



**CVS Caremark®
Value Formulary
07/01/2025**

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	14
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	19
HORMONAL ANTINEOPLASTIC AGENTS	20
KINASE INHIBITORS	20
MISCELLANEOUS.....	21
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.....	24
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
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	27
ANTIANXIETY.....	27
ANTIDEMENTIA	27
ANTIDEPRESSANTS.....	28
ANTIPARKINSONIAN AGENTS.....	28
ANTIPSYCHOTICS	29
ANTISEIZURE AGENTS	30
ATTENTION DEFICIT HYPERACTIVITY DISORDER	30
BOTULINUM TOXINS	31
FIBROMYALGIA	31
HYPNOTICS.....	31
MIGRAINE - MISCELLANEOUS.....	31
MIGRAINE - MONOCLONAL ANTIBODIES	31
MIGRAINE - TRIPTANS AND COMBINATIONS	32
MISCELLANEOUS.....	32
MOOD STABILIZERS	32
MOVEMENT DISORDERS	32
MULTIPLE SCLEROSIS AGENTS	32
MUSCULOSKELETAL THERAPY AGENTS	33
MYASTHENIA GRAVIS.....	33

NARCOLEPSY/CATAPLEXY	33
OPIOID AGONIST/ANTAGONIST	33
OPIOID ANTAGONIST	33
OPIOID PARTIAL AGONISTS	33
SMOKING DETERRENTS	34
ENDOCRINE AND METABOLIC	34
ACROMEGALY	34
ANDROGENS.....	34
ANTIDIABETICS, AMYLIN ANALOGS	34
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.....	35
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	35
ANTIDIABETICS, INSULIN	35
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	36
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS..	36
ANTIDIABETICS, SULFONYLUREA	36
ANTIOBESITY	36
CALCIUM RECEPTOR AGONISTS	36
CALCIUM REGULATORS, BISPHOSPHONATES.....	36
CALCIUM REGULATORS, MISCELLANEOUS	36
CALCIUM REGULATORS, PARATHYROID HORMONES.....	37
CENTRAL PRECOCIOUS PUBERTY	37
CHELATING AGENTS.....	37
CONTRACEPTIVES.....	37
DIABETIC SUPPLIES.....	38
ENDOMETRIOSIS	39
FERTILITY REGULATORS	39
GLUCOCORTICOIDS	39
GLUCOSE ELEVATING AGENTS.....	39
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	39
HUMAN GROWTH HORMONES.....	39
LYSOSOMAL STORAGE DISORDERS	40
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE.....	40
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE.....	40
MENOPAUSAL SYMPTOM AGENTS.....	40

MISCELLANEOUS.....	40
PHOSPHATE BINDER AGENTS	40
POTASSIUM-REMOVING AGENTS	40
PROGESTINS.....	40
THYROID AGENTS.....	41
UREA CYCLE DISORDER	41
UTERINE FIBROIDS	41
VASOPRESSINS.....	41
VITAMIN D ANALOGS.....	41
GASTROINTESTINAL	41
ANTICHOLINERGICS	41
ANTIDIARRHEALS	41
ANTIEMETICS	41
H2-RECEPTOR ANTAGONISTS.....	42
INFLAMMATORY BOWEL DISEASE.....	42
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	42
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	42
LAXATIVES	42
MISCELLANEOUS.....	42
PANCREATIC ENZYMES	42
PROTON PUMP INHIBITORS	43
RECTAL, CORTICOSTEROIDS	43
GENITOURINARY	43
BENIGN PROSTATIC HYPERPLASIA	43
CONTRACEPTIVES.....	43
MISCELLANEOUS.....	43
URINARY ANTISPASMODICS	43
VAGINAL ANTI-INFECTIVES.....	43
HEMATOLOGIC	44
ANTICOAGULANTS.....	44
BLEEDING DISORDERS AGENTS	44
HEMATOPOIETIC GROWTH FACTORS.....	44
HEMOPHILIA A AGENTS	44
HEMOPHILIA B AGENTS	45
MISCELLANEOUS.....	45
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	45
PLATELET AGGREGATION INHIBITORS	45
SICKLE CELL DISEASE.....	45
THROMBOCYTOPENIA AGENTS	46
IMMUNOLOGIC AGENTS	46
ALLERGENIC EXTRACTS	46
ALOPECIA AREATA.....	46
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	46
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	46

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	46
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	47
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA ...	47
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	48
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	48
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	48
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	49
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	50
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	50
HEREDITARY ANGIOEDEMA	50
IMMUNOGLOBULIN	51
IMMUNOSUPPRESSANTS	51
MISCELLANEOUS	52
NUTRITIONAL/SUPPLEMENTS	52
ELECTROLYTES	52
PRENATAL VITAMINS	52
VITAMINS	52
OPHTHALMIC	52
ANTI-INFECTIVE/ANTI-INFLAMMATORY	52
ANTI-INFECTIVES	52
ANTI-INFLAMMATORIES	53
ANTIALLERGICS	53
ANTIGLAUCOMA BETA-BLOCKERS	53
ANTIGLAUCOMA COMBINATION AGENTS	53
CARBONIC ANHYDRASE INHIBITORS	53
DRY EYE DISEASE	53
PROSTAGLANDINS	53
RETINAL DISORDERS	53
SYMPATHOMIMETICS	54
RESPIRATORY	54
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	54
ANAPHYLAXIS TREATMENT AGENTS	54
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	54
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	54
ANTICHOLINERGICS	54
ANTI HISTAMINES	54
BETA AGONISTS	54
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	54
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS	55
COLD/COUGH	55
CYSTIC FIBROSIS	55
EOSINOPHILIC ESOPHAGITIS	55
LEUKOTRIENE RECEPTOR ANTAGONISTS	55

NASAL STEROIDS	55
PRURIGO NODULARIS.....	55
PULMONARY FIBROSIS AGENTS	55
SEVERE ASTHMA AGENTS.....	56
STEROID INHALANTS.....	56
STEROID/BETA-AGONIST COMBINATIONS.....	56
XANTHINES.....	56
TOPICAL.....	56
DERMATOLOGY, ACNE.....	56
DERMATOLOGY, ACTINIC KERATOSIS	57
DERMATOLOGY, ANTIBIOTICS.....	57
DERMATOLOGY, ANTIFUNGALS	57
DERMATOLOGY, ANTIPSORIATICS	57
DERMATOLOGY, ANTISEBORRHEICS	57
DERMATOLOGY, ATOPIC DERMATITIS.....	57
DERMATOLOGY, CORTICOSTEROIDS.....	57
DERMATOLOGY, LOCAL ANESTHETICS.....	58
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE.....	58
DERMATOLOGY, ROSACEA	58
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	58
MOUTH/THROAT/DENTAL AGENTS	58
OTIC.....	58
Index	60

Value Formulary

INTRODUCTION

We are pleased to provide the 2025 **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 CVSSpecialty.com 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. Your specific prescription benefit plan design may not cover certain medications, products, or categories, regardless of their appearance in this document. 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 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

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2025 CVS Health and/or one of its affiliates. All rights reserved.

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>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>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*
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</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>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 20mg/ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL; PA*
<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

<i>diflunisal tabs 500mg</i>

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>tinidazole tabs 250mg, 500mg</i>	

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>	

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>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	PA
ANTIRETROVIRAL AGENTS	
<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	QL; PA*
APRETUDE SUER 600MG/3ML	QL
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	QL; PA*
<i>darunavir tabs 600mg, 800mg</i>	QL; PA*
<i>efavirenz 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*
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 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*
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*

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>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 syrp 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>	
TRECATOR TABS 250MG	

ANTIVIRALS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<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>	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
CEPHALOSPORINS	
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	
cefдинир caps 300mg; susr 125mg/5ml, 250mg/5ml	
cefподохиме proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
cefuroxime axetil tabs 250mg, 500mg	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
ERYTHROMYCINS/MACROLIDES	
azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
clarithromycin ext-rel tb24 500mg	
DIFICID SUSR 40MG/ML; TABS 200MG	PA
erythromycin susr 200mg/5ml; tabs 250mg, 400mg	
erythromycin base tabs 500mg	
erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg	
ZITHROMAX PACK 1GM	
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	
moxifloxacin hcl tabs 400mg	
HEPATITIS B	
entecavir tabs .5mg, 1mg	QL
lamivudine (hbv) tabs 100mg	
VEMLIDY TABS 25MG	QL
HEPATITIS C	
EPCLUSA PAK 150-37.5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
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

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
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>sulfamethoxazole/trimethoprim</i>	
<i>sulfamethoxazole/trimethoprim ds</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>	
<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>	

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>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	
LEUKERAN TABS 2MG	
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	SP, PA, QL
BIOSIMILARS	
KANJINTI SOLR 150MG, 420MG	SP, PA
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	SP, PA
TRAZIMERA SOLR 150MG, 420MG	SP, PA
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	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
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>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, 160MG	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 TABS 100MG	SP, PA, QL
CAPRELSA TABS 100MG, 300MG	SP, PA, QL
COPIKTRA CAPS 15MG, 25MG	SP, PA, QL
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	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
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

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>imatinib mesylate tabs 100mg, 400mg</i>	SP, PA, QL
INLYTA TABS 1MG, 5MG	SP, PA, QL
ITOVEBI TABS 3MG, 9MG	SP, PA, QL
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
LORBRENA TABS 25MG, 100MG	SP, PA, QL
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	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 TABS 40MG, 80MG, 120MG, 160MG	SP, PA, QL
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	SP, PA, QL
RYDAPT CAPS 25MG	SP, PA, QL
SCEMBLIX TABS 20MG, 40MG, 100MG	SP, PA, QL
<i>sorafenib tosylate tabs 200mg</i>	SP, PA, QL
STIVARGA TABS 40MG	SP, PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	SP, PA, QL
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	SP, PA, QL
TAGRISSO TABS 40MG, 80MG	SP, PA, QL
TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG	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
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>	

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>hydroxyurea caps 500mg</i>	
KRAZATI TABS 200MG	SP, PA, QL
LUMAKRAS TABS 120MG, 240MG, 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	QL
ZEJULA TABS 100MG, 200MG, 300MG	SP, PA, QL
ZOLINZA CAPS 100MG	SP, PA, QL
MONOCLONAL ANTIBODIES	
PERJETA SOLN 420MG/14ML	SP, PA
PHEGO 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>	
<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>	

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
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone tabs 25mg, 50mg</i>	
KERENDIA TABS 10MG, 20MG	PA
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<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>	

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
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>VASCEPA CAPS .5GM, 1GM</i>	
ANTILIPEMICS, PCSK9 INHIBITORS	
<i>REPATHA SOSY 140MG/ML</i>	QL
<i>REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML</i>	QL
<i>REPATHA SURECLICK SOAJ 140MG/ML</i>	QL
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</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
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
BETA-BLOCKERS	
<i>acebutolol hcl caps 200mg, 400mg</i>	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	
<i>pindolol tabs 5mg, 10mg</i>	
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	
<i>diltiazem ext-rel cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>isradipine caps 2.5mg, 5mg</i>	
<i>nicardipine hcl caps 20mg, 30mg</i>	
<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	
<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg</i>	
DIGITALIS GLYCOSIDES	
<i>digoxin tabs 62.5mcg, 125mcg, 250mcg</i>	
<i>digoxin ped elixir soln .05mg/ml</i>	
DIURETICS	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<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>	

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>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 & hydrochlorothiazide tab 25-25 mg</i>	
<i>torsemide 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</i>	
<i>ENTRESTO CAP 6-6MG</i>	
<i>ENTRESTO CAP 15-16MG</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>	
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	

MISCELLANEOUS

<i>CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG</i>	SP, PA, QL
<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>	SP, PA, QL

NITRATES

<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</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>	SP, PA, QL
<i>ambrisentan tabs 5mg, 10mg</i>	SP, PA, QL
<i>bosentan tabs 62.5mg, 125mg</i>	SP, PA, QL
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	SP, PA
<i>OPSUMIT TABS 10MG</i>	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
OPSYNVI TAB 10-20MG	SP, PA, QL
OPSYNVI TAB 10-40MG	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
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG	SP, PA, QL
TYVASO DPI POW 16-32-48	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

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS SUSP 105MG/5ML	SP, PA, QL
<i>riluzole tabs 50mg</i>	

ANTIANXIETY

<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>	

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
ANTIDEPRESSANTS	
amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
bupropion tabs 75mg, 100mg	
bupropion hcl tb12 100mg, 150mg, 200mg	
bupropion hcl ext-rel tb24 150mg, 300mg	
citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg	
desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
desvenlafaxine succinate ext-rel tb24 25mg, 50mg, 100mg	
doxepin caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	
duloxetine delayed-rel cpep 20mg, 30mg, 60mg	
escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg	
fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml	
fluoxetine hcl tabs 10mg, 20mg	
imipramine hcl tabs 10mg, 25mg, 50mg	
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg	
mirtazapine orally disintegrating tabs tbdp 15mg, 30mg, 45mg	
nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml	
paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg	Listing does not include certain NDCs
paroxetine hcl tabs tabs 10mg, 20mg, 30mg, 40mg	
phenelzine sulfate tabs 15mg	
sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg	
tranylcypromine sulfate tabs 10mg	
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	
venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	
venlafaxine hcl ext-rel cp24 37.5mg, 75mg, 150mg	
vilazodone hcl tabs 10mg, 20mg, 40mg	
ZURZUVAE CAPS 20MG, 25MG, 30MG	SP, PA, QL
ANTIPARKINSONIAN AGENTS	
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	
apomorphine hydrochloride soct 30mg/3ml	SP, PA, QL
benztropine mesylate tabs .5mg, 1mg, 2mg	

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>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>	
<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

ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	
<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>	

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>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
<i>VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG</i>	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	

ANTISEIZURE AGENTS

<i>carbamazepine chew 100mg, 200mg; 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
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; 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 300mg/5ml; 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 125mg/5ml</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, 50mg; 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*

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>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, 80mg, 100mg</i>	QL
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	QL; PA*
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg</i>	QL; PA*
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	QL; PA*
<i>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</i>	QL; PA*
<i>VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG; CHEW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i>	QL; PA*
BOTULINUM TOXINS	
<i>DAXXIFY SOLR 100UNIT</i>	SP, PA
<i>XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT</i>	SP, PA
FIBROMYALGIA	
<i>SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG</i>	PA
<i>SAVELLA MIS TITR PAK</i>	PA
HYPNOTICS	
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	
<i>ramelteon tabs 8mg</i>	QL; PA*
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	QL
<i>zaleplon caps 5mg, 10mg</i>	QL; PA*
<i>zolpidem tartrate tabs 5mg, 10mg</i>	QL; PA*
<i>zolpidem tartrate ext-rel tbc 6.25mg, 12.5mg</i>	QL; PA*
MIGRAINE - MISCELLANEOUS	
<i>UBRELVY TABS 50MG, 100MG</i>	ST, QL; PA**
MIGRAINE - MONOCLONAL ANTIBODIES	
<i>AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML</i>	ST, 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
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	ST, QL; PA**

MIGRAINE - TRIPTANS AND COMBINATIONS

<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL; PA*
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	QL; PA*
<i>rizatriptan orally disintegrating tabs tbdp 5mg, 10mg</i>	QL; PA*
<i>sumatriptan soln 5mg/act, 20mg/act</i>	QL; PA*
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	QL; PA*
<i>zolmitriptan soln 5mg; tabs 2.5mg, 5mg</i>	QL; PA*
<i>zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg</i>	QL; PA*

MISCELLANEOUS

ENSPRYNG SOSY 120MG/ML	SP, PA, QL
EVRYSDI SOLR .75MG/ML; TABS 5MG	SP, PA, QL
RYSTIGGO SOLN 280MG/2ML, 420MG/3ML, 560MG/4ML, 840MG/6ML	SP, PA, QL
VYVGART SOLN 400MG/20ML	SP, PA, QL
VYVGART INJ HYTRULO	SP, PA, QL

MOOD STABILIZERS

<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	
--	--

MOVEMENT DISORDERS

AUSTEDO TABS 6MG, 9MG, 12MG	SP, PA, QL
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	SP, PA, QL
AUSTEDO XR TAB TITR KIT	SP, PA, QL
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	SP, PA, QL
INGREZZA CAP 40-80MG	SP, PA, QL
tetrabenazine tabs 12.5mg, 25mg	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> fingolimod 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

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
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	SP, PA, QL
teriflunomide tabs 7mg, 14mg	SP, PA, QL
TYSABRI CONC 300MG/15ML	SP, PA, QL
ZEPOSIA CAPS .92MG	SP, PA, QL
ZEPOSIA CAP STR KIT	SP, PA, QL

MUSCULOSKELETAL THERAPY AGENTS

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

MYASTHENIA GRAVIS

pyridostigmine bromide soln 60mg/5ml; tabs 60mg

NARCOLEPSY/CATAPLEXY

armodafinil tabs 50mg, 150mg, 200mg, 250mg	PA, QL
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	SP, PA, QL
LUMRYZ PAK STARTER	SP, PA, QL
modafinil tabs 100mg, 200mg	PA, QL
WAKIX TABS 4.45MG, 17.8MG	SP, PA, QL
XYWAV SOL 0.5GM/ML	SP, PA, QL

OPIOID AGONIST/ANTAGONIST

buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	QL

OPIOID ANTAGONIST

naloxone hcl liqd 4mg/0.1ml	QL; PA*
naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	
naltrexone hcl tabs 50mg	
VIVITROL SUSR 380MG	SP, PA, QL

OPIOID PARTIAL AGONISTS

buprenorphine hcl subl 2mg, 8mg	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 33

Drug Name	Requirements/Limits
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 kit 20mg, 30mg; soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosy 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	
NATESTO GEL 5.5MG/ACT	
<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/2.7ML ST; PA**	
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	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	ST; PA**
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	ST; PA**
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	ST; PA**
TRIJARDY XR TAB	ST; PA**
ZITUVIMET TAB 50-500MG	ST; PA**
ZITUVIMET TAB 50-1000	ST; PA**
ZITUVIMET XR TAB 50-500MG	ST; PA**
ZITUVIMET XR TAB 50-1000	ST; PA**
ZITUVIMET XR TAB 100-1000	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	ST; 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
ZITUVIO TABS 25MG, 50MG, 100MG	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
<i>liraglutide sopn 18mg/3ml</i>	ST, QL; PA**
MOUNJARO SOAJ 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/3ML, 4MG/3ML, 8MG/3ML	ST, QL; PA**
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	ST, QL; PA**
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	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	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	
LANTUS SOLN 100UNIT/ML	
LANTUS SOLOSTAR SOPN 100UNIT/ML	
NOVOLIN MIX	OTC
NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML	OTC
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	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	
SYNJARDY TAB	ST; PA**
SYNJARDY TAB 5-500MG	ST; 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
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

<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	

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	

CALCIUM RECEPTOR AGONISTS

<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
---	------------

CALCIUM REGULATORS, BISPHOSPHONATES

<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
---------------------	------------

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
CALCIUM REGULATORS, PARATHYROID HORMONES	
<i>teriparatide sopn 560mcg/2.24ml</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
TRIPTODUR SRER 22.5MG	SP, PA
CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 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>	
<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	

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
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-ethinyl estradiol-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>	
<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 LANCETS / LANCING DEVICE	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	
TWIST KIT STARTER	

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
TWIIIST REFIL KIT INFUSION	
ENDOMETRIOSIS	
danazol caps 50mg, 100mg, 200mg	
ORILISSA TABS 150MG, 200MG	PA
FERTILITY REGULATORS	
cetrorelix acetate kit .25mg	SP, PA
clomiphene citrate tabs 50mg	
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
PREGNYL W/DILUENT BENZYL SOLR 10000UNIT	SP, PA
GLUCOCORTICOIDS	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	
fludrocortisone acetate tabs .1mg	
hydrocortisone tabs 5mg, 10mg, 20mg	
MEDROL TABS 2MG	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg	
prednisolone soln 15mg/5ml	
prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
glucagon (rdna) kit 1mg	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE KIT SOLN 1MG/0.2ML	
GVOKE PFS SOSY 1MG/0.2ML	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
nitisinone caps 2mg, 5mg, 10mg, 20mg	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

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
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	SP, PA, QL
LYSOSOMAL STORAGE DISORDERS	
NEXVIAZYME SOLR 100MG	SP, PA
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	
ELFABRIO SOLN 5MG/2.5ML, 20MG/10ML	SP, PA
FABRAZYME SOLR 5MG, 35MG	SP, PA
GALAFOLD CAPS 123MG	SP, PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	
CERDELGA CAPS 84MG	SP, PA, QL
CEREZYME SOLR 400UNIT	SP, PA, QL
MENOPAUSAL SYMPTOM AGENTS	
COMBIPATCH DIS	
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	
estradiol vaginal crm crea .1mg/gm	
estradiol/norethindrone	
IMVEXXY INST 4MCG, 10MCG	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
VAGIFEM TABS 10MCG	
MISCELLANEOUS	
betaine powder for oral solution	SP, PA
cabergoline tabs .5mg	
CYSTAGON CAPS 50MG, 150MG	SP, PA
raloxifene hcl tabs 60mg	
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	SP, PA
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	SP, PA
XIAFLEX SOLR .9MG	SP, PA
PHOSPHATE BINDER AGENTS	
calcium acetate caps caps 667mg	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	
POTASSIUM-REMOVING AGENTS	
sodium polystyrene sulfonate susp 15gm/60ml	
PROGESTINS	
CRINONE GEL 4%, 8%	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	

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
megestrol acetate susp 400mg/10ml	
norethindrone acetate tabs 5mg	
progesterone, micronized caps 100mg, 200mg	
THYROID AGENTS	
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	
methimazole tabs 5mg, 10mg	
propylthiouracil tabs 50mg	
UREA CYCLE DISORDER	
carglumic acid tbso 200mg	SP, PA
PHEBURANE PLLT 483MG/GM	SP, PA, QL
sodium phenylbutyrate powd 3gm/tsp; tabs 500mg	SP, PA, QL
UTERINE FIBROIDS	
MYFEMBREE TAB	
ORIAHNN CAP	
VASOPRESSINS	
desmopressin acetate tabs .1mg, .2mg	
desmopressin acetate spray soln .01%	
desmopressin acetate spray refrigerated soln .01%	
VITAMIN D ANALOGS	
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	
paricalcitol caps 1mcg, 2mcg, 4mcg	
GASTROINTESTINAL	
ANTICHOLINERGICS	
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	
glycopyrrolate soln 1mg/5ml	AGE
hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; tabs .125mg; tbdp .125mg	
ANTIDIARRHEALS	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
loperamide hcl caps 2mg	
ANTIEMETICS	
aprepitant caps 40mg, 80mg, 125mg	QL; PA*
aprepitant capsule therapy pack 80 & 125 mg	QL; PA*
dronabinol caps 2.5mg, 5mg, 10mg	
granisetron hcl tabs 1mg	
meclizine hcl tabs 12.5mg, 25mg, 50mg	

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>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, 50mg</i>	
<i>trimethobenzamide hcl caps 300mg</i>	
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine soln 300mg/5ml; tabs 200mg, 300mg, 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>budesonide (intrarectal) foam 2mg</i>	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	
<i>mesalamine cp24 .375gm; enem 4gm; supp 1000mg; 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	
<i>lubiprostone caps 8mcg, 24mcg</i>	
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	
IQIRVO TABS 80MG	SP, PA, QL
<i>misoprostol tabs 100mcg, 200mcg</i>	
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	

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
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>	
CONTRACEPTIVES	
<i>PHEXXI GEL</i>	
MISCELLANEOUS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
<i>potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg</i>	
URINARY ANTISPASMODICS	
<i>mirabegron tb24 25mg, 50mg</i>	
<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>	

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
HEMATOLOGIC	
ANTICOAGULANTS	
dabigatran etexilate mesylate caps 75mg, 110mg, 150mg	
ELIQUIS TABS 2.5MG, 5MG	
ELIQUIS STARTER PACK TBPK 5MG	
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	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	
XARELTO STAR TAB 15/20MG	
BLEEDING DISORDERS AGENTS	
SEVENFACT SOLR 1MG, 2MG, 5MG	SP, PA
WILATE INJ	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; SOSY 300MCG/0.5ML, 480MCG/0.8ML	SP, PA
NYVEPRIA SOSY 6MG/0.6ML	SP, PA, QL
PROCRT 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	
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SP, PA
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	SP, PA
ALTUVIII SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	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
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	SP, PA
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	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, 4000UNIT	SP, PA
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 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
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	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
cilostazol tabs 50mg, 100mg

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI SOLN 1080MG/20ML	SP, PA, QL
ULTOMIRIS SOLN 300MG/3ML, 1100MG/11ML	SP, PA

PLATELET AGGREGATION INHIBITORS

clopidogrel bisulfate tabs 75mg, 300mg
dipyridamole tabs 25mg, 50mg, 75mg
dipyridamole ext-rel/aspirin
prasugrel hcl tabs 5mg, 10mg

SICKLE CELL DISEASE

ADAKVEO SOLN 100MG/10ML	SP, PA
<i>glutamine (sickle cell) pack 5gm</i>	SP, PA, QL
SIKLOS TABS 100MG, 1000MG	

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
THROMBOCYTOPENIA AGENTS	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	SP, PA, QL
DOPTelet TABS 20MG	SP, PA, QL
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	PA
ALOPECIA AREATA	
LITFULO CAPS 50MG	SP, PA, QL
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
AVSOLA SOLR 100MG	SP, PA, QL
ILUMYA SOSY 100MG/ML	SP, PA, QL
PYZCHIVA INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL
REMICADE SOLR 100MG	SP, PA, QL
SIMPONI ARIA SOLN 50MG/4ML	SP, PA, QL
SKYRIZI INTRAVENOUS SOLN 600MG/10ML	SP, PA, QL
STELARA INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL
TREMFYA INTRAVENOUS SOLN 200MG/20ML	SP, PA, QL
YESINTEK INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 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 (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 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

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
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
RINVOQ TB24 15MG	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 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 (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
PYZCHIVA SOSY 45MG/0.5ML, 90MG/ML	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
TREMFYA SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 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
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	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
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.

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, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
BIMZELX SOAJ 160MG/ML, 320MG/2ML; SOSY 160MG/ML, 320MG/2ML	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 (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
PYZCHIVA SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
SKYRIZI SOAJ 150MG/ML; SOSY 150MG/ML	SP, PA, QL
SOTYKTU TABS 6MG	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
--	------------

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 (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
PYZCHIVA SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
RINVOQ SOLN 1MG/ML; TB24 15MG	SP, PA, QL
SKYRIZI SOAJ 150MG/ML; SOSY 150MG/ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 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 (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	SP, PA, QL
ORENCIA CLICKJECT SOAJ 125MG/ML	SP, PA, QL
ORENCIA SUBCUTANEOUS SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	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
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, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 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 (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
PYZCHIVA SOSY 45MG/0.5ML, 90MG/ML	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
TREMFYA SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	SP, PA, QL
VELSIPITY TABS 2MG	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	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>	
OTREXUP SOAJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	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

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
IMMUNOGLOBULIN	
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, SP, PA 3.3GM/20ML, 4GM/24ML, 8GM/48ML	
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, SP, PA 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, SP, PA 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, SP, PA 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML	
PRIVIGEN SOLN 5GM/50ML, 10GM/100ML, SP, PA 20GM/200ML, 40GM/400ML	
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, SP, PA 10GM/50ML	
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CP24 .5MG, 1MG, 5MG <i>azathioprine tabs 50mg</i>	
BENLYSTA SOAJ 200MG/ML; SOLR 120MG, 400MG; SP, PA, QL SOSY 200MG/ML	
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>	
ENVARUSUS 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	

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
MISCELLANEOUS	
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	
ILARIS SOLN 150MG/ML	SP, PA
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES	
potassium chloride cpcr 8meq, 10meq; soln 10%, 20%;	
tbcr 8meq, 10meq, 20meq	
sodium fluoride soln .5mg/ml; tabs .5mg, 1mg	
PRENATAL VITAMINS	
prenat w/o a w/ fefum-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	
cyanocobalamin soln 1000mcg/ml	
ergocalciferol caps 1.25mg	
folic acid tabs 1mg	
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%	
ANTI-INFECTIVES	
bacitracin (ophthalmic) oint 500unit/gm	
bacitracin-polymyxin b ophth oint	
ciprofloxacin hcl (ophth) soln .3%	

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>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	
<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>	
XDEMVI SOLN .25%	
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 BETA-BLOCKERS	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
ANTIGLAUCOMA COMBINATION AGENTS	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
CARBONIC ANHYDRASE INHIBITORS	
<i>dorzolamide hcl soln 2%</i>	
DRY EYE DISEASE	
RESTASIS EMUL .05%	PA, QL
XIIDRA SOLN 5%	PA, QL
PROSTAGLANDINS	
<i>bimatoprost soln .03%</i>	
<i>latanoprost soln .005%</i>	
RETINAL DISORDERS	
BYOOVIZ SOLN .5MG/0.05ML	SP, PA
CIMERLI SOLN .3MG/0.05ML, .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
SYMPATHOMIMETICS	
<i>brimonidine tartrate soln .15%, .2%</i>	
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
ARALAST NP SOLR 500MG, 1000MG	SP, PA
GLASSIA SOLN 1000MG/50ML	SP, PA
ZEMAIRA SOLR 1000MG, 4000MG, 5000MG	SP, PA
ANAPHYLAXIS TREATMENT AGENTS	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml</i>	QL; PA*, Listing does not include certain NDCs
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	QL
BEVESPI AER 9-4.8MCG	QL
<i>ipratropium/albuterol inhalation soln</i>	QL
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	
TRELEGY AER 100MCG	QL
TRELEGY AER 200MCG	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
SPIRIVA HANDIHALER CAPS 18MCG	QL
YUPELRI SOLN 175MCG/3ML	QL
ANTI-HISTAMINES	
<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 aers 45mcg/act</i>	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	QL
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
DUPIXENT SOAJ 300MG/2ML; SOSY 300MG/2ML	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
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS	
DUPIXENT SOAJ 300MG/2ML; SOSY 300MG/2ML	SP, PA, QL
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	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
COLD/COUGH	
benzonatate caps 100mg, 200mg	Listing does not include certain NDCs.
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	QL; PA*
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	QL; PA*
promethazine w/ codeine syrup 6.25-10 mg/5ml	QL; PA*
promethazine-dm syrup 6.25-15 mg/5ml	
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
tobramycin nebu 300mg/4ml, 300mg/5ml	SP, PA, QL
TRIKAFTA PAK 59.5MG	SP, PA, QL
TRIKAFTA PAK 75MG	SP, PA, QL
TRIKAFTA TAB	SP, PA, QL
EOSINOPHILIC ESOPHAGITIS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	SP, PA, QL
LEUKOTRIENE RECEPTOR ANTAGONISTS	
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	
NASAL STEROIDS	
flunisolide spray soln .025%	
fluticasone spray susp 50mcg/act	
PRURIGO NODULARIS	
DUPIXENT SOAJ 300MG/2ML; SOSY 300MG/2ML	SP, PA, QL
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100MG, 150MG	SP, PA, QL
pirfenidone caps 267mg; tabs 267mg, 801mg	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
SEVERE ASTHMA AGENTS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	SP, PA, QL
FASENRA SOSY 10MG/0.5ML, 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	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	QL
budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml	QL; PA*
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	QL
STEROID/BETA-AGONIST COMBINATIONS	
AIRSUPRA AER 90-80MCG	QL
breyna 80-4.5 mcg/act	QL
breyna 160-4.5 mcg/act	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act	QL; Listing does not include certain NDCs
fluticasone-salmeterol aer powder ba 250-50 mcg/act	QL; Listing does not include certain NDCs
fluticasone-salmeterol aer powder ba 500-50 mcg/act	QL; Listing does not include certain NDCs
wixela inhub 100-50 mcg/act	QL
wixela inhub 250-50 mcg/act	QL
wixela inhub 500-50 mcg/act	QL
XANTHINES	
theophylline tb12 300mg, 450mg; tb24 400mg, 600mg	
TOPICAL	
DERMATOLOGY, ACNE	
clindamycin gel gel 1%	QL; PA*, Listing does not include certain NDCs
clindamycin lotion lotn 1%	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>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>	
<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	
TACLONEX OIN	
TACLONEX SUS	
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole (topical) sham 2%</i>	QL; PA*
<i>selenium sulfide lotn 2.5%</i>	
DERMATOLOGY, ATOPIC DERMATITIS	
ADBRY SOAJ 300MG/2ML; SOSY 150MG/ML	SP, PA, QL
CIBINQO TABS 50MG, 100MG, 200MG	SP, PA, QL
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	SP, PA, QL
<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*

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>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>	
DERMATOLOGY, ROSACEA	
<i>ivermectin (rosacea) crea 1%</i>	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	QL; PA*
ORACEA CPDR 40MG	
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>	

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>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>	

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

Index

A	
<i>abacavir sulfate</i>	15
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	15
ABILIFY MAINTENA	29
<i>abiraterone acetate</i>	20
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	38
ACCU-CHEK GUIDE STRIPS AND KITS....	38
ACCU-CHEK LANCETS / LANCING DEVICE	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>	58
<i>acyclovir</i>	16
ADAKVEO	45
ADALIMUMAB-ADAZ.....	46, 47, 48, 49, 50
ADBRY.....	57
ADEMPAS.....	26
ADYNOVATE	44
AFSTYLA.....	44
AIRSUPRA AER 90-80MCG	56
AJOVY.....	31
<i>albuterol inhalation soln</i>	54
<i>albuterol sulfate, cfc-free aerosol</i>	54
<i>alclometasone dipropionate</i>	57
ALECENSA	20
<i>alendronate sodium</i>	36
<i>alfuzosin ext-rel</i>	43
<i>allopurinol</i>	13
<i>alosetron hcl</i>	42
<i>alprazolam</i>	27
ALPRAZOLAM INTENSOL.....	27
<i>alprazolam orally disintegrating tabs</i>	27
ALPROLIX	45
ALTUVIIIO	44
ALUNBRIG	20
ALUNBRIG PAK.....	20
ALVAIZ	46
<i>amantadine hcl</i>	28
<i>ambrisentan</i>	26
<i>amcinonide</i>	57
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	25
<i>amiloride hcl</i>	25
<i>amiodarone</i>	24
<i>amitriptyline hcl</i>	28
<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>	18
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	18
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	18
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	18
<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>	31
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	31
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	31
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	30
<i>amphetamine-dextroamphetamine tab 10 mg</i>	31
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	31
<i>amphetamine-dextroamphetamine tab 15 mg</i>	31
<i>amphetamine-dextroamphetamine tab 20 mg</i>	31
<i>amphetamine-dextroamphetamine tab 30 mg</i>	31
<i>amphetamine-dextroamphetamine tab 5 mg</i>	31
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	31
<i>ampicillin</i>	19
<i>anagrelide hcl</i>	45
<i>anastrozole</i>	20
<i>ANNOVERA MIS</i>	37
<i>ANORO ELLIPT AER 62.5-25</i>	54
<i>apomorphine hydrochloride</i>	28
<i>aprepitant</i>	41

<i>aprepitant capsule therapy pack 80 & 125 mg</i>	41
<i>APRETUDE</i>	15
<i>ARALAST NP</i>	54
<i>ARANESP ALBUMIN FREE</i>	44
<i>ARIKAYCE</i>	14
<i>aripiprazole</i>	29
<i>ARISTADA</i>	29
<i>ARISTADA INITIO</i>	29
<i>armodafinil</i>	33
<i>asenapine maleate</i>	29
<i>ASMANEX HFA</i>	56
<i>ASTAGRAF XL</i>	51
<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> ...	24
<i>atomoxetine hcl</i>	31
<i>atorvastatin calcium</i>	24
<i>atovaquone</i>	18
<i>AUGTYRO</i>	20
<i>AUSTEDO</i>	32
<i>AUSTEDO XR</i>	32
<i>AUSTEDO XR TAB TITR KIT</i>	32
<i>AVONEX</i>	32
<i>AVSOLA</i>	46
<i>azathioprine</i>	51
<i>azelastine hcl</i>	54
<i>azelastine hcl (ophth)</i>	53
<i>azithromycin</i>	17
B	
<i>bacitracin (ophthalmic)</i>	52
<i>bacitracin-polymyxin b ophth oint</i>	52
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	52
<i>baclofen</i>	33
<i>balsalazide disodium</i>	42
<i>BAQSIMI ONE PACK</i>	39
<i>BAQSIMI TWO PACK</i>	39
<i>BD INSULIN SYRINGES AND NEEDLES</i>	38
<i>BELBUCA</i>	14
<i>BENEFIX</i>	45
<i>BENLYSTA</i>	51
<i>benzonatate</i>	55

<i>benztropine mesylate</i>	28	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
BESREMI	19	<i>mg (base equiv)</i>	33
<i>betaine powder for oral solution</i>	40	<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>betamethasone dipropionate (topical)</i>	58	<i>0.5 mg (base equiv)</i>	33
<i>betamethasone dipropionate augmented</i>	58	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>betamethasone valerate</i>	58	<i>mg (base equiv)</i>	33
BETASERON	32	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>betaxolol hcl (ophth)</i>	53	<i>mg (base equiv)</i>	33
<i>bethanechol chloride</i>	43	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
BEVESPI AER 9-4.8MCG	54	<i>mg (base equiv)</i>	33
<i>bexarotene</i>	21	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
<i>bexarotene (topical)</i>	58	<i>mg (base equiv)</i>	33
BEYFORTUS	52	<i>bupropion</i>	28
<i>bicalutamide</i>	20	<i>bupropion hcl</i>	28
BIKTARVY TAB	15	<i>bupropion hcl (smoking deterrent)</i>	34
<i>bimatoprost</i>	53	<i>bupropion hcl ext-rel</i>	28
BIMZELX	48	<i>buspirone hcl</i>	27
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		BYOOVIZ	53
<i>6.25 mg</i>	25	C	
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		CABENUVA SUS 400-600	15
<i>6.25 mg</i>	25	CABENUVA SUS 600-900	15
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		<i>cabergoline</i>	40
<i>mg</i>	25	CABOMETYX	20
<i>bisoprolol fumarate</i>	25	<i>calcipotriene</i>	57
<i>bortezomib</i>	22	<i>calcitriol</i>	41
<i>bosentan</i>	26	<i>calcium acetate caps</i>	40
BOSULIF	20	CALQUENCE	20
BRAFTOVI	20	CAMZYOS	26
<i>breyna 160-4.5 mcg/act</i>	56	<i>capecitabine</i>	19
<i>breyna 80-4.5 mcg/act</i>	56	CAPRELSA	20
<i>brimonidine tartrate</i>	54	<i>captopril</i>	22
<i>bromocriptine mesylate</i>	29	<i>carbamazepine</i>	30
BRUKINSA	20	<i>carbidopa & levodopa tab 10-100 mg</i>	29
<i>budesonide</i>	42	<i>carbidopa & levodopa tab 25-100 mg</i>	29
<i>budesonide (intrarectal)</i>	42	<i>carbidopa & levodopa tab 25-250 mg</i>	29
<i>budesonide inh susp</i>	56	<i>carbidopa & levodopa tab er 25-100 mg</i> ..	29
<i>budesonide-formoterol fumarate dihyd</i>		<i>carbidopa & levodopa tab er 50-200 mg</i> ..	29
<i>aerosol 160-4.5 mcg/act</i>	56	<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
<i>budesonide-formoterol fumarate dihyd</i>		<i>50-200 mg</i>	29
<i>aerosol 80-4.5 mcg/act</i>	56	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>bumetanide</i>	25	<i>18.75-75-200 mg</i>	29
<i>buprenorphine</i>	14	<i>carbidopa-levodopa-entacapone tabs 25-</i>	
<i>buprenorphine hcl</i>	33	<i>100-200 mg</i>	29

<i>carbidopa-levodopa-entacapone tabs</i>		<i>clindamycin lotion</i>	56
31.25-125-200 mg.....	29	<i>clindamycin solution</i>	57
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-		<i>clobazam</i>	30
150-200 mg	29	<i>clobetasol propionate</i>	58
<i>carbidopa-levodopa-entacapone tabs</i> 50-		<i>clomiphene citrate</i>	39
200-200 mg	29	<i>clonazepam</i>	30
<i>carglumic acid</i>	41	<i>clonidine</i>	26
<i>carvedilol</i>	25	<i>clonidine hcl</i>	26
<i>cefadroxil</i>	17	<i>clopidogrel bisulfate</i>	45
<i>cefdinir</i>	17	<i>clorazepate dipotassium</i>	30
<i>cefpodoxime proxetil</i>	17	<i>clotrimazole (topical)</i>	57
<i>cefprozil</i>	17	<i>clotrimazole troches</i>	58
<i>cefuroxime axetil</i>	17	<i>clozapine</i>	29
CELLCEPT	51	<i>codeine sulfate</i>	13
CELLCEPT INTRAVENOUS	51	<i>colchicine</i>	13
<i>cephalexin</i>	17	<i>colestipol hcl</i>	24
CERDELGA	40	COMBIPATCH DIS.....	40
CEREZYME	40	COPAXONE INJ 40MG/ML.....	32
<i>cetorelix acetate</i>	39	COPIKTRA	20
<i>chlorpromazine hcl</i>	29	CORLANOR	26
<i>chlorthalidone</i>	25	COSENTYX	46, 47, 48, 49
<i>cholestyramine</i>	24	COSENTYX UNOREADY	46, 47, 48, 49
<i>cholestyramine light</i>	24	CREON CAP 12000UNT	42
CIBINQO	57	CREON CAP 24000UNT	42
<i>ciclopirox</i>	57	CREON CAP 3000UNIT	42
<i>ciclopirox olamine</i>	57	CREON CAP 36000UNT	43
<i>cilostazol</i>	45	CREON CAP 6000UNIT	42
CIMDUO TAB 300-300.....	15	CRINONE	40
CIMERLI	53	<i>cromolyn sodium (ophth)</i>	53
<i>cimetidine</i>	42	CRYSVITA	21
CIMZIA	48	CUTAQUIG.....	51
<i>cinacalcet hcl</i>	36	<i>cyanocobalamin</i>	52
CIPRO.....	17	<i>cyclobenzaprine hcl</i>	33
<i>ciprofloxacin hcl</i>	17	<i>cyclophosphamide</i>	19
<i>ciprofloxacin hcl (ophth)</i>	52	CYCLOPHOSPHAMIDE	19
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>cycloserine</i>	16
0.3-0.1%.....	59	<i>cyclosporine</i>	51
<i>citalopram hydrobromide</i>	28	<i>cyclosporine modified (for microemulsion)</i>	
<i>clarithromycin</i>	17		51
<i>clarithromycin ext-rel</i>	17	<i>cyproheptadine hcl</i>	54
CLENPIQ SOL.....	42	CYSTAGON.....	40
<i>clindamycin cream</i>	43	D	
<i>clindamycin gel</i>	56	<i>dabigatran etexilate mesylate</i>	44
<i>clindamycin hcl</i>	18	<i>danazol</i>	39

<i>dantrolene sodium</i>	33
<i>dapsone</i>	18
<i>darunavir</i>	15
<i>dasatinib</i>	20
<i>DAXXIFY</i>	31
<i>deferasirox</i>	37
<i>deferiprone</i>	37
<i>deferoxamine mesylate</i>	37
<i>DESCOVY TAB 120-15MG</i>	15
<i>DESCOVY TAB 200/25MG</i>	15
<i>desipramine hcl</i>	28
<i>desmopressin acetate</i>	41
<i>desmopressin acetate spray</i>	41
<i>desmopressin acetate spray refrigerated</i>	41
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	37
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	37
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	37
<i>desonide</i>	58
<i>desoximetasone</i>	58
<i>desvenlafaxine succinate ext-rel</i>	28
<i>dexamethasone</i>	39
<i>dexamethasone sodium phosphate (ophth)</i>	53
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	38
<i>dexmethylphenidate hcl</i>	31
<i>dextroamphetamine sulfate</i>	31
<i>diazepam</i>	30
<i>diazepam (anticonvulsant)</i>	30
<i>diclofenac potassium</i>	13
<i>diclofenac sodium (ophth)</i>	53
<i>diclofenac sodium delayed-rel</i>	13
<i>diclofenac sodium ext-rel</i>	13
<i>dicloxacillin sodium</i>	19
<i>dicyclomine hcl</i>	41
<i>DIFICID</i>	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 mg/5ml</i>	41
<i>diphenoxylate w/ atropine tab 2.5-0.025 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
<i>DOPTelet</i>	46
<i>dorzolamide hcl</i>	53
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	53
<i>DOVATO TAB 50-300MG</i>	15
<i>doxazosin mesylate</i>	43
<i>doxepin</i>	28
<i>doxepin hcl (sleep)</i>	31
<i>doxercalciferol</i>	41
<i>doxycycline hyclate</i>	19
<i>doxycycline monohydrate susp</i>	19
<i>dronabinol</i>	41
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	37
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	37
<i>duloxetine delayed-rel</i>	28
<i>DUPIXENT</i>	54, 55, 56, 57
<i>DUROLANE</i>	14
E	
<i>econazole nitrate</i>	57
<i>efavirenz</i>	15
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	15
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	15
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	15
<i>ELFABRIO</i>	40
<i>ELIGARD</i>	20
<i>ELIQUIS</i>	44
<i>ELIQUIS STARTER PACK</i>	44
<i>ELLA</i>	37
<i>ELOCTATE</i>	45

EMGALITY	32
EMPAVELI.....	45
emtricitabine	15
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	16
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	16
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	16
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	16
EMTRIVA.....	15
EMVERM.....	14
enalapril maleate	22
enalapril maleate & hydrochlorothiazide tab 10-25 mg	22
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	22
ENBREL.....	46, 49
enoxaparin sodium.....	44
ENSPRYNG.....	32
ENSTILAR AER.....	57
entacapone	29
entecavir	17
ENTRESTO CAP 15-16MG	26
ENTRESTO CAP 6-6MG	26
ENTRESTO TAB 24-26MG	26
ENTRESTO TAB 49-51MG.....	26
ENTRESTO TAB 97-103MG.....	26
ENVARUS XR	51
EPCLUSA PAK 150-37.5	17
EPCLUSA PAK 200-50MG	17
EPCLUSA TAB 200-50MG	17
EPCLUSA TAB 400-100.....	17
epinephrine (anaphylaxis)	54
eplerenone	23
epoprostenol sodium	26
ergocalciferol	52
ERIVEDGE.....	19
ERLEADA	20
erlotinib hcl.....	20
erythromycin	17
erythromycin (ophth)	53
erythromycin base.....	17

erythromycin delayed-rel	17
erythromycin gel 2%	57
erythromycin soln	57
erythromycin/benzoyl peroxide	57
escitalopram oxalate	28
ESPEROCT	45
estradiol	40
estradiol vaginal crm	40
estradiol/norethindrone.....	40
ethacrynic acid.....	25
ethambutol hcl	16
ethosuximide.....	30
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	37
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	37
etodolac	13
etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr.....	37
etoposide	21
etravirine	15
EUFLEXXA.....	14
everolimus	20
everolimus (immunosuppressant)	51
EVOTAZ TAB 300-150.....	16
EVRYSDI.....	32
exemestane	20
ezetimibe	24
F	
FABRAZYME.....	40
famciclovir	16
famotidine	42
FARXIGA	36
FASENRA	56
FASENRA PEN.....	56
felbamate.....	30
felodipine ext-rel.....	25
fenofibrate	24
FENSOLVI	37
fentanyl	13
FIASP	35
finasteride	43
fingolimod hcl.....	32
flecainide acetate	24

<i>fluconazole</i>	14
<i>fludrocortisone acetate</i>	39
<i>flunisolide spray</i>	55
<i>fluocinolone acetonide</i>	58
<i>fluocinonide</i>	58
<i>fluorometholone (ophth)</i>	53
<i>fluorouracil (topical)</i>	57
<i>fluoxetine hcl</i>	28
<i>fluphenazine hcl</i>	29
<i>flurbiprofen</i>	13
<i>fluticasone propionate</i>	58
<i>fluticasone spray</i>	55
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	56
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	56
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	56
<i>fluvoxamine ext-rel</i>	27
<i>fluvoxamine maleate</i>	27
<i>folic acid</i>	52
FOLLISTIM AQ	39
<i>fondaparinux sodium</i>	44
<i>formoterol inhalation solution</i>	54
<i>fosamprenavir calcium</i>	15
<i>fulvestrant</i>	20
<i>furosemide</i>	26
FYLNETRA	44
G	
<i>gabapentin</i>	30
GALAFOLD	40
<i>galantamine hydrobromide</i>	27
GAMMAGARD LIQUID	51
GAMUNEX-C	51
GANIRELIX ACETATE	39
GAVRETO	20
<i>gefitinib</i>	20
GELSYN-3	14
<i>gemfibrozil</i>	24
<i>gentamicin sulfate (ophth)</i>	53
<i>gentamicin sulfate (topical)</i>	57
GENVOYA TAB	16
GILOTRIF	20
GLASSIA	54

<i>glatiramer acetate</i>	32
<i>glimepiride</i>	36
<i>glipizide</i>	36
<i>glipizide ext-rel</i>	36
<i>glipizide xl</i>	36
<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>glutamine (sickle cell)</i>	45
<i>glycopyrrolate</i>	41
GLYXAMBI TAB 10-5 MG	36
GLYXAMBI TAB 25-5 MG	36
<i>granisetron hcl</i>	41
<i>griseofulvin microsize</i>	14
GVOKE HYPOPEN 1-PACK	39
GVOKE HYPOPEN 2-PACK	39
GVOKE KIT	39
GVOKE PFS	39
H	
HADLIMA	46, 47, 48, 49, 50
HADLIMA PUSHTOUCH ...	46, 47, 48, 49, 50
<i>halobetasol propionate</i>	58
<i>haloperidol</i>	29
HARVONI PAK	18
HARVONI PAK 45-200MG	18
HARVONI TAB 45-200MG	18
HARVONI TAB 90-400MG	18
HEMLIBRA	45
HIZENTRA	51
HUMATROPE	39
HUMULIN R U-500	35
<i>hydralazine hcl</i>	26
<i>hydrochlorothiazide</i>	26
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	55
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	55
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	13
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	13
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	13

<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	13
<i>hydrocortisone</i>	39
<i>hydrocortisone (intrarectal)</i>	42
<i>hydrocortisone (rectal)</i>	43
<i>hydrocortisone (topical)</i>	58
<i>hydrocortisone butyrate</i>	58
<i>hydrocortisone valerate</i>	58
<i>hydromorphone hcl</i>	13
<i>hydroxychloroquine sulfate</i>	50
<i>hydroxyurea</i>	22
<i>hydroxyzine hcl</i>	54
<i>hyoscyamine sulfate</i>	41
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX)	46, 47, 48, 49, 50
I	
<i>ibandronate sodium</i>	36
IBRANCE.....	20
<i>ibuprofen</i>	13
<i>ibutilide fumarate</i>	24
<i>icatibant acetate</i>	50
IDELVION.....	45
ILARIS.....	52
ILUMYA	46
<i>imatinib mesylate</i>	21
<i>imipramine hcl</i>	28
<i>imiquimod</i>	57
IMVEXXY.....	40
INBRIJA.....	29
<i>indapamide</i>	26
INGREZZA.....	32
INGREZZA CAP 40-80MG.....	32
INLYTA.....	21
INSULIN GLARGINE-YFGN	35
<i>ipratropium bromide (nasal)</i>	54
<i>ipratropium inhalation solution</i>	54
<i>ipratropium/albuterol inhalation soln</i>	54
IQIRVO	42
<i>irbesartan</i>	24
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	23
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	23
ISENTRESS	15

ISENTRESS HD.....	15
<i>isoniazid</i>	16
<i>isosorbide dinitrate</i>	26
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	26
<i>isosorbide mononitrate ext-rel</i>	26
<i>isotretinoin</i>	57
<i>isradipine</i>	25
ITOVEBI	21
<i>itraconazole</i>	14
<i>ivabradine hcl</i>	26
<i>ivermectin</i>	14
<i>ivermectin (rosacea)</i>	58
J	
JARDIANCE.....	36
JIVI.....	45
JULUCA TAB 50-25MG	16
K	
KALYDECO	55
KANJINTI	19
KERENDIA.....	23
KESIMPTA.....	32
<i>ketoconazole (topical)</i>	57
<i>ketorolac tromethamine</i>	13
<i>ketorolac tromethamine (ophth)</i>	53
KEVZARA	49
KOGENATE FS.....	45
KOSELUGO	21
KRAZATI.....	22
KYLEENA	37
L	
<i>labetalol hcl</i>	25
<i>lactic acid (ammonium lactate)</i>	58
<i>lactulose</i>	42
<i>lamivudine</i>	15
<i>lamivudine (hbv)</i>	17
<i>lamivudine-zidovudine tab 150-300 mg</i>	16
<i>lamotrigine</i>	30
<i>lansoprazole delayed-rel</i>	43
LANTUS.....	35
LANTUS SOLOSTAR.....	35
<i>lapatinib ditosylate</i>	21
<i>latanoprost</i>	53
<i>leflunomide</i>	50

LENVIMA 10 MG DAILY DOSE	21	<i>loperamide hcl</i>	41
LENVIMA 12MG DAILY DOSE	21	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	16
LENVIMA 20 MG DAILY DOSE	21	<i>lopinavir-ritonavir tab 100-25 mg</i>	16
LENVIMA 4 MG DAILY DOSE.....	21	<i>lopinavir-ritonavir tab 200-50 mg</i>	16
LENVIMA 8 MG DAILY DOSE.....	21	<i>lorazepam</i>	27
LENVIMA CAP 14 MG.....	21	LORBRENA	21
LENVIMA CAP 18 MG.....	21	<i>losartan potassium</i>	24
LENVIMA CAP 24 MG.....	21	<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	23
<i>letrozole</i>	20	<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	23
LEUKERAN	19	<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	23
<i>levalbuterol nebulizer soln concentrate</i> ...	54	<i>loteprednol etabonate</i>	53
<i>levalbuterol, cfc-free aerosol</i>	54	<i>lubiprostone</i>	42
<i>levetiracetam</i>	30	LUMAKRAS.....	22
<i>levofloxacin</i>	17	LUMRYZ	33
<i>levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i>	37	LUMRYZ PAK STARTER.....	33
<i>levonorgestrel & ethinyl estradiol tab 0.1</i> <i>mg-20 mcg</i>	37	LUPRON DEPOT (1-MONTH)	20
<i>levonorgestrel & ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i>	37	LUPRON DEPOT (3-MONTH).....	20
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	37	LUPRON DEPOT-PED (1-MONTH).....	37
<i>levothyroxine sodium</i>	41	LUPRON DEPOT-PED (3-MONTH).....	37
<i>lidocaine</i>	58	LUPRON DEPOT-PED (6-MONTH).....	37
<i>lidocaine hcl (mouth-throat)</i>	58	LYNPARZA.....	22
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	58	LYSODREN	20
<i>linezolid</i>	18	M	
<i>linezolid inj</i>	18	<i>malathion</i>	58
LINZESS	42	<i>maraviroc</i>	15
<i>lithyronine sodium</i>	41	MATULANE.....	22
<i>liraglutide</i>	35	MAYZENT	32
<i>lisdexamfetamine dimesylate</i>	31	MAYZENT STARTER PACK	32
<i>lisinopril</i>	22	<i>meclizine hcl</i>	41
<i>lisinopril & hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	22	MEDROL.....	39
<i>lisinopril & hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	22	<i>medroxyprogesterone acetate</i>	40
<i>lisinopril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	22	<i>medroxyprogesterone acetate 150 mg/ml</i>	37
LITFULO	46	<i>megestrol acetate</i>	20, 41
<i>lithium carbonate</i>	32	MEKINIST	21
LO LOESTRIN TAB 1-10-10	37	MEKTOVI.....	21
LONSURF TAB 15-6.14	19	<i>meloxicam</i>	13
LONSURF TAB 20-8.19	19	<i>memantine hcl</i>	27
		MENOPUR	39
		<i>mercaptopurine</i>	19

<i>mesalamine</i>	42
<i>metformin ext-rel</i>	34
<i>metformin hcl</i>	34
<i>methadone hcl</i>	13
<i>methimazole</i>	41
<i>methocarbamol</i>	33
<i>methotrexate sodium</i>	50
<i>methylphenidate hcl</i>	31
<i>methylprednisolone</i>	39
<i>metoclopramide hcl</i>	42
<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
<i>metronidazole</i>	18
<i>metronidazole (topical)</i>	58
<i>metronidazole vaginal gel</i>	43
<i>midodrine hcl</i>	26
<i>minocycline hcl</i>	19
<i>mirabegron</i>	43
<i>MIRENA</i>	37
<i>mirtazapine</i>	28
<i>mirtazapine orally disintegrating tabs</i>	28
<i>misoprostol</i>	42
<i>MITIGARE</i>	13
<i>modafinil</i>	33
<i>mometasone furoate</i>	58
<i>montelukast sodium</i>	55
<i>morphine sulfate</i>	14
<i>MOUNJARO</i>	35
<i>moxifloxacin hcl</i>	17
<i>moxifloxacin hcl (ophth)</i>	53
<i>MUGARD LIQ</i>	58
<i>mupirocin</i>	57
<i>mycophenolate mofetil</i>	51
<i>mycophenolate sodium</i>	51
<i>MYFEMBREE TAB</i>	41
<i>MYFORTIC</i>	51
<i>MYLERAN</i>	19

N

<i>nabumetone</i>	13
<i>nadolol</i>	25
<i>naloxone hcl</i>	33
<i>naltrexone hcl</i>	33
<i>naproxen</i>	13
<i>naproxen sodium</i>	13
<i>naratriptan hcl</i>	32
<i>NATACYN</i>	53
<i>NATESTO</i>	34
<i>neomycin-polymy-gramicid op sol 1.75- 10000-0.025mg-unt-mg/ml</i>	53
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	52
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	52
<i>neomycin-polymyxin-hc ophth susp</i>	52
<i>neomycin-polymyxin-hc otic soln 1%</i>	59
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	59
<i>NEORAL</i>	51
<i>NERLYNX</i>	21
<i>nevirapine</i>	15
<i>NEXPLANON</i>	38
<i>NEXVIAZYME</i>	40
<i>niacin ext-rel</i>	24
<i>nicardipine hcl</i>	25
<i>nifedipine ext-rel</i>	25
<i>nilutamide</i>	20
<i>NINLARO</i>	22
<i>nitisinone</i>	39
<i>NITRO-DUR</i>	26
<i>nitrofurantoin ext-rel</i>	18
<i>nitrofurantoin macrocrystals</i>	18
<i>nitroglycerin sublingual</i>	26
<i>nitroglycerin transdermal</i>	26
<i>NIVESTYM</i>	44
<i>NORDITROPIN</i>	39
<i>norelgestromin/ethinyl estradiol - xulane</i>	38
<i>norethindrone</i>	38
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	38
<i>norethindrone & ethinyl estradiol tab 1 mg- 35 mcg</i>	38

<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	38
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	38
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	38
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	38
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	38
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	38
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	38
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	38
<i>norethindrone acetate</i>	41
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	40
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	40
<i>norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg</i>	38
<i>norethindrone-eth estradiol tab 0.5-35/1- 35/0.5-35 mg-mcg</i>	38
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	38
<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	38
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	38
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	38
<i>nortriptyline hcl</i>	28
NORVIR.....	15
NOVOLIN MIX.....	35
NOVOLIN N.....	35
NOVOLIN R.....	35
NOVOLOG.....	35
NOVOLOG MIX.....	35
NUBEQA.....	20
NUCALA.....	55, 56
NULOJIX.....	51
NUWIQ.....	45

<i>nystatin</i>	14
<i>nystatin (topical)</i>	57
NYVEPRIA.....	44
●	
OCREVUS.....	32
<i>octreotide acetate</i>	34
ODEFSEY TAB.....	16
ODOMZO.....	22
OFEV.....	55
<i>ofloxacin (ophth)</i>	53
<i>ofloxacin (otic)</i>	59
olanzapine.....	29
olmesartan medoxomil.....	24
olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg.....	23
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg.....	23
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg.....	23
olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg..	23
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg	23
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg ..	23
olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg .	23
olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg	23
omeprazole delayed-rel.....	43
OMNIPOD 5 INSULIN INFUSION PUMP ...	38
OMNIPOD DASH INSULIN INFUSION PUMP	38
ondansetron.....	42
ondansetron hcl.....	42
ONUREG.....	19
OPSUMIT.....	26
OPSYNVI TAB 10-20MG.....	27
OPSYNVI TAB 10-40MG.....	27
ORACEA.....	58
ORALAIR SUB 300 IR.....	46
ORENCIA CLICKJECT.....	49
ORENCIA SUBCUTANEOUS.....	49
ORENITRAM.....	27

ORENITRAM TAB MONTH 1.....	27
ORENITRAM TAB MONTH 2.....	27
ORENITRAM TAB MONTH 3.....	27
ORFADIN	39
ORIAHNN CAP.....	41
ORILISSA	39
ORLADEYO.....	50
<i>orlistat</i>	36
<i>oseltamivir phosphate</i>	16
OTEZLA.....	48, 49
OTEZLA TAB 10/20	48, 49
OTEZLA TAB 10/20/30.....	48, 49
OTREXUP	50
<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	35
P	
PADCEV	19
<i>paliperidone</i>	29
<i>pantoprazole delayed-rel tabs</i>	43
PARAGARD IUD T380A	38
<i>paricalcitol</i>	41
<i>paroxetine hcl ext-rel</i>	28
<i>paroxetine hcl tabs</i>	28
PAXLOVID TAB 150-100.....	16
PAXLOVID TAB 300-100.....	16
<i>pazopanib hcl</i>	21
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	52
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	52

<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	52
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	52
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	52
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	52
<i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</i>	52
<i>peg-3350/electrolytes</i>	42
<i>penicillamine</i>	37
<i>penicillin v potassium</i>	19
<i>perindopril erbumine</i>	22
PERJETA	22
<i>permethrin</i>	58
PHEBURANE.....	41
<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>	52
<i>pilocarpine hcl (oral)</i>	58
<i>pimecrolimus</i>	57
<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>	55
<i>piroxicam</i>	13
POLIVY	22
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	53
POMALYST.....	19
<i>potassium chloride</i>	52

<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>	53
PREDNISOLONE SODIUM PHOSP	53
<i>prednisolone sodium phosphate</i>	39
<i>prednisone</i>	39
PREGNYL W/DILUENT BENZYL	39
<i>prenat w/o a w/feum-methfol-fa-dha cap</i> <i>27-0.6-0.4-300 mg</i>	52
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1</i> <i>mg</i>	52
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1</i> <i>mg</i>	52
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	52
<i>prenatal vit w/ fe fum-methylfolate-fa tab</i> <i>27-0.6-0.4 mg</i>	52
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25</i> <i>mg</i>	52
PREZCOBIX TAB 800-150	16
PRIFTIN	16
<i>primidone</i>	30
PRIVIGEN	51
<i>probenecid</i>	13
<i>prochlorperazine maleate</i>	42
PROCRT	44
<i>progesterone, micronized</i>	41
PROGRAF	51
PROLIA	36
<i>promethazine hcl</i>	42
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	55
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	55
<i>propafenone ext-rel</i>	24
<i>propafenone hcl</i>	24
<i>propranolol ext-rel</i>	25
<i>propranolol hcl</i>	25
<i>propylthiouracil</i>	41
PULMICORT FLEXHALER	56
PULMOZYME	55

<i>pyrazinamide</i>	16
<i>pyridostigmine bromide</i>	33
PYZCHIVA	47, 48, 49, 50
PYZCHIVA INTRAVENOUS	46
Q	
QSYMIA CAP 11.25-69	36
QSYMIA CAP 15-92MG	36
QSYMIA CAP 3.75-23	36
QSYMIA CAP 7.5-46MG	36
<i>quetiapine fumarate</i>	29
R	
RADICAVA ORS	27
<i>raloxifene hcl</i>	40
<i>ramelteon</i>	31
<i>ramipril</i>	22
<i>ranolazine ext-rel</i>	26
RAPAMUNE	51
<i>rasagiline mesylate</i>	29
REBIF	33
REBINYN	45
REMICADE	46
REPATHA	24
REPATHA PUSHTRONEX SYSTEM	24
REPATHA SURECLICK	24
RESTASIS	53
RETACRIT	44
RETEVMO	21
REVLIMID	19
REYATAZ	15
<i>ribavirin</i>	18
<i>rifabutin</i>	16
<i>rifampin</i>	16
<i>riluzole</i>	27
RINVOQ	47, 48, 49, 50, 57
<i>risedronate sodium</i>	36
<i>risperidone</i>	30
<i>risperidone microspheres</i>	30
<i>ritonavir</i>	15
<i>rivastigmine</i>	27
<i>rivastigmine tartrate</i>	27
<i>rizatriptan benzoate</i>	32
<i>rizatriptan orally disintegrating tabs</i>	32
<i>ropinirole hydrochloride</i>	29
<i>rosuvastatin calcium</i>	24

ROZLYTREK	21
RUCONEST	50
RUKOBIA.....	15
RUXIENCE.....	19
RYBELSUS	35
RYDAPT	21
RYSTIGGO	32

S

SANDIMMUNE	51
<i>sapropterin dihydrochloride</i>	40
SAVELLA.....	31
SAVELLA MIS TITR PAK	31
<i>saxagliptin hcl</i>	34
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	34
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	34
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	34
SAXENDA	36
SCSEMBLIX	21
<i>selegiline hcl</i>	29
<i>selenium sulfide</i>	57
<i>sertraline hcl</i>	28
<i>sevelamer carbonate</i>	40
SEVENFACT	44
SIKLOS	45
<i>sildenafil citrate (pulmonary hypertension)</i>	27
<i>silver sulfadiazine</i>	57
SIMPONI ARIA	46
<i>simvastatin</i>	24
<i>sirolimus</i>	51
SKYLA	38
SKYRIZI	47, 48, 49, 50
SKYRIZI INTRAVENOUS	46
<i>sodium fluoride</i>	52
<i>sodium phenylbutyrate</i>	41
<i>sodium polystyrene sulfonate</i>	40
SOGROYA.....	40
SOLIQUA.....	35
SOMATULINE DEPOT	34
<i>sorafenib tosylate</i>	21
<i>sotalol</i>	24

<i>sotalol hcl</i>	24
SOTYKTU	48
SPIRIVA	54
SPIRIVA HANDIHALER	54
<i>spironolactone</i>	23
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	26
STELARA INTRAVENOUS.....	46
STELARA SUBCUTANEOUS... 47, 48, 49, 50	
STIVARGA.....	21
STRENSIQ	40
<i>streptomycin sulfate</i>	16
STRIVERDI RESPIMAT	54
SUCRAID	42
<i>sulfacetamide lotion 10%</i>	57
<i>sulfacetamide sodium (ophth)</i>	53
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	52
<i>sulfamethoxazole/trimethoprim</i>	18
<i>sulfamethoxazole/trimethoprim ds</i>	18
<i>sulfasalazine</i>	42
<i>sulindac</i>	13
<i>sumatriptan</i>	32
<i>sumatriptan succinate</i>	32
<i>sunitinib malate</i>	21
SUNLENCA	15
SUPARTZ FX.....	14
SUPPRELIN LA	37
SYMDEKO TAB 100-150	55
SYMDEKO TAB 50-75MG.....	55
SYMLINPEN.....	34
SYMPROIC.....	42
SYMTUZA TAB	16
SYNJARDY TAB	35
SYNJARDY TAB 12.5-500	36
SYNJARDY TAB 5-1000MG	36
SYNJARDY TAB 5-500MG.....	35
SYNJARDY XR TAB	36
SYNJARDY XR TAB 10-1000	36
SYNJARDY XR TAB 25-1000	36
SYNJARDY XR TAB 5-1000MG	36

T

TABLOID	19
TACLONEX OIN	57

TACLONEX SUS.....	57	TRECATOR	16
<i>tacrolimus</i>	51	TRELEGY AER 100MCG	54
<i>tacrolimus (topical)</i>	57	TRELEGY AER 200MCG	54
TADLIQ.....	27	TREMFYA.....	47, 48, 49, 50
TAFINLAR.....	21	TREMFYA INTRAVENOUS.....	46
TAGRISSO	21	TRESIBA	35
TAKHZYRO.....	50	<i>tretinoin</i>	57
<i>tamoxifen citrate</i>	20	<i>tretinoin (chemotherapy)</i>	22
<i>tamsulosin hcl</i>	43	<i>triamcinolone acetonide (mouth)</i>	58
<i>temazepam</i>	31	<i>triamcinolone acetonide (topical)</i>	58
<i>temozolomide</i>	19	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg.....	26
<i>tenofovir disoproxil fumarate</i>	15	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	26
<i>terazosin hcl</i>	43	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	26
<i>terbinafine hcl</i>	14	<i>trifluoperazine hcl</i>	30
<i>terconazole vaginal</i>	43	<i>trifluridine</i>	53
<i>teriflunomide</i>	33	<i>trihexyphenidyl hcl</i>	29
<i>teriparatide</i>	37	TRIJARDY XR TAB.....	34
<i>testosterone</i>	34	TRIKAFTA PAK 59.5MG.....	55
<i>testosterone cypionate</i>	34	TRIKAFTA PAK 75MG	55
<i>testosterone enanthate</i>	34	TRIKAFTA TAB	55
<i>tetrabenazine</i>	32	<i>trimethobenzamide hcl</i>	42
<i>tetracycline hcl</i>	19	TRIPTODUR	37
TEZSPIRE	56	TRIUMEQ PD TAB.....	16
THALOMID	19	TRIUMEQ TAB	16
<i>theophylline</i>	56	TROGARZO.....	15
<i>tiagabine hcl</i>	30	<i>trospium</i>	43
<i>timolol maleate (ophth)</i>	53	TRULICITY	35
<i>tinidazole</i>	14	TRUQAP	21
TIVICAY.....	15	TUKYSA.....	21
TIVICAY PD	15	TWIIST KIT STARTER.....	38
<i>tizanidine hcl</i>	33	TWIIST REFIL KIT INFUSION	39
<i>tobramycin</i>	55	TYMLOS.....	37
<i>tobramycin (ophth)</i>	53	TYSABRI.....	33
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%.....	52	TYVASO	27
<i>tolterodine tartrate</i>	43	TYVASO DPI MAINTENANCE KI.....	27
<i>topiramate</i>	30	TYVASO DPI POW 16-32-48	27
<i>toremifene citrate</i>	20	U	
<i>torseamide</i>	26	UBRELVY.....	31
<i>tramadol hcl</i>	14	UCERIS	42
<i>trandolapril</i>	22	ULTOMIRIS	45
<i>tranylcypromine sulfate</i>	28	UPTRAVI	27
TRAZIMERA.....	19		
<i>trazodone hcl</i>	28		

UPTRAVI PACK TAB 200/800.....	27
ursodiol	42
V	
VAGIFEM	40
valacyclovir hcl	16
valganciclovir hcl	16
valproic acid	30
valsartan	24
valsartan-hydrochlorothiazide tab 160-12.5 mg	23
valsartan-hydrochlorothiazide tab 160-25 mg	23
valsartan-hydrochlorothiazide tab 320-12.5 mg	23
valsartan-hydrochlorothiazide tab 320-25 mg	23
valsartan-hydrochlorothiazide tab 80-12.5 mg	23
vancomycin hcl	18
varenicline tartrate	34
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	34
VASCEPA	24
VELSIPITY	50
VEMLIDY	17
VENCLEXTA	22
VENCLEXTA TAB START PK	22
venlafaxine hcl	28
venlafaxine hcl ext-rel	28
verapamil ext-rel	25
VERZENIO	21
vigabatrin	30
vilazodone hcl	28
VIREAD	15
VISTOGARD	22
VITRAKVI	21
VIVITROL	33
voriconazole	15
VOSEVI TAB	18
VRAYLAR	30
VYNDAMAX	26
VYVANSE	31
VYVGART	32
VYVGART INJ HYTRULO	32

W	
WAKIX	33
warfarin sodium	44
WEGOVY	36
WILATE INJ	44
wixela inhub 100-50 mcg/act	56
wixela inhub 250-50 mcg/act	56
wixela inhub 500-50 mcg/act	56
X	
XALKORI	21
XARELTO	44
XARELTO STAR TAB 15/20MG	44
XDEMVY	53
XELJANZ	50
XELJANZ XR	50
XEMBIFY	51
XEOMIN	31
XIAFLEX	40
XIFAXAN	18
XIGDUO XR TAB 10-1000	36
XIGDUO XR TAB 10-500MG	36
XIGDUO XR TAB 2.5-1000	36
XIGDUO XR TAB 5-1000MG	36
XIGDUO XR TAB 5-500MG	36
XIIDRA	53
XOLAIR	55, 56
XOSPATA	21
XTANDI	20
XYNTHA	45
XYNTHA SOLOFUSE	45
XYWAV SOL 0.5GM/ML	33
Y	
YESINTEK	47, 48, 49, 50
YESINTEK INTRAVENOUS	46
YONSA	20
YUPELRI	54
Z	
zaleplon	31
ZEJULA	22
ZEMAIRA	54
ZENPEP CAP 10000UNT	43
ZENPEP CAP 15000UNT	43
ZENPEP CAP 20000UNT	43
ZENPEP CAP 25000UNT	43

ZENPEP CAP 3000UNIT	43	ZITUVIMET XR TAB 50-1000	34
ZENPEP CAP 40000UNT	43	ZITUVIMET XR TAB 50-500MG.....	34
ZENPEP CAP 5000UNIT	43	ZITUVIO	35
ZENPEP CAP 60000UNT	43	ZOLINZA.....	22
ZEPOSIA.....	33, 50	<i>zolmitriptan</i>	32
ZEPOSIA CAP STR KIT	33, 50	<i>zolmitriptan orally disintegrating tabs</i>	32
<i>zidovudine</i>	15	<i>zolpidem tartrate</i>	31
<i>ziprasidone hcl</i>	30	<i>zolpidem tartrate ext-rel</i>	31
ZIRABEV.....	19	<i>zonisamide</i>	30
ZITHROMAX.....	17	ZORTRESS	51
ZITUVIMET TAB 50-1000	34	ZURZUVAE	28
ZITUVIMET TAB 50-500MG	34	ZYDELIG.....	21
ZITUVIMET XR TAB 100-1000.....	34	ZYKADIA	21