



CVS Caremark[®]
Value Formulary
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Table of Contents

INTRODUCTION	8
PREFACE	8
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	8
DRUG LIST PRODUCT DESCRIPTIONS	9
LEGEND	10
GENERIC SUBSTITUTION	10
SPECIALTY MEDICATIONS	10
PLAN DESIGN	11
PREVENTIVE SERVICES	11
NOTICE	12
ANALGESICS	13
GOUT	13
NSAIDS	13
OPIOID ANALGESICS	13
OPIOID PARTIAL AGONISTS	14
SALICYLATES	14
VISCOSUPPLEMENTS	14
ANTI-INFECTIVES	14
ANTHELMINTICS	14
ANTI-BACTERIALS - MISCELLANEOUS	14
ANTIFUNGALS.....	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
ANTIANKXIETY.....	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.....	31
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	33
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.....	34
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	34
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.....	36
CENTRAL PRECOCIOUS PUBERTY	36
CHELATING AGENTS.....	37
CONTRACEPTIVES.....	37
DIABETIC SUPPLIES.....	38
ENDOMETRIOSIS	38
FERTILITY REGULATORS	39
GLUCOCORTICOIDS.....	39
GLUCOSE ELEVATING AGENTS.....	39
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	39
HUMAN GROWTH HORMONES.....	39
LYSOSOMAL STORAGE DISORDERS	39
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.....	43
ANTICOAGULANTS.....	43
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.....	45
IMMUNOLOGIC AGENTS.....	45
ALLERGENIC EXTRACTS	45
ALOPECIA AREATA.....	45
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	45
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	46

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

STEROID/BETA-AGONIST COMBINATIONS	54
XANTHINES.....	54
TOPICAL	54
DERMATOLOGY, ACNE.....	54
DERMATOLOGY, ACTINIC KERATOSIS	55
DERMATOLOGY, ANTIBIOTICS	55
DERMATOLOGY, ANTIFUNGALS.....	55
DERMATOLOGY, ANTIPSORIATICS	55
DERMATOLOGY, ANTISEBORRHEICS	55
DERMATOLOGY, ATOPIC DERMATITIS	55
DERMATOLOGY, CORTICOSTEROIDS.....	55
DERMATOLOGY, LOCAL ANESTHETICS.....	56
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE.....	56
DERMATOLOGY, ROSACEA	56
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	56
MOUTH/THROAT/DENTAL AGENTS.....	56
OTIC	56
Index.....	58

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

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

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

Drug Name	Requirements/Limits
ANALGESICS	
GOUT	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine tabs .6mg</i>	
MITIGARE CAPS .6MG	
<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>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	PA, QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	QL; PA*
<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 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL; PA*
<i>oxycodone hcl t12a 10mg, 20mg, 40mg, 80mg</i>	QL; Initial PA may apply to higher strengths
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL
<i>tramadol hcl tabs 50mg</i>	QL; PA*
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	QL; PA*, Initial PA may apply to higher strengths

OPIOID PARTIAL AGONISTS

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

SALICYLATES

<i>diflunisal tabs 500mg</i>	
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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 sus 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>	

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Drug Name	Requirements/Limits
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	QL; PA*
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	QL; PA*
<i>darunavir tabs 600mg, 800mg</i>	QL; PA*
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	QL; PA*
<i>emtricitabine caps 200mg</i>	QL; PA*
EMTRIVA SOLN 10MG/ML	QL; PA*
<i>etravirine tabs 100mg, 200mg</i>	QL; PA*
<i>fosamprenavir calcium tabs 700mg</i>	QL; PA*
FUZEON SOLR 90MG	SP, PA, QL
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	QL; PA*
ISENTRESS HD TABS 600MG	QL; PA*
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	QL; PA*
<i>maraviroc tabs 150mg, 300mg</i>	QL; PA*
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg</i>	QL; PA*
NORVIR PACK 100MG	QL; PA*
REYATAZ PACK 50MG	QL; PA*
<i>ritonavir tabs 100mg</i>	QL; PA*
RUKOBIA TB12 600MG	QL; PA*
SUNLENCA SOLN 463.5MG/1.5ML; TBPK 300MG	QL
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL; PA*
TIVICAY TABS 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; syrps 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*

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

ANTITUBERCULAR AGENTS

<i>cycloserine caps 250mg</i>	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid 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>	
TRECTOR 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>	SP, QL

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

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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>	

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

TETRACYCLINES

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	
EMCYT CAPS 140MG	
LEUKERAN TABS 2MG	
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

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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>flutamide caps 125mg</i>	
<i>fulvestrant sosy 250mg/5ml</i>	SP, PA
<i>letrozole tabs 2.5mg</i>	
LUPRON DEPOT (1-MONTH) KIT 3.75MG	SP, PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG	SP, PA
LYSODREN TABS 500MG	
<i>megestrol acetate tabs 20mg, 40mg</i>	
<i>nilutamide tabs 150mg</i>	
NUBEQA TABS 300MG	SP, PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
XTANDI CAPS 40MG; TABS 40MG, 80MG	SP, PA, QL
YONSA TABS 125MG	SP, PA, QL
KINASE INHIBITORS	
ALECENSA CAPS 150MG	SP, PA, QL
ALUNBRIG TABS 30MG, 90MG, 180MG	SP, PA, QL
ALUNBRIG PAK	SP, PA, QL
AUGTYRO CAPS 40MG	SP, PA, QL
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	SP, PA, QL
BRAFTOVI CAPS 75MG	SP, PA, QL
BRUKINSA CAPS 80MG	SP, PA, QL
CABOMETYX TABS 20MG, 40MG, 60MG	SP, PA, QL
CALQUENCE TABS 100MG	SP, PA, QL
CAPRELSA TABS 100MG, 300MG	SP, PA, QL
COPIKTRA CAPS 15MG, 25MG	SP, PA, QL
COTELLIC TABS 20MG	SP, PA, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	SP, PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbs0 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

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Drug Name	Requirements/Limits
<i>imatinib mesylate tabs 100mg, 400mg</i>	SP, PA, QL
INLYTA TABS 1MG, 5MG	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	SP, PA, QL
MEKTOVI TABS 15MG	SP, PA, QL
NERLYNX TABS 40MG	SP, PA, QL
<i>pazopanib hcl tabs 200mg</i>	SP, PA, QL
PIQRAY 200MG DAILY DOSE TBPK 200MG	SP, PA, QL
PIQRAY 250MG TAB DOSE	SP, PA, QL
PIQRAY 300MG DAILY DOSE TBPK 150MG	SP, PA, QL
RETEVMO CAPS 40MG, 80MG; TABS 40MG, 80MG, 120MG, 160MG	SP, PA, QL
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	SP, PA, QL
RYDAPT CAPS 25MG	SP, PA, QL
<i>sorafenib tosylate tabs 200mg</i>	SP, PA, QL
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	SP, PA, QL
STIVARGA TABS 40MG	SP, PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	SP, PA, QL
TAFINLAR TBSO 10MG	SP, PA, QL
TAGRISSE TABS 40MG, 80MG	SP, PA, QL
TUKYSA TABS 50MG, 150MG	SP, PA, QL
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	SP, PA, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	SP, PA, QL
XALKORI CPSP 20MG, 50MG, 150MG	SP, PA, QL
XOSPATA TABS 40MG	SP, PA, QL
ZELBORAF TABS 240MG	SP, PA, QL
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

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

MONOCLONAL ANTIBODIES

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

PROTEASOME INHIBITORS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

ACE INHIBITORS

<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<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>	

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Drug Name	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone tabs 25mg, 50mg</i>	
<i>KERENDIA TABS 10MG, 20MG</i>	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>	

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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>icosapent ethyl caps .5gm, 1gm</i>	
ANTILIPEMICS, PCSK9 INHIBITORS	
REPATHA SOSY 140MG/ML	SP, QL
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	SP, QL
REPATHA SURECLICK SOAJ 140MG/ML	SP, QL
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	

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Drug Name	Requirements/Limits
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<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>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	

HEART FAILURE

CORLANOR SOLN 5MG/5ML; TABS 5MG, 7.5MG	
ENTRESTO CAP 6-6MG	
ENTRESTO CAP 15-16MG	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	

MISCELLANEOUS

CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	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>	
VYNDAMAX CAPS 61MG	SP, PA, QL

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	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
OPSUMIT TABS 10MG	SP, PA, QL

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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 <i>riluzole tabs 50mg</i>	SP, PA, QL
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ANTIANSIETY

<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	
benztropine mesylate tabs .5mg, 1mg, 2mg	
bromocriptine mesylate caps 5mg; tabs 2.5mg	

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Drug Name	Requirements/Limits
<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>	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	

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Drug Name	Requirements/Limits
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trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	

ANTISEIZURE AGENTS

carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	
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clobazam susp 2.5mg/ml; tabs 10mg, 20mg	PA
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clonazepam tabs .5mg, 1mg, 2mg	QL
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clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	QL
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diazepam tabs 2mg, 5mg, 10mg	QL
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diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	
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divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	
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ethosuximide caps 250mg; soln 250mg/5ml	
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felbamate susp 600mg/5ml; tabs 400mg, 600mg	
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gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg	
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lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	
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levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	
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oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg	
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phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	
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phenytoin chew 50mg; susp 125mg/5ml	
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phenytoin sodium extended caps 100mg	
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primidone tabs 50mg, 250mg	
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tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	
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topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg	
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valproic acid caps 250mg	
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vigabatrin pack 500mg; tabs 500mg	SP, PA, QL
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zonisamide caps 25mg, 50mg, 100mg	
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ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap er 24hr 5 mg	QL; PA*
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amphetamine-dextroamphetamine cap er 24hr 10 mg	QL; PA*
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amphetamine-dextroamphetamine cap er 24hr 15 mg	QL; PA*
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amphetamine-dextroamphetamine cap er 24hr 20 mg	QL; PA*
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amphetamine-dextroamphetamine cap er 24hr 25 mg	QL; PA*
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amphetamine-dextroamphetamine cap er 24hr 30 mg	QL; PA*
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amphetamine-dextroamphetamine tab 5 mg	QL; PA*
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amphetamine-dextroamphetamine tab 7.5 mg	QL; PA*
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Drug Name	Requirements/Limits
<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; tbcr 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 tbcr 6.25mg, 12.5mg</i>	QL; PA*

MIGRAINE - MISCELLANEOUS

<i>UBRELVY TABS 50MG, 100MG</i>	ST, QL; PA**
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MIGRAINE - MONOCLONAL ANTIBODIES

<i>AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML</i>	ST, QL; PA**
<i>EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML</i>	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*

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Drug Name	Requirements/Limits
<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 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	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

lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg

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 60MG	SP, PA, QL
INGREZZA CAP 40-80MG	SP, PA, QL
INGREZZA CAP 40MG	SP, PA, QL
INGREZZA CAP 80MG	SP, PA, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	SP, PA, QL

MULTIPLE SCLEROSIS AGENTS

AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML	SP, PA, QL
BETASERON KIT .3MG	SP, PA, QL
COPAXONE INJ 40MG/ML SOSY 40MG/ML	SP, PA, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	SP, PA, QL
<i> 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
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	SP, PA, QL
<i>teriflunomide tabs 7mg, 14mg</i>	SP, PA, QL
TYSABRI CONC 300MG/15ML	SP, PA, QL

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Drug Name	Requirements/Limits
ZEPOSIA CAPS .92MG	SP, PA, QL
ZEPOSIA CAP STR KIT	SP, PA, QL
MUSCULOSKELETAL THERAPY AGENTS	
<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
MYASTHENIA GRAVIS	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	
NARCOLEPSY/CATAPLEXY	
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	PA, QL
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	SP, PA, QL
<i>modafinil tabs 100mg, 200mg</i>	PA, QL
WAKIX TABS 4.45MG, 17.8MG	SP, PA, QL
XYWAV SOL 0.5GM/ML	SP, PA, QL
OPIOID AGONIST/ANTAGONIST	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL
OPIOID ANTAGONIST	
<i>naloxone hcl liqd 4mg/0.1ml</i>	QL; PA*
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; soty 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
VIVITROL SUSR 380MG	SP, PA, QL
OPIOID PARTIAL AGONISTS	
<i>buprenorphine hcl subl 2mg, 8mg</i>	PA, QL
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	

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Drug Name	Requirements/Limits
ENDOCRINE AND METABOLIC	
ACROMEGALY	
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; soty 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	SP, PA, QL
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	SP, PA, QL
ANDROGENS	
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	
ANTIDIABETICS, AMYLIN ANALOGS	
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML 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	
TRIJARDY XR TAB	ST; PA**
ZITUVIMET TAB	ST; PA**
ZITUVIMET XR TAB	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
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 3MG, 7MG, 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**

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Drug Name	Requirements/Limits
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**
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**

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Drug Name	Requirements/Limits
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>	
ANTIOBESITY	
<i>orlistat caps 120mg</i>	
QSYMIA CAP 3.75-23	
QSYMIA CAP 7.5-46MG	
QSYMIA CAP 11.25-69	
QSYMIA CAP 15-92MG	
SAXENDA SOPN 18MG/3ML	
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML	
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
CALCIUM REGULATORS, 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
CALCIUM REGULATORS, PARATHYROID HORMONES	
<i>teriparatide sopn 600mcg/2.4ml</i>	SP, PA, QL
TYMLOS SOPN 3120MCG/1.56ML	SP, PA, QL
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45MG	SP, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	SP, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	SP, PA

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Drug Name	Requirements/Limits
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	
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>	

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Drug Name	Requirements/Limits
<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	
OMNIPOD INSULIN INFUSION PUMP	
ONETOUCH LANCETS / LANCING DEVICE	OTC
ONETOUCH ULTRA STRIPS AND KITS	OTC
ONETOUCH VERIO STRIPS AND KITS	OTC
TWIIST KIT STARTER	
TWIIST REFIL KIT INFUSION	

ENDOMETRIOSIS

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

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Drug Name	Requirements/Limits
FERTILITY REGULATORS	
<i>cetrorelix acetate kit .25mg</i>	SP, PA
<i>clomiphene citrate tabs 50mg</i>	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	SP, PA, QL
GANIRELIX ACETATE SOSY 250MCG/0.5ML	SP, PA
MENOPUR SOLR 75UNIT	SP, PA
PREGNYL W/DILUENT BENZYL SOLR 10000UNIT	SP, PA
GLUCOCORTICOIDS	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	
<i>fludrocortisone acetate tabs .1mg</i>	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	
MEDROL TABS 2MG	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>glucagon (rdna) kit 1mg</i>	
GVOKE HYOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE HYOPEN 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	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	SP, PA
ORFADIN CAPS 20MG	SP, PA
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	SP, PA
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	SP, PA
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	SP, PA, QL
LYSOSOMAL STORAGE DISORDERS	
NEXVIAZYME SOLR 100MG	SP, PA

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Drug Name	Requirements/Limits
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	
CLIMARA PRO DIS WEEKLY	
COMBIPATCH DIS	
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	
<i>estradiol vaginal crm crea .1mg/gm</i>	
<i>estradiol/norethindrone</i>	
IMVEXXY INST 4MCG, 10MCG	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
VAGIFEM TABS 10MCG	
MISCELLANEOUS	
<i>betaine powder for oral solution</i>	SP, PA
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50MG, 150MG	SP, PA
<i>raloxifene hcl tabs 60mg</i>	
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	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	
<i>calcium acetate caps caps 667mg</i>	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	
POTASSIUM-REMOVING AGENTS	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	
PROGESTINS	
ENDOMETRIN INST 100MG	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	
<i>megestrol acetate susp 400mg/10ml</i>	
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone, micronized caps 100mg, 200mg</i>	

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Drug Name	Requirements/Limits
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	
metoclopramide hcl tabs 5mg, 10mg	
ondansetron tbdp 4mg, 8mg	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg	

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Drug Name	Requirements/Limits
<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>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	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
<i>alosetron hcl tabs .5mg, 1mg</i>	
LAXATIVES	
CLENPIQ SOL	
<i>lactulose soln 10gm/15ml</i>	
<i>peg-3350/electrolytes</i>	Listing does not include generics for MOVIPREP
MISCELLANEOUS	
<i>misoprostol tabs 100mcg, 200mcg</i>	
OCALIVA TABS 5MG, 10MG	SP, PA, QL
SUCRAID SOLN 8500UNIT/ML	PA, QL
SYMPROIC TABS .2MG	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
PANCREATIC ENZYMES	
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	

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Drug Name	Requirements/Limits
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) tbc 15meq, 540mg, 1080mg</i>	
URINARY ANTISPASMODICS	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg</i>	
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	
<i>tropium tabs 20mg</i>	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin cream crea 2%</i>	
<i>metronidazole vaginal gel gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
HEMATOLOGIC	
ANTICOAGULANTS	
<i>ELIQUIS TABS 2.5MG, 5MG</i>	
<i>ELIQUIS STARTER PACK TBPK 5MG</i>	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	

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
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, 5MG	SP, PA
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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
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	SP, PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	SP, PA

HEMOPHILIA A AGENTS

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

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Drug Name	Requirements/Limits
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
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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	

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
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ALOPECIA AREATA

LITFULO CAPS 50MG	SP, PA, QL
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AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

AVSOLA SOLR 100MG	SP, PA, QL
ILUMYA SOSY 100MG/ML	SP, PA, QL
REMICADE SOLR 100MG	SP, PA, QL

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Drug Name	Requirements/Limits
SIMPONI ARIA SOLN 50MG/4ML	SP, PA, QL
SKYRIZI SOLN 600MG/10ML	SP, PA, QL
STELARA INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS

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

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS

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

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

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

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Drug Name	Requirements/Limits
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	
CIMZIA PSKT 200MG/ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL
BIMZELX SOAJ 160MG/ML; SOSY 160MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	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
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL

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Drug Name	Requirements/Limits
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

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
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
RINVOQ TB24 15MG	SP, PA, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	SP, PA, QL
XELJANZ XR TB24 11MG, 22MG	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	SP, PA, QL
VELSIPITY TABS 2MG	SP, PA, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	SP, PA, QL
XELJANZ XR TB24 11MG, 22MG	SP, PA, QL
ZEPOSIA CAPS .92MG	SP, PA, QL

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Drug Name	Requirements/Limits
ZEPOSIA CAP STR KIT	SP, PA, QL

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

hydroxychloroquine sulfate tabs 200mg

leflunomide tabs 10mg, 20mg

methotrexate sodium tabs 2.5mg

RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	SP, PA, QL
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HEREDITARY ANGIOEDEMA

<i>icatibant acetate sosy 30mg/3ml</i>	SP, PA, QL
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ORLADEYO CAPS 110MG, 150MG	SP, PA, QL
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RUCONEST SOLR 2100UNIT	SP, PA, QL
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TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	SP, PA, QL
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IMMUNOGLOBULIN

CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	SP, PA
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GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	SP, PA
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GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	SP, PA
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HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML	SP, PA
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PRIVIGEN SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	SP, PA
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XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	SP, PA
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IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 .5MG, 1MG, 5MG	
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azathioprine tabs 50mg

BENLYSTA SOAJ 200MG/ML; SOLR 120MG, 400MG; SOSY 200MG/ML	SP, PA, QL
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CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	
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CELLCEPT INTRAVENOUS SOLR 500MG	
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cyclosporine caps 25mg, 100mg

*cyclosporine modified (for microemulsion) caps 25mg,
100mg; soln 100mg/ml*

ENVARUSUS XR TB24 .75MG, 1MG, 4MG	
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Drug Name	Requirements/Limits
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everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg

mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg

mycophenolate sodium tbec 180mg, 360mg

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

sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg

tacrolimus caps .5mg, 1mg, 5mg

ZORTRESS TABS .25MG, .5MG, .75MG, 1MG

MISCELLANEOUS

BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML

ILARIS SOLN 150MG/ML SP, PA

SYNAGIS SOLN 50MG/0.5ML, 100MG/ML SP, PA

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

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

sodium fluoride soln .125mg/drop, .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

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Drug Name	Requirements/Limits
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<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	
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<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	
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<i>phytonadione tabs 5mg</i>	
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OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
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<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
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<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
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<i>neomycin-polymyxin-hc ophth susp</i>	
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<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
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<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
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ANTI-INFECTIVES

<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
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<i>bacitracin-polymyxin b ophth oint</i>	
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<i>ciprofloxacin hcl (ophth) soln .3%</i>	
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<i>erythromycin (ophth) oint 5mg/gm</i>	
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<i>gentamicin sulfate (ophth) oint .3%; soln .3%</i>	
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<i>moxifloxacin hcl (ophth) soln .5%</i>	
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<i>NATACYN SUSP 5%</i>	
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<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
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<i>ofloxacin (ophth) soln .3%</i>	
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<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
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<i>sulfacetamide sodium (ophth) soln 10%</i>	
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<i>tobramycin (ophth) soln .3%</i>	
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<i>trifluridine soln 1%</i>	
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ANTI-INFLAMMATORIES

<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
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<i>diclofenac sodium (ophth) soln .1%</i>	
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<i>fluorometholone (ophth) susp .1%</i>	
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<i>ketorolac tromethamine (ophth) soln .5%</i>	
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<i>loteprednol etabonate susp .5%</i>	
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<i>prednisolone acetate (ophth) susp 1%</i>	
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<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	
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ANTIALLERGICS

<i>azelastine hcl (ophth) soln .05%</i>	
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<i>cromolyn sodium (ophth) soln 4%</i>	
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ANTIGLAUCOMA BETA-BLOCKERS

<i>betaxolol hcl (ophth) soln .5%</i>	
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Drug Name	Requirements/Limits
<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
SYMPATHOMIMETICS	
<i>brimonidine tartrate soln .15%, .2%</i>	
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
PROLASTIN-C SOLN 1000MG/20ML	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 HANDHALER CAPS 18MCG	QL
YUPELRI SOLN 175MCG/3ML	QL
ANTIHISTAMINES	
<i>azelastine hcl soln .15%, 137mcg/spray</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	

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Drug Name	Requirements/Limits
BETA AGONISTS	
<i>albuterol inhalation soln nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	QL
<i>albuterol sulfate, cfc-free aerosol aers 108mcg/act</i>	QL; Listing does not include certain NDCs
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	QL
<i>levalbuterol nebulizer soln concentrate nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	QL
<i>levalbuterol, cfc-free aerosol aero 45mcg/act</i>	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	QL
COLD/COUGH	
<i>benzonatate caps 100mg, 200mg</i>	Listing does not include certain NDCs.
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	QL; PA*
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	QL; PA*
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL; PA*
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL; PA*
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL; PA*
CYSTIC FIBROSIS	
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG; TABS 150MG	SP, PA, QL
PULMOZYME SOLN 2.5MG/2.5ML	SP, PA, QL
SYMDEKO TAB 50-75MG	SP, PA, QL
SYMDEKO TAB 100-150	SP, PA, QL
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	SP, PA, QL
TRIKAFTA PAK 59.5MG	SP, PA, QL
TRIKAFTA PAK 75MG	SP, PA, QL
TRIKAFTA TAB	SP, PA, QL
LEUKOTRIENE RECEPTOR ANTAGONISTS	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
NASAL STEROIDS	
<i>flunisolide spray soln .025%</i>	
<i>fluticasone spray susp 50mcg/act</i>	
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100MG, 150MG	SP, PA, QL
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	SP, PA, QL

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Drug Name	Requirements/Limits
SEVERE ASTHMA AGENTS	
DUPIXENT SOSY 100MG/0.67ML	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
<i>budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	QL; PA*
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	QL
STEROID/BETA-AGONIST COMBINATIONS	
AIRSUPRA AER 90-80MCG	QL
<i>brey-na 80-4.5 mcg/act</i>	QL
<i>brey-na 160-4.5 mcg/act</i>	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>wixela inhub 100-50 mcg/act</i>	QL
<i>wixela inhub 250-50 mcg/act</i>	QL
<i>wixela inhub 500-50 mcg/act</i>	QL
XANTHINES	
<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>	
TOPICAL	
DERMATOLOGY, ACNE	
<i>clindamycin gel gel 1%</i>	QL; PA*, Listing does not include certain NDCs
<i>clindamycin lotion lotn 1%</i>	QL; PA*
<i>clindamycin solution soln 1%</i>	QL; PA*

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Drug Name	Requirements/Limits
<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>ketconazole (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>ketconazole (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*

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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>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	QL; PA*
ORACEA CPDR 40MG	
SOOLANTRA CREA 1%	

DERMATOLOGY, SCABICIDES AND PEDICULICIDES

<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	

MOUTH/THROAT/DENTAL AGENTS

<i>clotrimazole troches troc 10mg</i>	QL; PA*
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
MUGARD LIQ	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	

OTIC

<i>acetic acid (otic) soln 2%</i>	
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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>	

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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>	56
<i>acyclovir</i>	16
ADAKVEO	45
ADALIMUMAB-ADAZ	46, 47, 48
ADBRY	55
ADEMPAS	26
ADYNOVATE	44
AFSTYLA	44
AIRSUPRA AER 90-80MCG	54
AJOVY	31
<i>albuterol inhalation soln</i>	53
<i>albuterol sulfate, cfc-free aerosol</i>	53
<i>alclometasone dipropionate</i>	55
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
ALTUVIIIIO.....	44
ALUNBRIG.....	20
ALUNBRIG PAK	20
ALVAIZ.....	45
<i>amantadine hcl</i>	28
<i>ambrisentan</i>	26
<i>amcinonide</i>	55
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	25
<i>amiloride hcl</i>	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>	30
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	30
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	30
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	30
<i>amphetamine-dextroamphetamine tab 10 mg</i>	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>	30
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	30
<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>	52
<i>aprepitant</i>	41

<i>aprepitant capsule therapy pack 80 & 125 mg</i>	41
<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>	54
<i>ASTAGRAF XL</i>	49
<i>atazanavir sulfate</i>	15
<i>atenolol</i>	25
<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	25
<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	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>	45
<i>azathioprine</i>	49
<i>azelastine hcl</i>	52
<i>azelastine hcl (ophth)</i>	51
<i>azithromycin</i>	17
B	
<i>bacitracin (ophthalmic)</i>	51
<i>bacitracin-polymyxin b ophth oint</i>	51
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	51
<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>	49
<i>benzonatate</i>	53
<i>benztropine mesylate</i>	28
<i>BESREMI</i>	19

<i>betaine powder for oral solution</i>	40	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	33
<i>betamethasone dipropionate (topical)</i>	56	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	33
<i>betamethasone dipropionate augmented</i>	56	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	33
<i>betamethasone valerate</i>	56	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	33
BETASERON.....	32	<i>bupropion</i>	28
<i>betaxolol hcl (ophth)</i>	51	<i>bupropion hcl</i>	28
<i>bethanechol chloride</i>	43	<i>bupropion hcl (smoking deterrent)</i>	33
BEVESPI AER 9-4.8MCG	52	<i>bupropion hcl ext-rel</i>	28
<i>bexarotene</i>	21	<i>buspirone hcl</i>	27
<i>bexarotene (topical)</i>	56	BYOOVIZ	52
BEYFORTUS.....	50	C	
<i>bicalutamide</i>	20	CABENUVA SUS 400-600	15
BIKTARVY TAB.....	15	CABENUVA SUS 600-900	15
<i>bimatoprost</i>	52	<i>cabergoline</i>	40
BIMZELX.....	47	CABOMETRYX	20
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	25	<i>calcipotriene</i>	55
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	25	<i>calcitriol</i>	41
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	25	<i>calcium acetate caps</i>	40
<i>bisoprolol fumarate</i>	25	CALQUENCE.....	20
<i>bortezomib</i>	22	CAMZYOS	26
<i>bosentan</i>	26	<i>capecitabine</i>	19
BOSULIF	20	CAPRELSA	20
BRAFTOVI	20	<i>captopril</i>	22
<i>breyna 160-4.5 mcg/act</i>	54	<i>carbamazepine</i>	30
<i>breyna 80-4.5 mcg/act</i>	54	<i>carbidopa & levodopa tab 10-100 mg</i>	29
<i>brimonidine tartrate</i>	52	<i>carbidopa & levodopa tab 25-100 mg</i>	29
<i>bromocriptine mesylate</i>	28	<i>carbidopa & levodopa tab 25-250 mg</i>	29
BRUKINSA.....	20	<i>carbidopa & levodopa tab er 25-100 mg</i> ..	29
<i>budesonide</i>	42	<i>carbidopa & levodopa tab er 50-200 mg</i> .	29
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	54	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	29
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	54	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	29
<i>budesonide inh susp</i>	54	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	29
<i>bumetanide</i>	25	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	29
<i>buprenorphine</i>	14	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	29
<i>buprenorphine hcl</i>	33		
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	33		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	33		

<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	29	<i>clobetasol propionate</i>	56
<i>carglumic acid</i>	41	<i>clomiphene citrate</i>	39
<i>carvedilol</i>	25	<i>clonazepam</i>	30
<i>cefadroxil</i>	17	<i>clonidine</i>	26
<i>cefdinir</i>	17	<i>clonidine hcl</i>	26
<i>cefpodoxime proxetil</i>	17	<i>clopidogrel bisulfate</i>	45
<i>cefprozil</i>	17	<i>clorazepate dipotassium</i>	30
<i>cefuroxime axetil</i>	17	<i>clotrimazole (topical)</i>	55
CELLCEPT	49	<i>clotrimazole troches</i>	56
CELLCEPT INTRAVENOUS	49	<i>clozapine</i>	29
<i>cephalexin</i>	17	<i>codeine sulfate</i>	13
CERDELGA	40	<i>colchicine</i>	13
CEREZYME	40	<i>colestipol hcl</i>	24
<i>cetorelix acetate</i>	39	COMBIPATCH DIS	40
<i>chlorpromazine hcl</i>	29	COPAXONE INJ 40MG/ML	32
<i>chlorthalidone</i>	25	COPIKTRA	20
<i>cholestyramine</i>	24	CORLANOR	26
<i>cholestyramine light</i>	24	COSENTYX	46, 47
CIBINQO	55	COSENTYX UNOREADY	46, 47
<i>ciclopirox</i>	55	COTELLIC	20
<i>ciclopirox olamine</i>	55	CREON CAP 12000UNT	42
<i>cilostazol</i>	45	CREON CAP 24000UNT	42
CIMDUO TAB 300-300	15	CREON CAP 3000UNIT	42
CIMERLI	52	CREON CAP 36000UNT	42
<i>cimetidine</i>	42	CREON CAP 6000UNIT	42
CIMZIA	47	<i>cromolyn sodium (ophth)</i>	51
<i>cinacalcet hcl</i>	36	CRYSVITA	21
CIPRO	17	CUTAQUIG	49
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	57	<i>cyanocobalamin</i>	50
<i>ciprofloxacin hcl</i>	17	<i>cyclobenzaprine hcl</i>	33
<i>ciprofloxacin hcl (ophth)</i>	51	<i>cyclophosphamide</i>	19
<i>citalopram hydrobromide</i>	28	CYCLOPHOSPHAMIDE	19
<i>clarithromycin</i>	17	<i>cycloserine</i>	16
<i>clarithromycin ext-rel</i>	17	<i>cyclosporine</i>	49
CLENPIQ SOL	42	<i>cyclosporine modified (for microemulsion)</i>	49
CLIMARA PRO DIS WEEKLY	40	<i>cyproheptadine hcl</i>	52
<i>clindamycin cream</i>	43	CYSTAGON	40
<i>clindamycin gel</i>	54	D	
<i>clindamycin hcl</i>	18	<i>danazol</i>	38
<i>clindamycin lotion</i>	54	<i>dantrolene sodium</i>	33
<i>clindamycin solution</i>	54	<i>dapsone</i>	18
<i>clobazam</i>	30	<i>darunavir</i>	15
		DAXXIFY	31

<i>deferasirox</i>	37	<i>dipyridamole ext-rel/aspirin</i>	45
<i>deferiprone</i>	37	<i>disopyramide phosphate</i>	24
<i>deferoxamine mesylate</i>	37	<i>divalproex sodium</i>	30
DESCOVY TAB 120-15MG.....	15	<i>dofetilide</i>	24
DESCOVY TAB 200/25MG.....	15	<i>donepezil hydrochloride</i>	27
<i>desipramine hcl</i>	28	DOPTELET.....	45
<i>desmopressin acetate</i>	41	<i>dorzolamide hcl</i>	52
<i>desmopressin acetate spray</i>	41	<i>dorzolamide hcl-timolol maleate ophth soln</i> <i>2-0.5%</i>	52
<i>desmopressin acetate spray refrigerated</i> .41		DOVATO TAB 50-300MG.....	15
<i>desogest-eth estrad & eth estrad tab 0.15-</i> <i>0.02/0.01 mg(21/5)</i>	37	<i>doxazosin mesylate</i>	43
<i>desogest-ethin est tab 0.1-0.025/0.125-</i> <i>0.025/0.15-0.025mg-mg</i>	37	<i>doxepin</i>	28
<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i> <i>30 mcg</i>	37	<i>doxepin hcl (sleep)</i>	31
<i>desonide</i>	56	<i>doxercalciferol</i>	41
<i>desoximetasone</i>	56	<i>doxycycline hyclate</i>	19
<i>desvenlafaxine succinate ext-rel</i>	28	<i>doxycycline monohydrate susp</i>	19
<i>dexamethasone</i>	39	<i>dronabinol</i>	41
<i>dexamethasone sodium phosphate (ophth)</i>	51	<i>drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg</i>	37
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	38	<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	37
<i>dexmethylphenidate hcl</i>	31	<i>duloxetine delayed-rel</i>	28
<i>dextroamphetamine sulfate</i>	31	DUPIXENT.....	54, 55
<i>diazepam</i>	30	DUROLANE	14
<i>diazepam (anticonvulsant)</i>	30	E	
<i>diclofenac potassium</i>	13	<i>econazole nitrate</i>	55
<i>diclofenac sodium (ophth)</i>	51	<i>efavirenz</i>	15
<i>diclofenac sodium delayed-rel</i>	13	<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	15
<i>diclofenac sodium ext-rel</i>	13	<i>efavirenz-lamivudine-tenofovir df tab 400-</i> <i>300-300 mg</i>	16
<i>dicloxacillin sodium</i>	19	<i>efavirenz-lamivudine-tenofovir df tab 600-</i> <i>300-300 mg</i>	16
<i>dicyclomine hcl</i>	41	ELFABRIO.....	40
DIFICID	17	ELIGARD.....	20
<i>diflunisal</i>	14	ELIQUIS.....	43
<i>digoxin</i>	25	ELIQUIS STARTER PACK	43
<i>digoxin ped elixir</i>	25	ELLA	37
<i>diltiazem ext-rel</i>	25	ELOCTATE	44
<i>dimethyl fumarate delayed-rel</i>	32	EMCYT.....	19
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	41	EMGALITY.....	31
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	41	EMPAVELI	45
<i>dipyridamole</i>	45	<i>emtricitabine</i>	15

<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	16	<i>erythromycin gel 2%</i>	55
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	16	<i>erythromycin soln</i>	55
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	16	<i>escitalopram oxalate</i>	28
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	16	ESPEROCT	44
EMTRIVA	15	<i>estradiol</i>	40
EMVERM	14	<i>estradiol/norethindrone</i>	40
<i>enalapril maleate</i>	22	<i>estradiol vaginal crm</i>	40
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	22	<i>ethacrynic acid</i>	25
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	22	<i>ethambutol hcl</i>	16
ENBREL	46, 47, 48	<i>ethosuximide</i>	30
ENDOMETRIN	40	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	37
<i>enoxaparin sodium</i>	43	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	37
ENSPRYNG.....	32	etodolac	13
ENSTILAR AER	55	<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	37
<i>entacapone</i>	29	<i>etoposide</i>	22
<i>entecavir</i>	17	<i>etravirine</i>	15
ENTRESTO CAP 15-16MG	26	EUFLEXXA.....	14
ENTRESTO CAP 6-6MG	26	<i>everolimus</i>	20
ENTRESTO TAB 24-26MG	26	<i>everolimus (immunosuppressant)</i>	50
ENTRESTO TAB 49-51MG.....	26	EVOTAZ TAB 300-150.....	16
ENTRESTO TAB 97-103MG	26	EVRYSDI	32
ENVARUSUS XR.....	49	<i>exemestane</i>	20
EPCLUSA PAK 150-37.5.....	17	<i>ezetimibe</i>	24
EPCLUSA PAK 200-50MG	17	F	
EPCLUSA TAB 200-50MG.....	17	FABRAZYME.....	40
EPCLUSA TAB 400-100	17	<i>famciclovir</i>	16
<i>epinephrine (anaphylaxis)</i>	52	<i>famotidine</i>	42
<i>eplerenone</i>	23	FARXIGA.....	36
<i>epoprostenol sodium</i>	26	FASENRA.....	54
<i>ergocalciferol</i>	50	FASENRA PEN	54
ERIVEDGE	19	<i>felbamate</i>	30
ERLEADA.....	20	<i>felodipine ext-rel</i>	25
<i>erlotinib hcl</i>	20	<i>fenofibrate</i>	24
<i>erythromycin</i>	17	FENSOLVI.....	36
<i>erythromycin/benzoyl peroxide</i>	55	<i>fentanyl</i>	13
<i>erythromycin (ophth)</i>	51	<i>fentanyl citrate</i>	13
<i>erythromycin base</i>	17	FIASP	35
<i>erythromycin delayed-rel</i>	17	<i>finasteride</i>	43
		<i>finngolimod hcl</i>	32
		<i>flecainide acetate</i>	24
		<i>fluconazole</i>	14

<i>fludrocortisone acetate</i>	39	<i>glatiramer acetate</i>	32
<i>flunisolide spray</i>	53	<i>glimepiride</i>	36
<i>fluocinolone acetonide</i>	56	<i>glipizide</i>	36
<i>fluocinonide</i>	56	<i>glipizide ext-rel</i>	36
<i>fluorometholone (ophth)</i>	51	<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	34
<i>fluorouracil (topical)</i>	55	<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	34
<i>fluoxetine hcl</i>	28	<i>glipizide-metformin hcl tab 5-500 mg</i>	34
<i>fluphenazine hcl</i>	29	<i>glipizide xl</i>	36
<i>flurbiprofen</i>	13	<i>glucagon (rdna)</i>	39
<i>flutamide</i>	20	<i>glutamine (sickle cell)</i>	45
<i>fluticasone propionate</i>	56	<i>glycopyrrolate</i>	41
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	54	GLYXAMBI TAB 10-5 MG	36
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	54	GLYXAMBI TAB 25-5 MG	36
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	54	<i>granisetron hcl</i>	41
<i>fluticasone spray</i>	53	<i>griseofulvin microsize</i>	14
<i>fluvoxamine ext-rel</i>	27	GVOKE HYPOPEN 1-PACK	39
<i>fluvoxamine maleate</i>	27	GVOKE HYPOPEN 2-PACK	39
<i>folic acid</i>	50	GVOKE KIT	39
FOLLISTIM AQ	39	GVOKE PFS	39
<i>fondaparinux sodium</i>	43	H	
<i>formoterol inhalation solution</i>	53	HADLIMA	46, 47, 48
<i>fosamprenavir calcium</i>	15	HADLIMA PUSHTOUCH	46, 47, 48
<i>fulvestrant</i>	20	<i>halobetasol propionate</i>	56
<i>furosemide</i>	26	<i>haloperidol</i>	29
FUZEON	15	HARVONI PAK	18
FYLNETRA	44	HARVONI PAK 45-200MG	18
G		HARVONI TAB 45-200MG	18
<i>gabapentin</i>	30	HARVONI TAB 90-400MG	18
GALAFOLD	40	HEMLIBRA	44
<i>galantamine hydrobromide</i>	27	HIZENTRA	49
GAMMAGARD LIQUID	49	HUMATROPE	39
GAMUNEX-C	49	HUMULIN R U-500	35
GANIRELIX ACETATE	39	<i>hydralazine hcl</i>	26
GAVRETO	20	<i>hydrochlorothiazide</i>	26
<i>gefitinib</i>	20	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	13
GELSYN-3	14	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	13
<i>gemfibrozil</i>	24	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	13
<i>gentamicin sulfate (ophth)</i>	51	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	13
<i>gentamicin sulfate (topical)</i>	55	<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	53
GENVOYA TAB	16		
GILOTRIF	20		

<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	53	ISENTRESS	15
<i>hydrocortisone</i>	39	ISENTRESS HD	15
<i>hydrocortisone (intrarectal)</i>	42	<i>isoniazid</i>	16
<i>hydrocortisone (rectal)</i>	43	<i>isosorbide dinitrate</i>	26
<i>hydrocortisone (topical)</i>	56	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	26
<i>hydrocortisone butyrate</i>	56	<i>isosorbide mononitrate</i>	26
<i>hydrocortisone valerate</i>	56	<i>isosorbide mononitrate ext-rel</i>	26
<i>hydromorphone hcl</i>	13	<i>isotretinoin</i>	55
<i>hydroxychloroquine sulfate</i>	49	<i>isradipine</i>	25
<i>hydroxyurea</i>	22	<i>itraconazole</i>	14
<i>hydroxyzine hcl</i>	52	<i>ivermectin</i>	14
<i>hyoscyamine sulfate</i>	41	J	
HYRIMOZ	46, 47, 48	JARDIANCE	36
I		JIVI	44
<i>ibandronate sodium</i>	36	JULUCA TAB 50-25MG	16
IBRANCE	20	K	
<i>ibuprofen</i>	13	KALYDECO.....	53
<i>ibutilide fumarate</i>	24	KANJINTI	19
<i>icatibant acetate</i>	49	KERENDIA	23
<i>icosapent ethyl</i>	24	KESIMPTA	32
IDELVION	45	<i>ketoconazole (topical)</i>	55
ILARIS	50	<i>ketorolac tromethamine</i>	13
ILUMYA.....	45	<i>ketorolac tromethamine (ophth)</i>	51
<i>imatinib mesylate</i>	21	KEVZARA.....	48
<i>imipramine hcl</i>	28	KOGENATE FS	44
<i>imiquimod</i>	55	KOSELUGO	21
IMVEXXY	40	KRAZATI	22
INBRIJA	29	KYLEENA	37
<i>indapamide</i>	26	L	
INGREZZA.....	32	<i>labetalol hcl</i>	25
INGREZZA CAP 40-80MG	32	<i>lactic acid (ammonium lactate)</i>	56
INGREZZA CAP 40MG.....	32	<i>lactulose</i>	42
INGREZZA CAP 80MG.....	32	<i>lamivudine</i>	15
INLYTA	21	<i>lamivudine (hbv)</i>	17
INSULIN GLARGINE-YFGN	35	<i>lamivudine-zidovudine tab 150-300 mg</i>	16
<i>ipratropium/albuterol inhalation soln</i>	52	<i>lamotrigine</i>	30
<i>ipratropium bromide (nasal)</i>	52	<i>lansoprazole delayed-rel</i>	43
<i>ipratropium inhalation solution</i>	52	LANTUS	35
<i>irbesartan</i>	24	LANTUS SOLOSTAR	35
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	23	<i>lapatinib ditosylate</i>	21
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	23	<i>latanoprost</i>	52
		<i>leflunomide</i>	49
		LENVIMA 10 MG DAILY DOSE.....	21

LENVIMA 12MG DAILY DOSE.....	21	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	
LENVIMA 20 MG DAILY DOSE.....	21	(80-20 mg/ml).....	16
LENVIMA 4 MG DAILY DOSE.....	21	<i>lopinavir-ritonavir tab 100-25 mg</i>	16
LENVIMA 8 MG DAILY DOSE.....	21	<i>lopinavir-ritonavir tab 200-50 mg</i>	16
LENVIMA CAP 14 MG.....	21	<i>lorazepam</i>	27
LENVIMA CAP 18 MG.....	21	LORBRENA.....	21
LENVIMA CAP 24 MG.....	21	<i>losartan potassium</i>	24
<i>letrozole</i>	20	<i>losartan potassium & hydrochlorothiazide</i>	
LEUKERAN.....	19	<i>tab 100-12.5 mg</i>	23
<i>levalbuterol, cfc-free aerosol</i>	53	<i>losartan potassium & hydrochlorothiazide</i>	
<i>levalbuterol nebulizer soln concentrate</i>	53	<i>tab 100-25 mg</i>	23
<i>levetiracetam</i>	30	<i>losartan potassium & hydrochlorothiazide</i>	
<i>levofloxacin</i>	17	<i>tab 50-12.5 mg</i>	23
<i>levonorgestrel & ethinyl estradiol (91-day)</i>		<i>loteprednol etabonate</i>	51
<i>tab 0.15-0.03 mg</i>	37	LUMAKRAS.....	22
<i>levonorgestrel & ethinyl estradiol tab 0.15</i>		LUMRYZ.....	33
<i>mg-30 mcg</i>	37	LUPRON DEPOT (1-MONTH).....	20
<i>levonorgestrel & ethinyl estradiol tab 0.1</i>		LUPRON DEPOT (3-MONTH).....	20
<i>mg-20 mcg</i>	37	LUPRON DEPOT-PED (1-MONTH.....	36
<i>levonorgestrel-eth estra tab 0.05-</i>		LUPRON DEPOT-PED (3-MONTH.....	36
<i>30/0.075-40/0.125-30mg-mcg</i>	37	LUPRON DEPOT-PED (6-MONTH.....	37
<i>levothyroxine sodium</i>	41	LYNPARZA.....	22
<i>lidocaine</i>	56	LYSODREN.....	20
<i>lidocaine hcl (mouth-throat)</i>	56	M	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	56	<i>malathion</i>	56
<i>linezolid</i>	18	<i>maraviroc</i>	15
<i>linezolid inj</i>	18	MATULANE.....	22
LINZESS.....	42	MAYZENT.....	32
<i>liothyronine sodium</i>	41	MAYZENT STARTER PACK.....	32
<i>liraglutide</i>	34	<i>meclizine hcl</i>	41
<i>lisdexamfetamine dimesylate</i>	31	MEDROL.....	39
<i>lisinopril</i>	22	<i>medroxyprogesterone acetate</i>	40
<i>lisinopril & hydrochlorothiazide tab 10-12.5</i>		<i>medroxyprogesterone acetate 150 mg/ml</i>	
<i>mg</i>	22	37
<i>lisinopril & hydrochlorothiazide tab 20-12.5</i>		<i>megestrol acetate</i>	20, 40
<i>mg</i>	22	MEKINIST.....	21
<i>lisinopril & hydrochlorothiazide tab 20-25</i>		MEKTOVI.....	21
<i>mg</i>	22	<i>meloxicam</i>	13
LITFULO.....	45	<i>memantine hcl</i>	27
<i>lithium carbonate</i>	32	MENOPUR.....	39
LO LOESTRIN TAB 1-10-10.....	37	<i>mercaptapurine</i>	19
LONSURF TAB 15-6.14.....	19	<i>mesalamine</i>	42
LONSURF TAB 20-8.19.....	19	<i>metformin ext-rel</i>	34
<i>loperamide hcl</i>	41	<i>metformin hcl</i>	34

<i>methadone hcl</i>	13	<i>naltrexone hcl</i>	33
<i>methimazole</i>	41	<i>naproxen</i>	13
<i>methocarbamol</i>	33	<i>naproxen sodium</i>	13
<i>methotrexate sodium</i>	49	<i>naratriptan hcl</i>	31
<i>methylphenidate hcl</i>	31	NATACYN	51
<i>methylprednisolone</i>	39	<i>neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	51
<i>metoclopramide hcl</i>	41	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	51
<i>metolazone</i>	26	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	51
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	25	<i>neomycin-polymyxin-hc ophth susp</i>	51
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	25	<i>neomycin-polymyxin-hc otic soln 1%</i>	57
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	25	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	57
<i>metoprolol succinate ext-rel</i>	25	NEORAL	50
<i>metoprolol tartrate</i>	25	NERLYNX	21
<i>metronidazole</i>	18	<i>nevirapine</i>	15
<i>metronidazole (topical)</i>	56	NEXPLANON	37
<i>metronidazole vaginal gel</i>	43	NEXVIAZYME	39
<i>midodrine hcl</i>	26	<i>niacin ext-rel</i>	24
<i>minocycline hcl</i>	19	<i>nicardipine hcl</i>	25
MIRENA	37	<i>nifedipine ext-rel</i>	25
<i>mirtazapine</i>	28	<i>nilutamide</i>	20
<i>mirtazapine orally disintegrating tabs</i>	28	NINLARO	22
<i>misoprostol</i>	42	<i>nitisinone</i>	39
MITIGARE	13	NITRO-DUR	26
<i>modafinil</i>	33	<i>nitrofurantoin ext-rel</i>	18
<i>mometasone furoate</i>	56	<i>nitrofurantoin macrocrystals</i>	18
<i>montelukast sodium</i>	53	<i>nitroglycerin sublingual</i>	26
<i>morphine sulfate</i>	14	<i>nitroglycerin transdermal</i>	26
MOUNJARO	34	NIVESTYM	44
<i>moxifloxacin hcl</i>	17	NORDITROPIN	39
<i>moxifloxacin hcl (ophth)</i>	51	<i>norelgestromin/ethinyl estradiol - xulane</i>	37
MUGARD LIQ	56	<i>norethindrone</i>	37
<i>mupirocin</i>	55	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	37
<i>mycophenolate mofetil</i>	50	<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	37
<i>mycophenolate sodium</i>	50	<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	37
MYFEMBREE TAB	41	<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	38
MYFORTIC	50		
MYLERAN	19		
N			
<i>nabumetone</i>	13		
<i>nadolol</i>	25		
<i>naloxone hcl</i>	33		

<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	38	○	OCALIVA	42
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	38		OCREVUS	32
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	37		octreotide acetate.....	34
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	38		ODEFSEY TAB	16
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	38		ODOMZO	22
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	38		OFEV	53
<i>norethindrone acetate</i>	40		ofloxacin (ophth)	51
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	40		ofloxacin (otic)	57
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	40		olanzapine	29
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	38		olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg ..	23
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	38		olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg	23
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	38		olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg ...	23
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	38		olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg ..	23
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	38		olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg ...	23
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	38		olmesartan medoxomil.....	24
<i>nortriptyline hcl</i>	28		olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg	23
NORVIR	15		olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg.....	23
NOVOLIN MIX.....	35		olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg	23
NOVOLIN N.....	35		omeprazole delayed-rel	43
NOVOLIN R	35		OMNIPOD 5 INSULIN INFUSION PUMP ...	38
NOVOLOG.....	35		OMNIPOD DASH INSULIN INFUSION PUMP	38
NOVOLOG MIX.....	35		OMNIPOD INSULIN INFUSION PUMP	38
NUBEQA	20		ondansetron	41
NUCALA	54		ondansetron hcl	41
NULOJIX.....	50		ONETOUCH LANCETS / LANCING DEVICE	38
NUWIQ.....	45		ONETOUCH ULTRA STRIPS AND KITS	38
<i>nystatin</i>	15		ONETOUCH VERIO STRIPS AND KITS	38
<i>nystatin (topical)</i>	55		ONUREG.....	19
NYVEPRIA	44		OPSUMIT	26
			OPSYNVI TAB 10-20MG.....	27
			OPSYNVI TAB 10-40MG.....	27
			ORACEA	56
			ORALAIR SUB 300 IR.....	45

ORENCIA CLICKJECT	48	<i>pediatric multiple vitamins w/ fluoride chew</i>	
ORENCIA SUBCUTANEOUS	48	<i>tab 0.25 mg</i>	50
ORENITRAM.....	27	<i>pediatric multiple vitamins w/ fluoride chew</i>	
ORENITRAM TAB MONTH 1	27	<i>tab 0.5 mg</i>	50
ORENITRAM TAB MONTH 2.....	27	<i>pediatric multiple vitamins w/ fluoride chew</i>	
ORENITRAM TAB MONTH 3.....	27	<i>tab 1 mg</i>	50
ORFADIN	39	<i>pediatric multiple vitamins w/ fluoride soln</i>	
ORIAHNN CAP	41	<i>0.25 mg/ml</i>	51
ORLISSA.....	38	<i>pediatric multiple vitamins w/ fluoride soln</i>	
ORLADEYO	49	<i>0.5 mg/ml.....</i>	50
<i>orlistat</i>	36	<i>pediatric vitamins acd w/ fluoride soln 0.5</i>	
<i>oseltamivir phosphate.....</i>	16	<i>mg/ml</i>	51
OTEZLA.....	47	<i>peg-3350/electrolytes</i>	42
OTEZLA TAB 10/20.....	47	<i>penicillamine.....</i>	37
OTEZLA TAB 10/20/30	47	<i>penicillin v potassium</i>	19
<i>oxaprozin.....</i>	13	<i>perindopril erbumine</i>	22
<i>oxazepam</i>	27	PERJETA.....	22
<i>oxcarbazepine</i>	30	<i>permethrin</i>	56
<i>oxybutynin chloride</i>	43	PHEBURANE.....	41
<i>oxybutynin ext-rel</i>	43	<i>phenelzine sulfate</i>	28
<i>oxycodone hcl.....</i>	14	<i>phenobarbital</i>	30
<i>oxycodone w/ acetaminophen tab 10-325</i>		<i>phenytoin</i>	30
<i>mg</i>	14	<i>phenytoin sodium extended.....</i>	30
<i>oxycodone w/ acetaminophen tab 2.5-325</i>		PHESGO SOL	22
<i>mg</i>	14	PHEXXI GEL	43
<i>oxycodone w/ acetaminophen tab 5-325</i>		<i>phytonadione.....</i>	51
<i>mg</i>	14	<i>pilocarpine hcl (oral)</i>	56
<i>oxycodone w/ acetaminophen tab 7.5-325</i>		<i>pimecrolimus</i>	55
<i>mg</i>	14	<i>pindolol.....</i>	25
OZEMPIC.....	34	<i>pioglitazone hcl</i>	35
P		<i>pioglitazone hcl-glimepiride tab 30-2 mg.....</i>	35
PADCEV	19	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	35
<i>paliperidone</i>	29	<i>pioglitazone hcl-metformin hcl tab 15-500</i>	
<i>pantoprazole delayed-rel tabs</i>	43	<i>mg</i>	35
PARAGARD IUD T380A.....	38	<i>pioglitazone hcl-metformin hcl tab 15-850</i>	
<i>paricalcitol</i>	41	<i>mg</i>	35
<i>paroxetine hcl ext-rel.....</i>	28	PIQRAY 200MG DAILY DOSE	21
<i>paroxetine hcl tabs.....</i>	28	PIQRAY 250MG TAB DOSE	21
PAXLOVID TAB 150-100	16	PIQRAY 300MG DAILY DOSE	21
PAXLOVID TAB 300-100	16	<i>pirfenidone</i>	53
<i>pazopanib hcl</i>	21	<i>piroxicam</i>	13
<i>pediatric multiple vitamins w/ fl-fe drops</i>		POLIVY.....	22
<i>0.25-10 mg/ml.....</i>	50	<i>polymyxin b-trimethoprim ophth soln</i>	
		<i>10000 unit/ml-0.1%</i>	51

POMALYST	19	<i>propranolol ext-rel</i>	25
<i>potassium chloride</i>	50	<i>propranolol hcl</i>	25
<i>potassium citrate (alkalinizer)</i>	43	<i>propylthiouracil</i>	41
<i>pramipexole dihydrochloride</i>	29	PULMICORT FLEXHALER	54
<i>prasugrel hcl</i>	45	PULMOZYME	53
<i>pravastatin sodium</i>	24	<i>pyrazinamide</i>	16
<i>praziquantel</i>	14	<i>pyridostigmine bromide</i>	33
<i>prednisolone</i>	39	Q	
<i>prednisolone acetate (ophth)</i>	51	QSYMIA CAP 11.25-69.....	36
PREDNISOLONE SODIUM PHOSP	51	QSYMIA CAP 15-92MG	36
<i>prednisolone sodium phosphate</i>	39	QSYMIA CAP 3.75-23.....	36
<i>prednisone</i>	39	QSYMIA CAP 7.5-46MG	36
PREGNYL W/DILUENT BENZYL	39	<i>quetiapine fumarate</i>	29
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1</i> <i>mg</i>	50	R	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1</i> <i>mg</i>	50	RADICAVA ORS	27
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	50	<i>raloxifene hcl</i>	40
<i>prenatal vit w/ fe fum-methylfolate-fa tab</i> <i>27-0.6-0.4 mg</i>	50	<i>ramelteon</i>	31
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25</i> <i>mg</i>	50	<i>ramipril</i>	22
<i>prenat w/o a w/fefum-methfol-fa-dha cap</i> <i>27-0.6-0.4-300 mg</i>	50	<i>ranolazine ext-rel</i>	26
PREZCOBIX TAB 800-150	16	RAPAMUNE	50
PRIFTIN	16	<i>rasagiline mesylate</i>	29
<i>primidone</i>	30	RASUVO	49
PRIVIGEN	49	REBIF.....	32
<i>probenecid</i>	13	REBINYN	45
<i>prochlorperazine maleate</i>	42	REMICADE	45
PROCRIT	44	REPATHA	24
<i>progesterone, micronized</i>	40	REPATHA PUSHTRONEX SYSTEM.....	24
PROGRAF.....	50	REPATHA SURECLICK	24
PROLASTIN-C	52	RESTASIS	52
PROLIA	36	RETACRIT.....	44
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	53	RETEVMO.....	21
<i>promethazine hcl</i>	42	REVLIMID.....	19
<i>promethazine-phenylephrine-codeine</i> <i>syrup 6.25-5-10 mg/5ml</i>	53	REYATAZ.....	15
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	53	<i>ribavirin</i>	18
<i>propafenone ext-rel</i>	24	<i>rifabutin</i>	16
<i>propafenone hcl</i>	24	<i>rifampin</i>	16
		<i>riluzole</i>	27
		RINVOQ.....	46, 47, 48, 55
		<i>risedronate sodium</i>	36
		<i>risperidone</i>	29
		<i>ritonavir</i>	15
		<i>rivastigmine</i>	27
		<i>rivastigmine tartrate</i>	27
		<i>rizatriptan benzoate</i>	31

<i>rizatriptan orally disintegrating tabs</i>	32	<i>spironolactone & hydrochlorothiazide tab</i>	
<i>ropinirole hydrochloride</i>	29	25-25 mg	26
<i>rosuvastatin calcium</i>	24	SPRYCEL	21
ROZLYTREK	21	STELARA INTRAVENOUS	46
RUCONEST	49	STELARA SUBCUTANEOUS	46, 47, 48
RUKOBIA	15	STIVARGA	21
RUXIENCE	19	STRENSIQ	40
RYBELSUS	34	<i>streptomycin sulfate</i>	16
RYDAPT	21	STRIVERDI RESPIMAT	53
RYSTIGGO	32	SUCRAID	42
S		<i>sulfacetamide lotion 10%</i>	55
SANDIMMUNE	50	<i>sulfacetamide sodium (ophth)</i>	51
<i>sapropterin dihydrochloride</i>	40	<i>sulfacetamide sodium-prednisolone ophth</i>	
SAVELLA	31	<i>soln 10-0.23(0.25)%</i>	51
SAVELLA MIS TITR PAK	31	<i>sulfamethoxazole/trimethoprim</i>	18
SAXENDA	36	<i>sulfamethoxazole/trimethoprim ds</i>	18
<i>selegiline hcl</i>	29	<i>sulfasalazine</i>	42
<i>selenium sulfide</i>	55	<i>sulindac</i>	13
<i>sertraline hcl</i>	28	<i>sumatriptan</i>	32
<i>sevelamer carbonate</i>	40	<i>sumatriptan succinate</i>	32
SEVENFACT	44	<i>sunitinib malate</i>	21
SIKLOS	45	SUNLENCA	15
<i>sildenafil citrate (pulmonary hypertension)</i>		SUPARTZ FX	14
.....	27	SUPPRELIN LA	37
<i>silver sulfadiazine</i>	55	SYMDEKO TAB 100-150	53
SIMPONI ARIA	46	SYMDEKO TAB 50-75MG	53
<i>simvastatin</i>	24	SYMLINPEN	34
<i>sirolimus</i>	50	SYMPROIC	42
SKYLA	38	SYMTUZA TAB	16
SKYRIZI	46, 47, 48	SYNAGIS	50
<i>sodium fluoride</i>	50	SYNJARDY TAB	35
<i>sodium phenylbutyrate</i>	41	SYNJARDY TAB 12.5-500	35
<i>sodium polystyrene sulfonate</i>	40	SYNJARDY TAB 5-1000MG	35
SOGROYA	39	SYNJARDY TAB 5-500MG	35
SOLIQUA	34	SYNJARDY XR TAB	35
SOMATULINE DEPOT	34	SYNJARDY XR TAB 10-1000	35
SOOLANTRA	56	SYNJARDY XR TAB 25-1000	35
<i>sorafenib tosylate</i>	21	SYNJARDY XR TAB 5-1000MG	35
<i>sotalol</i>	24	T	
<i>sotalol hcl</i>	24	TABLOID	19
SOTYKTU	47	TACLONEX OIN	55
SPIRIVA	52	TACLONEX SUS	55
SPIRIVA HANDIHALER	52	<i>tacrolimus</i>	50
<i>spironolactone</i>	23	<i>tacrolimus (topical)</i>	55

TADLIQ	27	TREMFYA.....	47, 48
TAFINLAR.....	21	TRESIBA	35
TAGRISSE	21	<i>tretinoin</i>	55
TAKHZYRO	49	<i>tretinoin (chemotherapy)</i>	22
<i>tamoxifen citrate</i>	20	<i>triamcinolone acetonide (mouth)</i>	56
<i>tamsulosin hcl</i>	43	<i>triamcinolone acetonide (topical)</i>	56
<i>temazepam</i>	31	<i>triamterene & hydrochlorothiazide cap</i>	
<i>temozolomide</i>	19	37.5-25 mg	26
<i>tenofovir disoproxil fumarate</i>	15	<i>triamterene & hydrochlorothiazide tab 37.5-</i>	
<i>terazosin hcl</i>	43	25 mg	26
<i>terbinafine hcl</i>	15	<i>triamterene & hydrochlorothiazide tab 75-</i>	
<i>terconazole vaginal</i>	43	50 mg	26
<i>teriflunomide</i>	32	<i>trifluoperazine hcl</i>	30
<i>teriparatide</i>	36	<i>trifluridine</i>	51
<i>testosterone</i>	34	<i>trihexyphenidyl hcl</i>	29
<i>testosterone cypionate</i>	34	TRIJARDY XR TAB	34
<i>testosterone enanthate</i>	34	TRIKAFTA PAK 59.5MG	53
<i>tetrabenazine</i>	32	TRIKAFTA PAK 75MG.....	53
<i>tetracycline hcl</i>	19	TRIKAFTA TAB.....	53
TEZSPIRE.....	54	<i>trimethobenzamide hcl</i>	42
THALOMID.....	19	TRIPTODUR.....	37
<i>theophylline</i>	54	TRIUMEQ PD TAB	16
<i>tiagabine hcl</i>	30	TRIUMEQ TAB	16
<i>timolol maleate (ophth)</i>	52	TROGARZO	15
<i>tinidazole</i>	14	<i>tropium</i>	43
TIVICAY	15	TRULICITY.....	34
TIVICAY PD.....	15	TUKYSA.....	21
<i>tizanidine hcl</i>	33	TWIIST KIT STARTER	38
<i>tobramycin</i>	53	TWIIST REFIL KIT INFUSION	38
<i>tobramycin (ophth)</i>	51	TYMLOS	36
<i>tobramycin-dexamethasone ophth susp</i>		TYSABRI	32
0.3-0.1%	51	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	UPTRAVI	27
<i>tranlycypromine sulfate</i>	28	UPTRAVI PACK TAB 200/800	27
TRAZIMERA	19	<i>ursodiol</i>	42
<i>trazodone hcl</i>	28	V	
TRECTOR.....	16	VAGIFEM.....	40
TRELEGY AER 100MCG.....	52	<i>valacyclovir hcl</i>	16
TRELEGY AER 200MCG.....	52	<i>valganciclovir hcl</i>	16

<i>valproic acid</i>	30
<i>valsartan</i>	24
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	23
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	23
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	23
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	23
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	23
<i>vancomycin hcl</i>	18
<i>varenicline tartrate</i>	33
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	33
VELSIPITY	48
VEMLIDY	17
VENCLEXTA.....	22
VENCLEXTA TAB START PK.....	22
<i>venlafaxine hcl</i>	28
<i>venlafaxine hcl ext-rel</i>	28
<i>verapamil ext-rel</i>	25
VERZENIO	21
<i>vigabatrin</i>	30
<i>vilazodone hcl</i>	28
VIREAD	15
VISTOGARD	22
VITRAKVI.....	21
VIVITROL	33
<i>voriconazole</i>	15
VOSEVI TAB.....	18
VYNDAMAX	26
VYVANSE	31
VYVGART	32
VYVGART INJ HYTRULO.....	32
W	
WAKIX.....	33
<i>warfarin sodium</i>	44
WEGOVY	36
<i>wixela inhub 100-50 mcg/act</i>	54
<i>wixela inhub 250-50 mcg/act</i>	54
<i>wixela inhub 500-50 mcg/act</i>	54

X	
XALKORI.....	21
XARELTO.....	44
XARELTO STAR TAB 15/20MG	44
XELJANZ	48
XELJANZ XR	48
XEMBIFY.....	49
XEOMIN.....	31
XIAFLEX.....	40
XIFAXAN	18
XIGDUO XR TAB 10-1000	35
XIGDUO XR TAB 10-500MG	35
XIGDUO XR TAB 2.5-1000	35
XIGDUO XR TAB 5-1000MG	35
XIGDUO XR TAB 5-500MG	35
XIIDRA.....	52
XOLAIR	54
XOSPATA	21
XTANDI.....	20
XYNTHA	45
XYNTHA SOLOFUSE.....	45
XYWAV SOL 0.5GM/ML	33
Y	
YONSA.....	20
YUPELRI.....	52
Z	
<i>zaleplon</i>	31
ZEJULA	22
ZELBORAF.....	21
ZENPEP CAP 10000UNT	42
ZENPEP CAP 15000UNT	42
ZENPEP CAP 20000UNT	43
ZENPEP CAP 25000UNT	43
ZENPEP CAP 3000UNIT	42
ZENPEP CAP 40000UNT	43
ZENPEP CAP 5000UNIT	42
ZENPEP CAP 60000UNT	43
ZEPBOUND	36
ZEPOSIA.....	33, 48
ZEPOSIA CAP STR KIT	33, 49
<i>zidovudine</i>	15
<i>ziprasidone hcl</i>	30
ZIRABEV	19
ZITUVIMET TAB.....	34

ZITUVIMET XR TAB.....	34	<i>zolpidem tartrate ext-rel</i>	31
ZITUVIO	34	<i>zonisamide</i>	30
ZOLINZA	22	ZORTRESS	50
<i>zolmitriptan</i>	32	ZURZUVAE	28
<i>zolmitriptan orally disintegrating tabs</i>	32	ZYDELIG	21
<i>zolpidem tartrate</i>	31	ZYKADIA.....	21