<i>glycopyrrolate soln 1mg/5ml</i>	AGE
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml;</i>	
<i>tabs .125mg; tbdp .125mg</i>	
ANTIDIARRHEALS	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
<i>loperamide hcl caps 2mg</i>	
ANTIEMETICS	
<i>aprepitant caps 40mg, 80mg, 125mg</i>	QL; PA*
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	QL; PA*
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	
<i>granisetron hcl tabs 1mg</i>	
<i>meclizine hcl tabs 12.5mg, 25mg, 50mg</i>	
<i>metoclopramide hcl tabs 5mg, 10mg</i>	
<i>ondansetron tbdp 4mg, 8mg</i>	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg,</i>	
<i>50mg</i>	
<i>trimethobenzamide hcl caps 300mg</i>	
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine soln 300mg/5ml; tabs 200mg, 300mg,</i>	
<i>400mg, 800mg</i>	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	
INFLAMMATORY BOWEL DISEASE	
<i>balsalazide disodium caps 750mg</i>	
<i>budesonide cpep 3mg</i>	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	
<i>mesalamine cp24 .375gm; enem 4gm; supp 1000mg;</i>	
<i>tbec 1.2gm, 800mg</i>	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	
UCERIS TB24 9MG	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
LINZESS CAPS 72MCG, 145MCG, 290MCG	

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Drug Name	Requirements/Limits
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
<i>alosetron hcl tabs .5mg, 1mg</i>	
LAXATIVES	
CLENPIQ SOL	
<i>lactulose soln 10gm/15ml</i>	
<i>peg-3350/electrolytes</i>	Listing does not include generics for MOVIPREP
MISCELLANEOUS	
<i>misoprostol tabs 100mcg, 200mcg</i>	
OICALIVA TABS 5MG, 10MG	SP, PA, QL
SUCRAID SOLN 8500UNIT/ML	PA, QL
SYMPROIC TABS .2MG	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
PANCREATIC ENZYMES	
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	
PROTON PUMP INHIBITORS	
<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>	
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>	
<i>pantoprazole delayed-rel tabs tbec 20mg, 40mg</i>	
RECTAL, CORTICOSTEROIDS	
<i>hydrocortisone (rectal) crea 2.5%</i>	
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin ext-rel tb24 10mg</i>	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	
<i>finasteride tabs 5mg</i>	
<i>tamsulosin hcl caps .4mg</i>	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	

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Drug Name	Requirements/Limits
CONTRACEPTIVES	
PHEXXI GEL	
MISCELLANEOUS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	
URINARY ANTISPASMODICS	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg</i>	
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	
<i>trospium tabs 20mg</i>	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin cream crea 2%</i>	
<i>metronidazole vaginal gel gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
HEMATOLOGIC	
ANTICOAGULANTS	
ELIQUIS TABS 2.5MG, 5MG	
ELIQUIS STARTER PACK TBP 5MG	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	
XARELTO STAR TAB 15/20MG	
BLEEDING DISORDERS AGENTS	
SEVENFACT SOLR 1MG, 5MG	SP, PA
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	SP, PA
FYLNETRA SOSY 6MG/0.6ML	SP, PA, QL
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSYSP, PA 300MCG/0.5ML, 480MCG/0.8ML	
NYVEPRIA SOSY 6MG/0.6ML	SP, PA, QL

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	SP, PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	SP, PA

HEMOPHILIA A AGENTS

ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SP, PA
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	SP, PA
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	SP, PA
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SP, PA
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	SP, PA
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SP, PA
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	SP, PA
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	SP, PA
XYNTHA SOLOFUSE KIT 3000UNIT	SP, PA

HEMOPHILIA B AGENTS

ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT	SP, PA
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA

MISCELLANEOUS

anagrelide hcl caps .5mg, 1mg

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Drug Name	Requirements/Limits
<i>cilostazol tabs 50mg, 100mg</i>	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080MG/20ML	SP, PA, QL
PLATELET AGGREGATION INHIBITORS	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel/aspirin</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	
SICKLE CELL DISEASE	
ADAKVEO SOLN 100MG/10ML	SP, PA
ENDARI PACK 5GM	SP, PA, QL
SIKLOS TABS 100MG, 1000MG	
THROMBOCYTOPENIA AGENTS	
DOPTELET TABS 20MG	SP, PA, QL
PROMACTA PACK 12.5MG, 25MG; TABS 12.5MG, 25MG, 50MG, 75MG	SP, PA, QL
TAVALISSE TABS 100MG, 150MG	SP, PA, QL
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
AVSOLA SOLR 100MG	SP, PA, QL
ILUMYA SOSY 100MG/ML	SP, PA, QL
REMICADE SOLR 100MG	SP, PA, QL
SIMPONI ARIA SOLN 50MG/4ML	SP, PA, QL
SKYRIZI SOLN 600MG/10ML	SP, PA, QL
STELARA INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSH TOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL

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Drug Name	Requirements/Limits
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

CIMZIA PSKT 200MG/ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
OTEZLA TABS 30MG	SP, PA, QL

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Drug Name	Requirements/Limits
OTEZLA TAB 10/20/30	SP, PA, QL
SKYRIZI PSKT 75MG/0.83ML; SOAJ 150MG/ML; SOSYSP, PA, QL 150MG/ML	
SOTYKTU TABS 6MG	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSYSP, PA, QL 45MG/0.5ML, 90MG/ML	
TALTZ SOAJ 80MG/ML; SOSY 80MG/ML	SP, PA, QL
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
OTEZLA TABS 30MG	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL
SKYRIZI PSKT 75MG/0.83ML; SOAJ 150MG/ML; SOSYSP, PA, QL 150MG/ML	
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSYSP, PA, QL 45MG/0.5ML, 90MG/ML	
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL

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Drug Name	Requirements/Limits
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSYSP, PA, QL 150MG/1.14ML, 200MG/1.14ML	
ORENCIA CLICKJECT SOAJ 125MG/ML	SP, PA, QL
ORENCIA SUBCUTANEOUS SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	SP, PA, QL
XELJANZ XR TB24 11MG, 22MG	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSH TOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSYSP, PA, QL 45MG/0.5ML, 90MG/ML	
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	SP, PA, QL
XELJANZ XR TB24 11MG, 22MG	SP, PA, QL
ZEPOSIA CAPS .92MG	SP, PA, QL
ZEPOSIA CAP STR KIT	SP, PA, QL
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	SP, PA, QL
HEREDITARY ANGIOEDEMA	
<i>icatibant acetate sosy 30mg/3ml</i>	SP, PA, QL
ORLADEYO CAPS 110MG, 150MG	SP, PA, QL
RUCONEST SOLR 2100UNIT	SP, PA, QL
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	SP, PA, QL
IMMUNOGLOBULIN	
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, SP, PA 3.3GM/20ML, 4GM/24ML, 8GM/48ML	

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Drug Name	Requirements/Limits
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	SP, PA
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML	SP, PA
PRIVIGEN SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	SP, PA
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	SP, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 .5MG, 1MG, 5MG <i>azathioprine tabs 50mg</i>	
BENLYSTA SOAJ 200MG/ML; SOLR 120MG, 400MG; SOSY 200MG/ML	SP, PA, QL
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	
CELLCEPT INTRAVENOUS SOLR 500MG <i>cyclosporine caps 25mg, 100mg</i> <i>cyclosporine modified (for microemulsion) caps 25mg, 100mg; soln 100mg/ml</i>	
ENSPRYNG SOSY 120MG/ML	SP, PA, QL
ENVARUS XR TB24 .75MG, 1MG, 4MG <i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i> <i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i> <i>mycophenolate sodium tbec 180mg, 360mg</i>	
MYFORTIC TBEC 180MG, 360MG	
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	
NULOJIX SOLR 250MG	
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG	
RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML, 100MG/ML <i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i> <i>tacrolimus caps .5mg, 1mg, 5mg</i>	
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	

MISCELLANEOUS

BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	
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Drug Name	Requirements/Limits
ILARIS SOLN 150MG/ML	SP, PA
SYNAGIS SOLN 50MG/0.5ML, 100MG/ML	SP, PA

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

potassium chloride cpcr 8meq, 10meq; soln 10%, 20%;
tbcr 8meq, 10meq, 20meq

sodium fluoride soln .125mg/drop, .5mg/ml; tabs .5mg,
1mg

PRENATAL VITAMINS

prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-
300 mg

prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg

prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg

prenatal vit w/ fe fumarate-fa chew tab 29-1 mg

prenatal vit w/ fe fumarate-fa tab 28-1 mg

prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg

VITAMINS

calcitriol caps .25mcg, .5mcg; soln 1mcg/ml

cyanocobalamin soln 1000mcg/ml

doxercalciferol caps .5mcg, 1mcg, 2.5mcg

ergocalciferol caps 1.25mg

folic acid tabs 1mg

paricalcitol caps 1mcg, 2mcg, 4mcg

pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml

pediatric multiple vitamins w/ fluoride chew tab 0.5 mg

pediatric multiple vitamins w/ fluoride chew tab 0.25 mg

pediatric multiple vitamins w/ fluoride chew tab 1 mg

pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml

pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml

pediatric vitamins acd w/ fluoride soln 0.5 mg/ml

phytonadione tabs 5mg

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

bacitracin-polymyxin-neomycin-hc ophth oint 1%

neomycin-polymyxin-dexamethasone ophth oint 0.1%

neomycin-polymyxin-dexamethasone ophth susp 0.1%

neomycin-polymyxin-hc ophth susp

sulfacetamide sodium-prednisolone ophth soln 10-
0.23(0.25)%

tobramycin-dexamethasone ophth susp 0.3-0.1%

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Drug Name	Requirements/Limits
ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) oint .3%</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	QL; PA*
<i>moxifloxacin hcl (ophth) soln .5%</i>	
NATACYN SUSP 5%	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) soln .3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
<i>trifluridine soln 1%</i>	
ANTI-INFLAMMATORIES	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>fluorometholone (ophth) susp .1%</i>	
<i>ketorolac tromethamine (ophth) soln .5%</i>	
<i>loteprednol etabonate susp .5%</i>	
<i>prednisolone acetate (ophth) susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
ANTIALLERGICS	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
ANTIGLAUCOMA	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>bimatoprost soln .03%</i>	
<i>brimonidine tartrate soln .15%, .2%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
<i>latanoprost soln .005%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
DRY EYE DISEASE	
RESTASIS EMUL .05%	PA, QL
XIIDRA SOLN 5%	PA, QL
RETINAL DISORDERS	
BYOOVIZ SOLN .5MG/0.05ML	SP, PA

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	SP, PA

RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

PROLASTIN-C SOLN 1000MG/20ML; SOLR 1000MG	SP, PA
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ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml</i>	QL; PA*, Listing does not include certain NDCs
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ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	QL
BEVESPI AER 9-4.8MCG	QL
<i>ipratropium/albuterol inhalation soln</i>	QL

ANTICHOLINERGICS

<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation solution soln .02%</i>	QL
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT	QL
<i>tiotropium bromide monohydrate caps 18mcg</i>	QL
YUPELRI SOLN 175MCG/3ML	QL

ANTIHISTAMINES

<i>azelastine hcl soln .15%, 137mcg/spray</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	

BETA AGONISTS

<i>albuterol inhalation soln nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	QL
<i>albuterol sulfate, cfc-free aerosol aers 108mcg/act</i>	QL; Listing does not include certain NDCs
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	QL
<i>levalbuterol nebulizer soln concentrate nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	QL
<i>levalbuterol, cfc-free aerosol aero 45mcg/act</i>	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	QL

COLD/COUGH

<i>benzonatate caps 100mg, 200mg</i>	Listing does not include certain NDCs.
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5mg/5ml</i>	QL; PA*
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	QL; PA*
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL; PA*
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
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<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL; PA*
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CYSTIC FIBROSIS

KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG; TABS 150MG	SP, PA, QL
PULMOZYME SOLN 2.5MG/2.5ML	SP, PA, QL
SYMDEKO TAB 50-75MG	SP, PA, QL
SYMDEKO TAB 100-150	SP, PA, QL
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	SP, PA, QL
TRIKAFTA PAK 59.5MG	SP, PA, QL
TRIKAFTA PAK 75MG	SP, PA, QL
TRIKAFTA TAB	SP, PA, QL

LEUKOTRIENE RECEPTOR ANTAGONISTS

<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
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NASAL STEROIDS

<i>flunisolide spray soln .025%</i>	
<i>fluticasone spray susp 50mcg/act</i>	

PULMONARY FIBROSIS AGENTS

OFEV CAPS 100MG, 150MG	SP, PA, QL
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	SP, PA, QL

SEVERE ASTHMA AGENTS

DUPIXENT SOSY 100MG/0.67ML	SP, PA, QL
FASENRA SOSY 30MG/ML	SP, PA, QL
FASENRA PEN SOAJ 30MG/ML	SP, PA, QL
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	SP, PA, QL
TEZSPIRE SOAJ 210MG/1.91ML; SOSY 210MG/1.91ML	SP, PA, QL
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	SP, PA, QL

STEROID INHALANTS

<i>budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	QL; PA*
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	QL; For members 6 years of age and under, coverage of fluticasone HFA or QVAR REDIHALER available.

STEROID/BETA-AGONIST COMBINATIONS

AIRSUPRA AER 90-80MCG	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL; Listing does not include certain NDCs

Drug Name	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL; Listing does not include certain NDCs
SYMBICORT AER 80-4.5	QL
SYMBICORT AER 160-4.5	QL
<i>wixela inhub 100-50 mcg/act</i>	QL
<i>wixela inhub 250-50 mcg/act</i>	QL
<i>wixela inhub 500-50 mcg/act</i>	QL

XANTHINES

<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>
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TOPICAL

DERMATOLOGY, ACNE

<i>clindamycin gel gel 1%</i>	QL; PA*, Listing does not include certain NDCs
<i>clindamycin lotion lotn 1%</i>	QL; PA*
<i>clindamycin solution soln 1%</i>	QL; PA*
<i>erythromycin gel 2% gel 2%</i>	QL; PA*
<i>erythromycin soln soln 2%</i>	QL; PA*
<i>erythromycin/benzoyl peroxide</i>	QL; PA*
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
<i>sulfacetamide lotion 10% lotn 10%</i>	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>
<i>imiquimod crea 5%</i>

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	QL; PA*
<i>mupirocin oint 2%</i>	QL; PA*
<i>silver sulfadiazine crea 1%</i>	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel .77%; sham 1%</i>	QL; PA*
<i>ciclopirox olamine crea .77%; susp .77%</i>	QL; PA*
<i>clotrimazole (topical) crea 1%; soln 1%</i>	QL; PA*
<i>econazole nitrate crea 1%</i>	QL; PA*
<i>ketoconazole (topical) crea 2%</i>	QL; PA*
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	QL; PA*

DERMATOLOGY, ANTIPSORIATICS

<i>calcipotriene oint .005%; soln .005%</i>
ENSTILAR AER

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Drug Name	Requirements/Limits
TACLONEX OIN	
TACLONEX SUS	
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketconazole (topical) sham 2%</i>	QL; PA*
<i>selenium sulfide lotn 2.5%</i>	
DERMATOLOGY, ATOPIC DERMATITIS	
ADBRY SOSY 150MG/ML	SP, PA, QL
CIBINQO TABS 50MG, 100MG, 200MG	SP, PA, QL
DUPIXENT SOPN 200MG/1.14ML, 300MG/2ML; SOSY SP, PA, QL 200MG/1.14ML, 300MG/2ML	
<i>pimecrolimus crea 1%</i>	
RINVOQ TB24 15MG, 30MG	SP, PA, QL
<i>tacrolimus (topical) oint .03%, .1%</i>	
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	QL; PA*
<i>amcinonide crea .1%; lotn .1%</i>	QL; PA*
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	QL; PA*
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	QL; PA*
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desonide crea .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	QL; PA*
<i>fluocinolone acetonide crea .025%; oint .025%; soln .01%</i>	QL; PA*
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	QL; PA*
<i>fluticasone propionate crea .05%; oint .005%</i>	QL; PA*
<i>halobetasol propionate crea .05%; oint .05%</i>	QL; PA*
<i>hydrocortisone (topical) crea 2.5%</i>	QL; PA*
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>hydrocortisone valerate crea .2%; oint .2%</i>	QL; PA*
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	QL; PA*
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine ptch 5%</i>	PA, QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>bexarotene (topical) gel 1%</i>	SP, PA
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	

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Drug Name	Requirements/Limits
DERMATOLOGY, ROSACEA	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	QL; PA*
ORACEA CPDR 40MG	
SOOLANTRA CREA 1%	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
MOUTH/THROAT/DENTAL AGENTS	
<i>clotrimazole troches troc 10mg</i>	QL; PA*
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
MUGARD LIQ	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
OTIC	
<i>acetic acid (otic) soln 2%</i>	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
<i>ofloxacin (otic) soln .3%</i>	

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Index

A	
<i>abacavir sulfate</i>	15
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	15
<i>abiraterone acetate</i>	20
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	38
ACCU-CHEK GUIDE STRIPS AND KITS....	38
ACCU-CHEK SMARTVIEW STRIPS AND KITS	38
<i>acebutolol hcl</i>	25
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	13
<i>acetaminophen w/ codeine tab 300-15 mg</i>	13
<i>acetaminophen w/ codeine tab 300-30 mg</i>	13
<i>acetaminophen w/ codeine tab 300-60 mg</i>	13
<i>acetic acid (otic)</i>	56
<i>acyclovir</i>	16
ADAKVEO	45
ADALIMUMAB-ADAZ	45, 46, 47, 48
ADBRY	55
ADEMPAS.....	26
ADVATE	44
ADYNOVATE	44
AFSTYLA.....	44
AIRSUPRA AER 90-80MCG.....	53
<i>albuterol inhalation soln</i>	52
<i>albuterol sulfate, cfc-free aerosol</i>	52
<i>alclometasone dipropionate</i>	55
ALECENSA	20
<i>alendronate sodium</i>	36
<i>alfuzosin ext-rel</i>	42
<i>allopurinol</i>	13
<i>alosetron hcl</i>	42
<i>alprazolam</i>	27
ALPRAZOLAM INTENSOL	27
<i>alprazolam orally disintegrating tabs</i>	27
ALPROLIX	44
ALUNBRIG	20
ALUNBRIG PAK.....	20
<i>amantadine hcl</i>	28
<i>ambrisentan</i>	26
<i>amcinonide</i>	55
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	25
<i>amiloride hcl</i>	26
<i>amiodarone</i>	24
<i>amitriptyline hcl</i>	27
<i>amlodipine besylate</i>	25
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	22
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	23
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	23
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	23
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	23
<i>amoxicillin</i>	18
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	18
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	18
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	19

<i>amoxicillin & k clavulanate tab 250-125 mg</i>	19
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	19
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	19
<i>amoxicillin & pot clavulanate ext-rel.</i>	19
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	30
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	30
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	30
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	30
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	30
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	30
<i>amphetamine-dextroamphetamine tab 10 mg</i>	30
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	30
<i>amphetamine-dextroamphetamine tab 15 mg</i>	30
<i>amphetamine-dextroamphetamine tab 20 mg</i>	30
<i>amphetamine-dextroamphetamine tab 30 mg</i>	30
<i>amphetamine-dextroamphetamine tab 5 mg</i>	30
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	30
<i>ampicillin</i>	19
<i>anagrelide hcl.</i>	44
<i>anastrozole</i>	20
ANNOVERA MIS	36
ANORO ELLIPT AER 62.5-25	52
<i>aprepitant</i>	41
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	41
ARANESP ALBUMIN FREE	43
ARIKAYCE	14
<i>aripiprazole</i>	29

ARISTADA	29
ARISTADA INITIO	29
<i>armodafinil.</i>	32
<i>asenapine maleate</i>	29
ASTAGRAF XL	49
<i>atazanavir sulfate</i>	15
<i>atenolol.</i>	25
<i>atenolol & chlorthalidone tab 100-25 mg.</i>	25
<i>atenolol & chlorthalidone tab 50-25 mg.</i>	25
<i>atomoxetine hcl.</i>	30
<i>atorvastatin calcium.</i>	24
<i>atovaquone</i>	18
AUGTYRO.	20
AUSTEDO	32
AUSTEDO XR	32
AUSTEDO XR TAB TITR KIT	32
AVONEX	32
AVSOLA	45
<i>azathioprine</i>	49
<i>azelastine hcl</i>	52
<i>azelastine hcl (ophth).</i>	51
<i>azithromycin</i>	17
B	
<i>bacitracin (ophthalmic)</i>	51
<i>bacitracin-polymyxin b ophth oint.</i>	51
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%.</i>	50
<i>baclofen</i>	32
<i>balsalazide disodium</i>	41
BAQSIMI ONE PACK	39
BAQSIMI TWO PACK	39
BD INSULIN SYRINGES AND NEEDLES	38
BELBUCA	14
BENLYSTA	49
<i>benzonatate</i>	52
<i>benztropine mesylate</i>	28
BESREMI	19
<i>betaine powder for oral solution</i>	38
<i>betamethasone dipropionate (topical)</i>	55
<i>betamethasone dipropionate augmented</i>	55
<i>betamethasone valerate</i>	55
BETASERON	32
<i>betaxolol hcl (ophth).</i>	51
<i>bethanechol chloride</i>	43

BEVESPI AER 9-4.8MCG.....	52
<i>bexarotene</i>	22
<i>bexarotene (topical)</i>	55
BEYFORTUS	49
<i>bicalutamide</i>	20
BIKTARVY TAB.....	15
<i>bimatoprost</i>	51
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	25
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	25
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	25
<i>bisoprolol fumarate</i>	25
<i>bortezomib</i>	22
<i>bosentan</i>	27
BOSULIF.....	20
BRAFTOVI.....	20
<i>brimonidine tartrate</i>	51
<i>bromocriptine mesylate</i>	28
BRUKINSA	20
<i>budesonide</i>	41
<i>budesonide inh susp</i>	53
<i>bumetanide</i>	26
<i>buprenorphine</i>	14
<i>buprenorphine hcl</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	33
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	33
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	33
<i>bupropion</i>	27
<i>bupropion hcl</i>	27
<i>bupropion hcl (smoking deterrent)</i>	33
<i>bupropion hcl ext-rel</i>	27
<i>buspirone hcl</i>	27
BYOOVIZ.....	51

C	
CABENUVA SUS 400-600.....	15
CABENUVA SUS 600-900.....	15
<i>cabergoline</i>	40
CABOMETYX.....	20
<i>calcipotriene</i>	54
<i>calcitriol</i>	50
<i>calcium acetate caps</i>	40
CALQUENCE.....	20
CAMZYOS.....	26
<i>capecitabine</i>	19
CAPRELSA	20
<i>captopril</i>	22
<i>carbamazepine</i>	29
<i>carbidopa & levodopa tab 10-100 mg</i>	28
<i>carbidopa & levodopa tab 25-100 mg</i>	28
<i>carbidopa & levodopa tab 25-250 mg</i>	28
<i>carbidopa & levodopa tab er 25-100 mg</i> ..	28
<i>carbidopa & levodopa tab er 50-200 mg</i> .	28
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	28
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	28
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	29
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	29
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	29
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	29
<i>carglumic acid</i>	38
<i>carvedilol</i>	25
<i>cefadroxil</i>	17
<i>cefdinir</i>	17
<i>cefprozil</i>	17
<i>cefuroxime proxetil</i>	17
<i>cefprozil</i>	17
<i>cefuroxime axetil</i>	17
CELLCEPT.....	49
CELLCEPT INTRAVENOUS	49
<i>cephalexin</i>	17
CERDELGA.....	39
CEREZYME.....	39
<i>chlorpromazine hcl</i>	29

<i>chlorthalidone</i>	26	CORLANOR	26
<i>cholestyramine</i>	24	COSENTYX	46, 47
<i>cholestyramine light</i>	24	COSENTYX UNOREADY	46, 47
CIBINQO	55	COTELIC	20
<i>ciclopirox</i>	54	CREON CAP 12000UNT	42
<i>ciclopirox olamine</i>	54	CREON CAP 24000UNT	42
<i>cilostazol</i>	45	CREON CAP 3000UNIT	42
CIMDUO TAB 300-300	15	CREON CAP 36000UNT	42
CIMERLI	52	CREON CAP 6000UNIT	42
<i>cimetidine</i>	41	<i>cromolyn sodium (ophth)</i>	51
CIMZIA	46	CRYSVITA	22
<i>cinacalcet hcl</i>	36	CUTAQUIG	48
CIPRO	17	<i>cyanocobalamin</i>	50
<i>ciprofloxacin hcl</i>	17	<i>cyclobenzaprine hcl</i>	32
<i>ciprofloxacin hcl (ophth)</i>	51	<i>cyclophosphamide</i>	19
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	56	CYCLOPHOSPHAMIDE	19
<i>citalopram hydrobromide</i>	28	<i>cycloserine</i>	16
<i>clarithromycin</i>	17	<i>cyclosporine</i>	49
<i>clarithromycin ext-rel</i>	17	<i>cyclosporine modified (for microemulsion)</i>	49
CLENPIQ SOL	42	<i>cyproheptadine hcl</i>	52
CLIMARA PRO DIS WEEKLY	38	CYSTAGON	40
<i>clindamycin cream</i>	43	D	
<i>clindamycin gel</i>	54	<i>danazol</i>	38
<i>clindamycin hcl</i>	18	<i>dantrolene sodium</i>	32
<i>clindamycin lotion</i>	54	<i>dapsone</i>	18
<i>clindamycin solution</i>	54	<i>darunavir</i>	15
<i>clobazam</i>	29	<i>deferiasirox</i>	36
<i>clobetasol propionate</i>	55	<i>deferiprone</i>	36
<i>clomiphene citrate</i>	39	<i>deferoxamine mesylate</i>	36
<i>clonazepam</i>	29	DESCOVY TAB 120-15MG	16
<i>clonidine</i>	26	DESCOVY TAB 200/25MG	16
<i>clonidine hcl</i>	26	<i>desipramine hcl</i>	28
<i>clopidogrel bisulfate</i>	45	<i>desmopressin acetate</i>	41
<i>clorazepate dipotassium</i>	29	<i>desmopressin acetate spray</i>	41
<i>clotrimazole (topical)</i>	54	<i>desmopressin acetate spray refrigerated</i>	41
<i>clotrimazole troches</i>	56	<i>desogest-eth estrad & eth estrad tab 0.15-</i> <i>0.02/0.01 mg(21/5)</i>	36
<i>clozapine</i>	29	<i>desogest-ethin est tab 0.1-0.025/0.125-</i> <i>0.025/0.15-0.025mg-mg</i>	37
<i>codeine sulfate</i>	13	<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i> <i>30 mcg</i>	37
<i>colchicine</i>	13	<i>desonide</i>	55
<i>colestipol hcl</i>	24	<i>desoximetasone</i>	55
COMBIPATCH DIS	38		
COPAXONE INJ 40MG/ML	32		
COPIKTRA	20		

<i>desvenlafaxine succinate ext-rel</i>	28
<i>dexamethasone</i>	39
<i>dexamethasone sodium phosphate (ophth)</i>	51
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	38
<i>dexmethylphenidate hcl</i>	30
<i>dextroamphetamine sulfate</i>	31
<i>diazepam</i>	29
<i>diazepam (anticonvulsant)</i>	30
<i>diclofenac potassium</i>	13
<i>diclofenac sodium (ophth)</i>	51
<i>diclofenac sodium delayed-rel</i>	13
<i>diclofenac sodium ext-rel</i>	13
<i>dicloxacillin sodium</i>	19
<i>dicyclomine hcl</i>	41
DIFICID	17
<i>diflunisal</i>	14
<i>digoxin</i>	25
<i>digoxin ped elixir</i>	25
<i>diltiazem ext-rel</i>	25
<i>dimethyl fumarate delayed-rel</i>	32
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	41
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	41
<i>dipyridamole</i>	45
<i>dipyridamole ext-rel/aspirin</i>	45
<i>disopyramide phosphate</i>	24
<i>divalproex sodium</i>	30
<i>dofetilide</i>	24
<i>donepezil hydrochloride</i>	27
DOPTelet	45
<i>dorzolamide hcl</i>	51
<i>dorzolamide hcl-timolol maleate ophth soln</i> <i>2-0.5%</i>	51
DOVATO TAB 50-300MG	16
<i>doxazosin mesylate</i>	42
<i>doxepin</i>	28
<i>doxepin hcl (sleep)</i>	31
<i>doxercalciferol</i>	50
<i>doxycycline hyclate</i>	19
<i>doxycycline monohydrate susp</i>	19
<i>dronabinol</i>	41

<i>drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg</i>	37
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	37
<i>duloxetine delayed-rel</i>	28
DUPIXENT	53, 55
DUROLANE	14
DYSport	31
E	
<i>econazole nitrate</i>	54
<i>efavirenz</i>	15
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	16
<i>efavirenz-lamivudine-tenofovir df tab 400-</i> <i>300-300 mg</i>	16
<i>efavirenz-lamivudine-tenofovir df tab 600-</i> <i>300-300 mg</i>	16
ELFABRIO	38
ELIGARD	20
ELIQUIS	43
ELIQUIS STARTER PACK	43
ELLA	37
ELOCTATE	44
EMCYT	19
EMGALITY	31
EMPAVELI	45
<i>emtricitabine</i>	15
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 100-150 mg</i>	16
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 133-200 mg</i>	16
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 167-250 mg</i>	16
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 200-300 mg</i>	16
EMTRIVA	15
EMVERM	14
<i>enalapril maleate</i>	23
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>10-25 mg</i>	22
<i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i>	22
ENBREL	45, 46, 47
ENDARI	45

ENDOMETRIN	40	<i>etravirine</i>	15
<i>enoxaparin sodium</i>	43	EUFLEXXA.....	14
ENSPRYNG.....	49	<i>everolimus</i>	20
ENSTILAR AER	54	<i>everolimus (immunosuppressant)</i>	49
<i>entacapone</i>	29	EVOTAZ TAB 300-150	16
<i>entecavir</i>	17	EVRYSDI.....	31
ENTRESTO TAB 24-26MG.....	26	<i>exemestane</i>	20
ENTRESTO TAB 49-51MG.....	26	<i>ezetimibe</i>	24
ENTRESTO TAB 97-103MG.....	26	F	
ENVARBUS XR	49	FABRAZYME.....	38
EPCLUSA PAK 150-37.5.....	17	<i>famciclovir</i>	16
EPCLUSA PAK 200-50MG.....	18	<i>famotidine</i>	41
EPCLUSA TAB 200-50MG.....	18	FARXIGA	35
EPCLUSA TAB 400-100	18	FASENRA	53
<i>epinephrine (anaphylaxis)</i>	52	FASENRA PEN	53
<i>eplerenone</i>	23	<i>felbamate</i>	30
<i>epoprostenol sodium</i>	27	<i>felodipine ext-rel</i>	25
<i>ergocalciferol</i>	50	<i>fenofibrate</i>	24
ERIVEDGE.....	19	FENSOLVI.....	36
ERLEADA	20	<i>fentanyl</i>	13
<i>erlotinib hcl</i>	20	<i>fentanyl citrate</i>	13
<i>erythromycin</i>	17	FIASP	34
<i>erythromycin (ophth)</i>	51	<i>finasteride</i>	42
<i>erythromycin base</i>	17	<i>fingolimod hcl</i>	32
<i>erythromycin delayed-rel</i>	17	<i>flecainide acetate</i>	24
<i>erythromycin gel 2%</i>	54	<i>fluconazole</i>	15
<i>erythromycin soln</i>	54	<i>fludrocortisone acetate</i>	39
<i>erythromycin/benzoyl peroxide</i>	54	<i>flunisolide spray</i>	53
<i>escitalopram oxalate</i>	28	<i>fluocinolone acetonide</i>	55
ESPEROCT.....	44	<i>fluocinonide</i>	55
<i>estradiol</i>	39	<i>fluorometholone (ophth)</i>	51
<i>estradiol vaginal crm</i>	39	<i>fluorouracil (topical)</i>	54
<i>estradiol/norethindrone</i>	39	<i>fluoxetine hcl</i>	28
<i>ethacrynic acid</i>	26	<i>fluphenazine hcl</i>	29
<i>ethambutol hcl</i>	16	<i>flurbiprofen</i>	13
<i>ethosuximide</i>	30	<i>flutamide</i>	20
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	37	<i>fluticasone propionate</i>	55
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	37	<i>fluticasone spray</i>	53
<i>etodolac</i>	13	<i>fluticasone-salmeterol aer powder ba 100-</i> <i>50 mcg/act</i>	53
<i>etonogestrel-ethinyl estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i>	37	<i>fluticasone-salmeterol aer powder ba 250-</i> <i>50 mcg/act</i>	54
<i>etoposide</i>	22	<i>fluticasone-salmeterol aer powder ba 500-</i> <i>50 mcg/act</i>	54

<i>fluvoxamine ext-rel</i>	27
<i>fluvoxamine maleate</i>	27
<i>folic acid</i>	50
FOLLISTIM AQ	39
<i>fondaparinux sodium</i>	43
<i>formoterol inhalation solution</i>	52
<i>fosamprenavir calcium</i>	15
<i>fulvestrant</i>	20
<i>furosemide</i>	26
FUZEON	15
FYLNETRA	43

G

<i>gabapentin</i>	30
GALAFOLD	38
<i>galantamine hydrobromide</i>	27
GAMMAGARD LIQUID	49
GAMUNEX-C.....	49
GANIRELIX ACETATE.....	39
GAVRETO	21
<i>gefitinib</i>	21
GELSYN-3.....	14
<i>gemfibrozil</i>	24
<i>gentamicin sulfate (ophth)</i>	51
<i>gentamicin sulfate (topical)</i>	54
GENVOYA TAB.....	16
GILOTRIF	21
<i>glatiramer acetate</i>	32
<i>glimepiride</i>	35
<i>glipizide</i>	35
<i>glipizide ext-rel</i>	35
<i>glipizide xl</i>	35
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ... 34	
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ... 34	
<i>glipizide-metformin hcl tab 5-500 mg</i> 34	
<i>glucagon (rdna)</i>	39
<i>glycopyrrolate</i>	41
GLYXAMBI TAB 10-5 MG.....	35
GLYXAMBI TAB 25-5 MG	35
<i>granisetron hcl</i>	41
<i>griseofulvin microsize</i>	15
GVOKE HYPOPEN 1-PACK	39
GVOKE HYPOPEN 2-PACK.....	39
GVOKE KIT	40
GVOKE PFS	40

H

HADLIMA	45, 46, 47, 48
HADLIMA PUSHTOUCH	45, 46, 47, 48
<i>halobetasol propionate</i>	55
<i>haloperidol</i>	29
HARVONI PAK	18
HARVONI PAK 45-200MG.....	18
HARVONI TAB 45-200MG.....	18
HARVONI TAB 90-400MG.....	18
HEMLIBRA	44
HERZUMA	20
HIZENTRA.....	49
HUMATROPE.....	40
HUMULIN R U-500.....	34
<i>hydralazine hcl</i>	26
<i>hydrochlorothiazide</i>	26
<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i>	52
<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	52
<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	13
<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	13
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	13
<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	13
<i>hydrocortisone</i>	39
<i>hydrocortisone (intrarectal)</i>	41
<i>hydrocortisone (rectal)</i>	42
<i>hydrocortisone (topical)</i>	55
<i>hydrocortisone butyrate</i>	55
<i>hydrocortisone valerate</i>	55
<i>hydromorphone hcl</i>	13
<i>hydroxychloroquine sulfate</i>	48
<i>hydroxyurea</i>	22
<i>hydroxyzine hcl</i>	52
<i>hyoscyamine sulfate</i>	41
HYRIMOZ	45, 46, 47, 48

I

<i>ibandronate sodium</i>	36
IBRANCE	21
<i>ibuprofen</i>	13

<i>ibutilide fumarate</i>	24	JIVI.....	44
<i>icatibant acetate</i>	48	JULUCA TAB 50-25MG.....	16
<i>icosapent ethyl</i>	24	K	
IDELVION.....	44	KALYDECO	53
ILARIS	50	KERENDIA.....	40
ILUMYA.....	45	KESIMPTA.....	32
<i>imatinib mesylate</i>	21	<i>ketoconazole (topical)</i>	54, 55
<i>imipramine hcl</i>	28	<i>ketoprofen</i>	13
<i>imiquimod</i>	54	<i>ketorolac tromethamine</i>	13
IMVEXXY	39	<i>ketorolac tromethamine (ophth)</i>	51
INBRIJA	29	KEVZARA	48
<i>indapamide</i>	26	KOGENATE FS	44
INGREZZA.....	32	KOSELUGO	21
INGREZZA CAP 40-80MG.....	32	KOVALTRY	44
INLYTA.....	21	KRAZATI.....	22
<i>ipratropium bromide (nasal)</i>	52	KYLEENA.....	37
<i>ipratropium inhalation solution</i>	52	L	
<i>ipratropium/albuterol inhalation soln</i>	52	<i>labetalol hcl</i>	25
<i>irbesartan</i>	24	<i>lactic acid (ammonium lactate)</i>	55
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i> <i>mg</i>	23	<i>lactulose</i>	42
<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	23	<i>lamivudine</i>	15
ISENTRESS	15	<i>lamivudine (hbv)</i>	17
ISENTRESS HD.....	15	<i>lamivudine-zidovudine tab 150-300 mg</i> ..	16
<i>isoniazid</i>	16	<i>lamotrigine</i>	30
<i>isosorbide dinitrate</i>	26	<i>lansoprazole delayed-rel</i>	42
<i>isosorbide dinitrate-hydralazine hcl tab 20-</i> <i>37.5 mg</i>	26	LANTUS	34
<i>isosorbide mononitrate</i>	26	LANTUS SOLOSTAR	34
<i>isosorbide mononitrate ext-rel</i>	26	<i>lapatinib ditosylate</i>	21
<i>isotretinoin</i>	54	<i>latanoprost</i>	51
<i>isradipine</i>	25	<i>leflunomide</i>	48
<i>itraconazole</i>	15	LENVIMA 10 MG DAILY DOSE	21
<i>ivermectin</i>	14	LENVIMA 12MG DAILY DOSE.....	21
J		LENVIMA 20 MG DAILY DOSE.....	21
JAKAFI	21	LENVIMA 4 MG DAILY DOSE	21
JANUMET TAB 50-1000.....	34	LENVIMA 8 MG DAILY DOSE	21
JANUMET TAB 50-500MG.....	34	LENVIMA CAP 14 MG.....	21
JANUMET XR TAB 100-1000.....	34	LENVIMA CAP 18 MG.....	21
JANUMET XR TAB 50-1000	34	LENVIMA CAP 24 MG.....	21
JANUMET XR TAB 50-500MG.....	34	<i>letrozole</i>	20
JANUVIA.....	34	LEUKERAN	19
JARDIANCE.....	35	<i>levalbuterol nebulizer soln concentrate</i> ...	52
		<i>levalbuterol, cfc-free aerosol</i>	52
		<i>levetiracetam</i>	30
		<i>levofloxacin</i>	17

<i>levonorgestrel & ethinyl estradiol (91-day tab 0.15-0.03 mg)</i>	37	LUPRON DEPOT (1-MONTH)	20
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	37	LUPRON DEPOT (3-MONTH).....	20
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	37	LUPRON DEPOT-PED (1-MONTH.....)	36
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	37	LUPRON DEPOT-PED (3-MONTH.....)	36
<i>levothyroxine sodium</i>	40	LUPRON DEPOT-PED (6-MONTH.....)	36
<i>lidocaine</i>	55	LYNPARZA.....	22
<i>lidocaine hcl (mouth-throat)</i>	56	LYSODREN.....	20
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	55	M	
<i>linezolid</i>	18	<i>malathion</i>	56
<i>linezolid inj</i>	18	<i>maraviroc</i>	15
LINZESS	41	MATULANE	22
<i>liothyronine sodium</i>	40	MAYZENT.....	32
<i>lisdexamfetamine dimesylate</i>	31	MAYZENT STARTER PACK.....	32
<i>lisinopril</i>	23	<i>meclizine hcl</i>	41
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	22	MEDROL.....	39
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	22	<i>medroxyprogesterone acetate</i>	40
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	22	<i>medroxyprogesterone acetate 150 mg/ml</i>	37
<i>lithium carbonate</i>	32	<i>megestrol acetate</i>	20, 40
LO LOESTRIN TAB 1-10-10.....	37	MEKINIST	21
LONSURF TAB 15-6.14	19	MEKTOVI.....	21
LONSURF TAB 20-8.19.....	19	<i>meloxicam</i>	13
<i>loperamide hcl</i>	41	<i>melphalan</i>	19
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	16	<i>memantine hcl</i>	27
<i>lopinavir-ritonavir tab 100-25 mg</i>	16	MENOPUR.....	39
<i>lopinavir-ritonavir tab 200-50 mg</i>	16	<i>mercaptapurine</i>	19
<i>lorazepam</i>	27	<i>mesalamine</i>	41
<i>losartan potassium</i>	24	<i>metformin ext-rel</i>	34
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	23	<i>metformin hcl</i>	34
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	23	<i>methadone hcl</i>	14
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	23	<i>methimazole</i>	40
<i>loteprednol etabonate</i>	51	<i>methocarbamol</i>	32
LUMAKRAS	22	<i>methotrexate sodium</i>	48
LUMRYZ.....	32	<i>methylphenidate hcl</i>	31
		<i>methylprednisolone</i>	39
		<i>metoclopramide hcl</i>	41
		<i>metolazone</i>	26
		<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	25
		<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	25
		<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	25
		<i>metoprolol succinate ext-rel</i>	25

<i>metoprolol tartrate</i>	25	NEORAL	49
<i>metronidazole</i>	18	NERLYNX	21
<i>metronidazole (topical)</i>	56	<i>nevirapine</i>	15
<i>metronidazole vaginal gel</i>	43	NEXPLANON	37
<i>midodrine hcl</i>	26	<i>niacin ext-rel</i>	24
<i>minocycline hcl</i>	19	<i>nicardipine hcl</i>	25
MIRENA	37	<i>nifedipine ext-rel</i>	25
<i>mirtazapine</i>	28	<i>nilutamide</i>	20
<i>mirtazapine orally disintegrating tabs</i>	28	NINLARO.....	22
<i>misoprostol</i>	42	<i>nitisinone</i>	40
MITIGARE	13	NITRO-DUR.....	26
<i>modafinil</i>	32	<i>nitrofurantoin ext-rel</i>	18
<i>mometasone furoate</i>	55	<i>nitrofurantoin macrocrystals</i>	18
<i>montelukast sodium</i>	53	<i>nitroglycerin sublingual</i>	26
<i>morphine sulfate</i>	14	<i>nitroglycerin transdermal</i>	26
MOUNJARO	34	NIVESTYM.....	43
<i>moxifloxacin hcl</i>	17	NORDITROPIN.....	40
<i>moxifloxacin hcl (ophth)</i>	51	<i>norelgestromin/ethinyl estradiol - xulane</i>	37
MUGARD LIQ.....	56	<i>norethindrone</i>	37
<i>mupirocin</i>	54	<i>norethindrone & ethinyl estradiol tab 0.5</i> <i>mg-35 mcg</i>	37
<i>mycophenolate mofetil</i>	49	<i>norethindrone & ethinyl estradiol tab 1 mg-</i> <i>35 mcg</i>	37
<i>mycophenolate sodium</i>	49	<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.8 mg-25 mcg</i>	37
MYFEMBREE TAB.....	39	<i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	37
MYFORTIC.....	49	<i>norethindrone ace & ethinyl estradiol tab 1.5</i> <i>mg-30 mcg</i>	37
MYLERAN.....	19	<i>norethindrone ace & ethinyl estradiol-fe tab</i> <i>1 mg-20 mcg</i>	37
N		<i>norethindrone ace & ethinyl estradiol-fe tab</i> <i>1.5 mg-30 mcg</i>	37
<i>nabumetone</i>	13	<i>norethindrone ace-eth estradiol-fe chew</i> <i>tab 1 mg-20 mcg (24)</i>	37
<i>nadolol</i>	25	<i>norethindrone ace-ethinyl estradiol-fe cap 1</i> <i>mg-20 mcg (24)</i>	37
<i>naloxone hcl</i>	33	<i>norethindrone ace-ethinyl estradiol-fe tab 1</i> <i>mg-20 mcg (24)</i>	37
<i>naltrexone hcl</i>	33	<i>norethindrone acetate</i>	40
<i>naproxen</i>	13	<i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i>	39
<i>naproxen sodium</i>	13	<i>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	39
<i>naratriptan hcl</i>	31		
NATACYN.....	51		
<i>neomycin-polymy-gramicid op sol 1.75-</i> <i>10000-0.025mg-unt-mg/ml</i>	51		
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	50		
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	50		
<i>neomycin-polymyxin-hc ophth susp</i>	50		
<i>neomycin-polymyxin-hc otic soln 1%</i>	56		
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	56		

<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	37	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	23
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	38	<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i> ..	23
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	38	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	23
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	38	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> ...	23
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	38	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> ..	23
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	38	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	23
<i>nortriptyline hcl</i>	28	<i>omeprazole delayed-rel</i>	42
NORVIR.....	15	OMNIPOD 5 INSULIN INFUSION PUMP....	38
NOVOEIGHT	44	OMNIPOD DASH INSULIN INFUSION PUMP	38
NOVOLIN MIX	34	OMNIPOD INSULIN INFUSION PUMP.....	38
NOVOLIN N	34	<i>ondansetron</i>	41
NOVOLIN R.....	35	<i>ondansetron hcl</i>	41
NOVOLOG	35	ONETOUCH LANCETS / LANCING DEVICE	38
NOVOLOG MIX	35	ONETOUCH ULTRA STRIPS AND KITS	38
NUBEQA	20	ONETOUCH VERIO STRIPS AND KITS.....	38
NUCALA.....	53	ONUREG.....	19
NULOJIX	49	OPSUMIT.....	27
NUWIQ	44	ORACEA	56
<i>nystatin</i>	15	ORALAIR SUB 300 IR.....	45
<i>nystatin (topical)</i>	54	ORENCIA CLICKJECT.....	48
NYVEPRIA	43	ORENCIA SUBCUTANEOUS	48
●		ORENITRAM	27
OALIVA.....	42	ORENITRAM TAB MONTH 1.....	27
OCREVUS	32	ORENITRAM TAB MONTH 2	27
<i>octreotide acetate</i>	33	ORENITRAM TAB MONTH 3.....	27
ODEFSEY TAB	16	ORFADIN	40
ODOMZO	22	ORIAHNN CAP	39
OFEV	53	ORILISSA.....	38
<i>ofloxacin (ophth)</i>	51	ORLADEYO	48
<i>ofloxacin (otic)</i>	56	<i>orlistat</i>	36
OGIVRI	20	<i>oseltamivir phosphate</i>	17
<i>olanzapine</i>	29	OTEZLA	46, 47
<i>olmesartan medoxomil</i>	24	OTEZLA TAB 10/20/30.....	47
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	23	OVIDREL.....	39
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	23	<i>oxaprozin</i>	13
		<i>oxazepam</i>	27

<i>oxcarbazepine</i>	30
<i>oxybutynin chloride</i>	43
<i>oxybutynin ext-rel</i>	43
<i>oxycodone hcl</i>	14
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	14
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	14
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	14
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	14
OZEMPIC.....	34
P	
PADCEV.....	19
<i>paliperidone</i>	29
<i>pantoprazole delayed-rel tabs</i>	42
PARAGARD IUD T380A.....	38
<i>paricalcitol</i>	50
<i>paroxetine hcl ext-rel</i>	28
<i>paroxetine hcl tabs</i>	28
PAXLOVID TAB 150-100.....	17
PAXLOVID TAB 300-100.....	17
<i>pazopanib hcl</i>	21
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	50
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	50
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	50
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	50
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	50
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	50
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	50
<i>peg-3350/electrolytes</i>	42
<i>penicillamine</i>	36
<i>penicillin v potassium</i>	19
<i>perindopril erbumine</i>	23
PERJETA.....	22
<i>permethrin</i>	56

PHEBURANE.....	38
<i>phenelzine sulfate</i>	28
<i>phenobarbital</i>	30
<i>phenytoin</i>	30
<i>phenytoin sodium extended</i>	30
PHESGO SOL.....	22
PHEXXI GEL.....	43
<i>phytonadione</i>	50
<i>pilocarpine hcl (oral)</i>	56
<i>pimecrolimus</i>	55
<i>pindolol</i>	25
<i>pioglitazone hcl</i>	35
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	35
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	35
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	35
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	35
PIQRAY 200MG DAILY DOSE.....	21
PIQRAY 250MG TAB DOSE.....	21
PIQRAY 300MG DAILY DOSE.....	21
<i>pirfenidone</i>	53
<i>piroxicam</i>	13
POLIVY.....	22
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	51
POMALYST.....	19
<i>potassium chloride</i>	50
<i>potassium citrate (alkalinizer)</i>	43
<i>pramipexole dihydrochloride</i>	29
<i>prasugrel hcl</i>	45
<i>pravastatin sodium</i>	24
<i>praziquantel</i>	14
<i>prednisolone</i>	39
<i>prednisolone acetate (ophth)</i>	51
PREDNISOLONE SODIUM PHOSP.....	51
<i>prednisolone sodium phosphate</i>	39
<i>prednisone</i>	39
<i>prenat w/o a w/ fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	50
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	50
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	50

<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	<i>ramipril</i>	23
.....	<i>ranolazine ext-rel</i>	26
<i>prenatal vit w/ fe fum-methylfolate-fa tab</i>	RAPAMUNE	49
27-0.6-0.4 mg	<i>rasagiline mesylate</i>	29
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25</i>	RASUVO	48
mg	REBIF	32
PREZCOBIX TAB 800-150	REBINYN	44
PRIFTIN.....	REMICADE.....	45
<i>primidone</i>	REPATHA	24
PRIVIGEN.....	REPATHA PUSHTRONEX SYSTEM	25
<i>probenecid</i>	REPATHA SURECLICK.....	25
<i>prochlorperazine maleate</i>	RESTASIS	51
PROCRIT.....	RETACRIT	44
<i>progesterone, micronized</i>	RETEVMO.....	21
PROGRAF	REVLIMID	19
PROLASTIN-C	REYATAZ.....	15
PROLIA	<i>ribavirin</i>	18
PROMACTA.....	<i>rifabutin</i>	16
<i>promethazine hcl</i>	<i>rifampin</i>	16
<i>promethazine w/ codeine syrup 6.25-10</i>	<i>riluzole</i>	32
mg/5ml	RINVOQ.....	46, 47, 48, 55
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	<i>risedronate sodium</i>	36
<i>promethazine-phenylephrine-codeine</i>	<i>risperidone</i>	29
syrup 6.25-5-10 mg/5ml	<i>ritonavir</i>	15
<i>propafenone ext-rel</i>	<i>rivastigmine</i>	27
<i>propafenone hcl</i>	<i>rivastigmine tartrate</i>	27
<i>propranolol ext-rel</i>	<i>rizatriptan benzoate</i>	31
<i>propranolol hcl</i>	<i>rizatriptan orally disintegrating tabs</i>	31
<i>propylthiouracil</i>	<i>ropinirole hydrochloride</i>	29
PULMICORT FLEXHALER	<i>rosuvastatin calcium</i>	24
PULMOZYME	ROZLYTREK.....	21
<i>pyrazinamide</i>	RUCONEST	48
<i>pyridostigmine bromide</i>	RUKOBIA.....	15
Q	RUXIENCE.....	20
QSYMIA CAP 11.25-69.....	RYBELSUS.....	34
QSYMIA CAP 15-92MG.....	RYDAPT.....	21
QSYMIA CAP 3.75-23.....	S	
QSYMIA CAP 7.5-46MG	SANDIMMUNE.....	49
<i>quetiapine fumarate</i>	<i>sapropterin dihydrochloride</i>	38
QULIPTA	SAVELLA	31
R	SAVELLA MIS TITR PAK	31
RADICAVA ORS	SAXENDA.....	36
<i>raloxifene hcl</i>	<i>selegiline hcl</i>	29
<i>ramelteon</i>	<i>selenium sulfide</i>	55

<i>sertraline hcl</i>	28	<i>sumatriptan succinate</i>	31
<i>sevelamer carbonate</i>	40	<i>sunitinib malate</i>	21
SEVENFACT	43	SUNLENCA	15
SIKLOS.....	45	SUPARTZ FX.....	14
<i>sildenafil citrate (pulmonary hypertension)</i>	27	SUPPRELIN LA.....	36
<i>silver sulfadiazine</i>	54	SYMBICORT AER 160-4.5	54
SIMPONI ARIA.....	45	SYMBICORT AER 80-4.5.....	54
<i>simvastatin</i>	24	SYMDEKO TAB 100-150	53
<i>sirolimus</i>	49	SYMDEKO TAB 50-75MG	53
SKYLA.....	38	SYMLINPEN.....	33
SKYRIZI.....	45, 46, 47	SYMPROIC.....	42
<i>sodium fluoride</i>	50	SYMTUZA TAB.....	16
<i>sodium phenylbutyrate</i>	38	SYNAGIS	50
<i>sodium polystyrene sulfonate</i>	40	SYNJARDY TAB	35
SOGROYA.....	40	SYNJARDY TAB 12.5-500	35
SOLIQUA.....	34	SYNJARDY TAB 5-1000MG.....	35
SOMATULINE DEPOT	33	SYNJARDY TAB 5-500MG.....	35
SOOLANTRA	56	SYNJARDY XR TAB.....	35
<i>sorafenib tosylate</i>	21	SYNJARDY XR TAB 10-1000.....	35
<i>sotalol</i>	24	SYNJARDY XR TAB 25-1000	35
<i>sotalol hd</i>	24	SYNJARDY XR TAB 5-1000MG.....	35
SOTYKTU.....	47	T	
SPIRIVA.....	52	TABLOID	19
<i>spironolactone</i>	26	TACLONEX OIN	55
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	26	TACLONEX SUS	55
SPRYCEL.....	21	<i>tacrolimus</i>	49
STELARA INTRAVENOUS	45	<i>tacrolimus (topical)</i>	55
STELARA SUBCUTANEOUS	46, 47, 48	TADLIQ.....	27
STIVARGA	21	TAFINLAR	21
STRENSIQ.....	38	TAGRISSO.....	21
<i>streptomycin sulfate</i>	16	TAKHZYRO	48
STRIVERDI RESPIMAT	52	TALTZ	47
SUCRAID.....	42	<i>tamoxifen citrate</i>	20
<i>sulfacetamide lotion 10%</i>	54	<i>tamsulosin hcl</i>	42
<i>sulfacetamide sodium (ophth)</i>	51	TAVALISSE.....	45
<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i>	50	TEGSEDI.....	40
<i>sulfamethoxazole/trimethoprim</i>	14	<i>temazepam</i>	31
<i>sulfamethoxazole/trimethoprim ds</i>	14	<i>temozolomide</i>	19
<i>sulfasalazine</i>	41	<i>tenofovir disoproxil fumarate</i>	15
<i>sulindac</i>	13	<i>terazosin hcl</i>	42
<i>sumatriptan</i>	31	<i>terbinafine hcl</i>	15
		<i>terconazole vaginal</i>	43
		<i>teriflunomide</i>	32
		<i>teriparatide (recombinant)</i>	36

<i>testosterone</i>	33	TRIKAFTA PAK 59.5MG.....	53
<i>testosterone cypionate</i>	33	TRIKAFTA PAK 75MG.....	53
<i>testosterone enanthate</i>	33	TRIKAFTA TAB	53
<i>tetrabenazine</i>	32	<i>trimethobenzamide hcl</i>	41
<i>tetracycline hcl</i>	19	TRIUMEQ PD TAB	16
TEZSPIRE.....	53	TRIUMEQ TAB	16
THALOMID	19	TROGARZO	15
<i>theophylline</i>	54	<i>tropium</i>	43
<i>tiagabine hcl</i>	30	TRULICITY.....	34
<i>timolol maleate (ophth)</i>	51	TUKYSA.....	21
<i>tinidazole</i>	14	TYMLOS	36
<i>tiotropium bromide monohydrate</i>	52	TYSABRI.....	32
TIVICAY	15	TYVASO.....	27
TIVICAY PD	15	U	
<i>tizanidine hcl</i>	32	UBRELVY.....	31
<i>tobramycin</i>	53	UCERIS	41
<i>tobramycin (ophth)</i>	51	UPTRAVI.....	27
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%.....	50	UPTRAVI PACK TAB 200/800.....	27
<i>tolterodine tartrate</i>	43	<i>ursodiol</i>	42
<i>topiramate</i>	30	V	
<i>toremifene citrate</i>	20	VAGIFEM.....	39
<i>torseamide</i>	26	<i>valacyclovir hcl</i>	17
<i>tramadol hcl</i>	14	<i>valganciclovir hcl</i>	17
<i>trandolapril</i>	23	<i>valproic acid</i>	30
<i>tranylcypromine sulfate</i>	28	<i>valsartan</i>	24
<i>trazodone hcl</i>	28	<i>valsartan-hydrochlorothiazide tab 160-12.5</i> <i>mg</i>	24
TRECTOR	16	<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	24
TREMFYA	47	<i>valsartan-hydrochlorothiazide tab 320-12.5</i> <i>mg</i>	24
TRESIBA.....	35	<i>valsartan-hydrochlorothiazide tab 320-25</i> <i>mg</i>	24
<i>tretinoin</i>	54	<i>valsartan-hydrochlorothiazide tab 80-12.5</i> <i>mg</i>	23
<i>tretinoin (chemotherapy)</i>	22	<i>vancomycin hcl</i>	18
<i>triamcinolone acetonide (mouth)</i>	56	<i>varenicline tartrate</i>	33
<i>triamcinolone acetonide (topical)</i>	55	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1</i> <i>mg start pack</i>	33
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	26	VEMLIDY	17
<i>triamterene & hydrochlorothiazide tab 37.5-</i> <i>25 mg</i>	26	VENCLEXTA.....	22
<i>triamterene & hydrochlorothiazide tab 75-</i> <i>50 mg</i>	26	VENCLEXTA TAB START PK.....	22
<i>trifluoperazine hcl</i>	29	<i>venlafaxine hcl</i>	28
<i>trifluridine</i>	51	<i>venlafaxine hcl ext-rel</i>	28
<i>trihexyphenidyl hcl</i>	29		
TRIJARDY XR TAB.....	34		

<i>verapamil ext-rel</i>	25	XIIDRA	51
VERZENIO.....	21	XOLAIR	53
V-GO INSULIN INFUSION PUMP	38	XOSPATA	21
VICTOZA.....	34	XTANDI.....	20
<i>vigabatrin</i>	30	XYNTHA	44
<i>vilazodone hcl</i>	28	XYNTHA SOLOFUSE	44
VIREAD	15	XYWAV SOL 0.5GM/ML.....	33
VISTOGARD	22	Y	
VITRAKVI.....	21	YONSA	20
VIVITROL	33	YUPELRI	52
<i>voriconazole</i>	15	Z	
VOSEVI TAB	18	<i>zaleplon</i>	31
VUMERITY	32	ZEJULA.....	22
VYNDAMAX	26	ZELBORAF	21
VYVANSE.....	31	ZENPEP CAP 10000UNT	42
W		ZENPEP CAP 15000UNT	42
WAKIX.....	32	ZENPEP CAP 20000UNT	42
<i>warfarin sodium</i>	43	ZENPEP CAP 25000UNT.....	42
WEGOVY	36	ZENPEP CAP 3000UNIT.....	42
<i>wixela inhub 100-50 mcg/act</i>	54	ZENPEP CAP 40000UNT	42
<i>wixela inhub 250-50 mcg/act</i>	54	ZENPEP CAP 5000UNIT.....	42
<i>wixela inhub 500-50 mcg/act</i>	54	ZENPEP CAP 60000UNT	42
X		ZEPBOUND	36
XALKORI	21	ZEPOSIA.....	32, 48
XARELTO	43	ZEPOSIA CAP STR KIT.....	32, 48
XARELTO STAR TAB 15/20MG	43	<i>zidovudine</i>	15
XELJANZ	48	<i>ziprasidone hcl</i>	29
XELJANZ XR.....	48	ZIRABEV	20
XEMBIFY	49	ZOLINZA.....	22
XEOMIN	31	<i>zolmitriptan</i>	31
XIAFLEX	40	<i>zolmitriptan orally disintegrating tabs</i>	31
XIFAXAN	18	<i>zolpidem tartrate</i>	31
XIGDUO XR TAB 10-1000.....	35	<i>zolpidem tartrate ext-rel</i>	31
XIGDUO XR TAB 10-500MG.....	35	<i>zonisamide</i>	30
XIGDUO XR TAB 2.5-1000	35	ZORTRESS	49
XIGDUO XR TAB 5-1000MG.....	35	ZYDELIG.....	22
XIGDUO XR TAB 5-500MG.....	35	ZYKADIA	22