



**CVS Caremark[®]
Value Formulary
01/01/2024**

Table of Contents

INTRODUCTION	7
PREFACE	7
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	7
DRUG LIST PRODUCT DESCRIPTIONS	7
LEGEND	8
GENERIC SUBSTITUTION	8
SPECIALTY MEDICATIONS.....	9
PLAN DESIGN	9
PREVENTIVE SERVICES	9
NOTICE	10
ANALGESICS	11
GOUT	11
NSAIDS	11
OPIOID ANALGESICS	11
OPIOID PARTIAL AGONISTS	12
VISCOSUPPLEMENTS	12
ANTI-INFECTIVES.....	12
ANTHELMINTICS	12
ANTI-BACTERIALS - MISCELLANEOUS	12
ANTIFUNGALS	12
ANTIRETROVIRAL AGENTS.....	13
ANTIRETROVIRAL COMBINATION AGENTS	13
ANTITUBERCULAR AGENTS	14
ANTIVIRALS	14
CEPHALOSPORINS	14
CYTOMEGALOVIRUS AGENTS	15
ERYTHROMYCINS/MACROLIDES.....	15
FLUOROQUINOLONES.....	15
HEPATITIS B	15
HEPATITIS C	15
MISCELLANEOUS	16
PENICILLINS	16
TETRACYCLINES	17
ANTINEOPLASTIC AGENTS.....	17
ALKYLATING AGENTS	17
ANTIMETABOLITES	17
BIOLOGIC RESPONSE MODIFIERS.....	17
BIOSIMILARS	17
HORMONAL ANTINEOPLASTIC AGENTS	18
KINASE INHIBITORS	18
MISCELLANEOUS	19
MONOCLONAL ANTIBODIES	20
PROTEASOME INHIBITORS.....	20
CARDIOVASCULAR.....	20
ACE INHIBITOR COMBINATIONS.....	20
ACE INHIBITORS	20

ALDOSTERONE RECEPTOR ANTAGONISTS.....	21
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	21
ANGIOTENSIN II RECEPTOR ANTAGONISTS	21
ANTIARRHYTHMICS.....	22
ANTILIPEMICS, BILE ACID RESINS.....	22
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	22
ANTILIPEMICS, FIBRATES	22
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	22
ANTILIPEMICS, MISCELLANEOUS.....	22
ANTILIPEMICS, OMEGA-3 FATTY ACIDS.....	22
ANTILIPEMICS, PCSK9 INHIBITORS	22
BETA-BLOCKER/DIURETIC COMBINATIONS.....	22
BETA-BLOCKERS.....	23
CALCIUM CHANNEL BLOCKERS	23
DIGITALIS GLYCOSIDES	23
DIURETICS	23
HEART FAILURE.....	24
MISCELLANEOUS	24
NITRATES	24
PULMONARY ARTERIAL HYPERTENSION	24
CENTRAL NERVOUS SYSTEM	25
ANTIANXIETY	25
ANTIDEMENTIA	25
ANTIDEPRESSANTS.....	25
ANTIPARKINSONIAN AGENTS.....	26
ANTIPSYCHOTICS	27
ANTISEIZURE AGENTS	27
ATTENTION DEFICIT HYPERACTIVITY DISORDER.....	28
BOTULINUM TOXINS	29
FIBROMYALGIA.....	29
HYPNOTICS.....	29
MIGRAINE.....	29
MISCELLANEOUS	30
MOVEMENT DISORDERS	30
MULTIPLE SCLEROSIS AGENTS.....	30
MUSCULOSKELETAL THERAPY AGENTS	30
NARCOLEPSY/CATAPLEXY	30
OPIOID AGONIST/ANTAGONIST	31
OPIOID ANTAGONIST	31
OPIOID PARTIAL AGONISTS	31
SMOKING DETERRENTS.....	31
ENDOCRINE AND METABOLIC	31
ACROMEGALY.....	31
ANDROGENS	31
ANTIDIABETICS, AMYLIN ANALOGS	31
ANTIDIABETICS, BIGUANIDE	32
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	32

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS	32
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS	32
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	32
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	32
ANTIDIABETICS, INSULIN	32
ANTIDIABETICS, INSULIN SENSITIZER	33
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	33
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION ...	33
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS.....	33
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS.....	33
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	33
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITORS	33
ANTIDIABETICS, SULFONYLUREA	33
ANTIOBESITY	34
CALCIUM RECEPTOR AGONISTS	34
CALCIUM REGULATORS, BISPHOSPHONATES	34
CALCIUM REGULATORS, MISCELLANEOUS	34
CALCIUM REGULATORS, PARATHYROID HORMONES	34
CENTRAL PRECOCIOUS PUBERTY	34
CHELATING AGENTS	34
CONTRACEPTIVES.....	34
DIABETIC SUPPLIES	36
ENDOMETRIOSIS	36
ENZYME REPLACEMENTS	36
ESTROGENS.....	37
FERTILITY REGULATORS.....	37
GAUCHER DISEASE.....	37
GLUCOCORTICOIDS	37
GLUCOSE ELEVATING AGENTS	37
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	38
HUMAN GROWTH HORMONES	38
MISCELLANEOUS	38
PHOSPHATE BINDER AGENTS.....	38
POLYNEUROPATHY	38
POTASSIUM-REMOVING AGENTS	38
PROGESTINS.....	38
SELECTIVE ESTROGEN RECEPTOR MODULATORS.....	38
THYROID AGENTS.....	38
UTERINE FIBROIDS.....	38
VASOPRESSINS	39
GASTROINTESTINAL.....	39
ANTICHOLINERGICS	39
ANTIDIARRHEALS	39

ANTIEMETICS.....	39
H2-RECEPTOR ANTAGONISTS	39
INFLAMMATORY BOWEL DISEASE	39
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	39
IRRITABLE BOWEL SYNDROME WITH DIARRHEA.....	40
LAXATIVES	40
MISCELLANEOUS	40
PANCREATIC ENZYMES.....	40
PROTON PUMP INHIBITORS	40
RECTAL, CORTICOSTEROIDS.....	40
GENITOURINARY	40
BENIGN PROSTATIC HYPERPLASIA.....	40
MISCELLANEOUS	40
URINARY ANTISPASMODICS	41
VAGINAL ANTI-INFECTIVES	41
HEMATOLOGIC.....	41
ANTICOAGULANTS.....	41
BLEEDING DISORDERS AGENTS	41
HEMATOPOIETIC GROWTH FACTORS.....	41
HEMOPHILIA A AGENTS.....	42
HEMOPHILIA B AGENTS.....	42
MISCELLANEOUS	42
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS.....	42
PLATELET AGGREGATION INHIBITORS	43
SICKLE CELL DISEASE.....	43
IMMUNOLOGIC AGENTS.....	43
ALLERGENIC EXTRACTS.....	43
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED).....	43
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	43
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
.....	43
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	44
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL	
SPONDYLOARTHRITIS	44
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS.....	44
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS....	45
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	45
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	46
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS).....	46
HEREDITARY ANGIOEDEMA.....	46
IMMUNOGLOBULIN	47
IMMUNOSUPPRESSANTS.....	47
MISCELLANEOUS	48
NUTRITIONAL/SUPPLEMENTS	48
ELECTROLYTES.....	48
PRENATAL VITAMINS	48
VITAMINS	48

OPHTHALMIC	49
ANTI-INFECTIVE/ANTI-INFLAMMATORY	49
ANTI-INFECTIVES	49
ANTI-INFLAMMATORIES	49
ANTIALLERGICS	49
ANTIGLAUCOMA	49
DRY EYE DISEASE.....	50
RETINAL DISORDERS	50
RESPIRATORY	50
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	50
ANAPHYLAXIS TREATMENT AGENTS	50
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	50
ANTICHOLINERGICS	50
ANTI-HISTAMINES	50
BETA AGONISTS.....	50
COLD/COUGH.....	51
CYSTIC FIBROSIS	51
LEUKOTRIENE RECEPTOR ANTAGONISTS.....	51
NASAL STEROIDS	51
PULMONARY FIBROSIS AGENTS.....	51
SEVERE ASTHMA AGENTS.....	51
STEROID INHALANTS	52
STEROID/BETA-AGONIST COMBINATIONS	52
XANTHINES.....	52
TOPICAL	52
DERMATOLOGY, ACNE	52
DERMATOLOGY, ACTINIC KERATOSIS	52
DERMATOLOGY, ANTIBIOTICS.....	52
DERMATOLOGY, ANTIFUNGALS.....	53
DERMATOLOGY, ANTIPSORIATICS	53
DERMATOLOGY, ANTISEBORRHEICS	53
DERMATOLOGY, ATOPIC DERMATITIS	53
DERMATOLOGY, CORTICOSTEROIDS.....	53
DERMATOLOGY, LOCAL ANESTHETICS.....	54
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	54
DERMATOLOGY, ROSACEA	54
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	54
MOUTH/THROAT/DENTAL AGENTS	54
OTIC	54
Index	55

Value Formulary

INTRODUCTION

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

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

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

1. Medical Conditions

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

2. Alphabetical Listing

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

- Look in the Index and find your drug.

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

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

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

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

LEGEND

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

GENERIC SUBSTITUTION

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

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

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

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

SPECIALTY MEDICATIONS

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

Specialty Guideline Management (SGM)

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

PLAN DESIGN

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

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

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

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

PREVENTIVE SERVICES

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

- Bowel Preparations for Colorectal Cancer Screening
- Fluoride Supplementation in Children
- Folic Acid Supplementation
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Medications for Risk Reduction of Primary Breast Cancer
- Contraceptives
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults
- Antiretroviral therapy for preexposure prevention of human immunodeficiency virus (HIV) infection
- Diabetes Prevention Medicine for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity

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

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2023 CVS Health and/or one of its affiliates. All rights reserved.

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

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

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

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

Drug Name	Requirements/Limits
<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; tbs 40mg</i>	QL; PA*
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg; tbs 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 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

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
----------------------------------	--------

ANTIFUNGALS

<i>clotrimazole troches troc 10mg</i>	QL; PA*
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	

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

Drug Name	Requirements/Limits
------------------	----------------------------

<i>itraconazole caps 100mg; soln 10mg/ml</i>	
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	QL; PA*
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	QL; PA*
<i>darunavir tabs 600mg, 800mg</i>	QL; PA*
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	QL; PA*
<i>emtricitabine caps 200mg</i>	QL; PA*
EMTRIVA SOLN 10mg/ml	QL; PA*
<i>etravirine tabs 100mg, 200mg</i>	QL; PA*
<i>fosamprenavir calcium tabs 700mg</i>	QL; PA*
FUZEON SOLR 90mg	SP, PA, QL
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	QL; PA*
ISENTRESS HD TABS 600mg	QL; PA*
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	QL; PA*
<i>maraviroc tabs 150mg, 300mg</i>	QL; PA*
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 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*
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	QL; PA*
SUNLENCA SOLN 463.5mg/1.5ml; TBPK 300mg	QL
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL; PA*
TIVICAY TABS 10mg, 25mg, 50mg	QL; PA*
TIVICAY PD TBSO 5mg	QL; PA*
TROGARZO SOLN 200mg/1.33ml	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	QL; PA*
<i>zidovudine caps 100mg; syrp 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*
CIMDUO TAB 300-300	QL; PA*
DESCOVY TAB 120-15MG	QL; PA*
DESCOVY TAB 200/25MG	QL; PA*
DOVATO TAB 50-300MG	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-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL; PA*
EVOTAZ TAB 300-150	QL; PA*
GENVOYA TAB	QL; PA*
JULUCA TAB 50-25MG	QL; PA*
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL; PA*
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*
<i>valacyclovir hcl tabs 1gm, 500mg</i>	

CEPHALOSPORINS

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</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>cefдинир caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefподохиме прохетил susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	
<i>cefпрозил susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>цефуросиме ахетил tabs 250mg, 500mg</i>	
<i>сепхалексин caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	

CYTOMEGALOVIRUS AGENTS

<i>валганцикловир hcl solr 50mg/ml; tabs 450mg</i>	SP, QL
--	--------

ERYTHROMYCINS/MACROLIDES

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

FLUOROQUINOLONES

CIPRO SUSR 5gm/100ml, 500mg/5ml	
<i>ципрофлоксацин hcl tabs 100mg, 250mg, 500mg, 750mg</i>	
<i>левофлоксацин soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>моксифлоксацин hcl tabs 400mg</i>	

HEPATITIS B

<i>ентекавир tabs .5mg, 1mg</i>	SP, QL
<i>ламивудин (hbv) tabs 100mg</i>	

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
HARVONI PAK	SP, PA, QL; Only for genotypes 1, 4, 5 and 6

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

Drug Name	Requirements/Limits
HARVONI PAK 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>tinidazole tabs 250mg, 500mg</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>	

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

Drug Name	Requirements/Limits
------------------	----------------------------

<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & pot clavulanate ext-rel</i>	
<i>ampicillin caps 500mg</i>	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	

TETRACYCLINES

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

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

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
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	SP, PA, QL
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	SP, PA, QL
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	SP, PA, QL

BIOSIMILARS

HERZUMA SOLR 150mg, 420mg	SP, PA
OGIVRI SOLR 150mg, 420mg	SP, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	SP, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	SP, PA

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

Drug Name	Requirements/Limits
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate tabs 250mg</i>	SP, PA, QL
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	SP, PA
ERLEADA TABS 60mg, 240mg	SP, PA, QL
<i>exemestane tabs 25mg</i>	
<i>flutamide caps 125mg</i>	
<i>fulvestrant sosy 250mg/5ml</i>	SP, PA
<i>letrozole tabs 2.5mg</i>	
LYSODREN TABS 500mg	
<i>megestrol acetate susp 400mg/10ml; 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
BOSULIF TABS 100mg, 400mg, 500mg	SP, PA, QL
BRAFTOVI CAPS 75mg	SP, PA, QL
BRUKINSA CAPS 80mg	SP, PA, QL
CABOMETYX TABS 20mg, 40mg, 60mg	SP, PA, QL
CALQUENCE CAPS 100mg; TABS 100mg	SP, PA, QL
CAPRELSA TABS 100mg, 300mg	SP, PA, QL
COPIKTRA CAPS 15mg, 25mg	SP, PA, QL
COTELLIC TABS 20mg	SP, PA, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	SP, PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	SP, PA, QL
GAVRETO CAPS 100mg	SP, PA, QL
<i>gefitinib tabs 250mg</i>	SP, PA, QL
GILOTRIF TABS 20mg, 30mg, 40mg	SP, PA, QL
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	SP, PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	SP, PA, QL
IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg, 560mg	SP, PA, QL
INLYTA TABS 1mg, 5mg	SP, PA, QL

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

Drug Name	Requirements/Limits
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	SP, PA, QL; Polycythemia vera is not a covered indication
KOSELUGO CAPS 10mg, 25mg	SP, PA, QL
<i>lapatinib ditosylate tabs 250mg</i>	SP, PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 8 MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10mg	SP, PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10mg	SP, PA, QL
LENVIMA CAP 14 MG	SP, PA, QL
LENVIMA CAP 18 MG	SP, PA, QL
LENVIMA CAP 24 MG	SP, PA, QL
MEKINIST SOLR .05mg/ml	SP, PA, QL
MEKTOVI TABS 15mg	SP, PA, QL
NERLYNX TABS 40mg	SP, PA, QL
PIQRAY 200MG DAILY DOSE TBPK 200mg	SP, PA, QL
PIQRAY 250MG TAB DOSE	SP, PA, QL
PIQRAY 300MG DAILY DOSE TBPK 150mg	SP, PA, QL
RETEVMO CAPS 40mg, 80mg	SP, PA, QL
ROZLYTREK CAPS 100mg, 200mg	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
TAGRISSO 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
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
<i>etoposide caps 50mg</i>	
<i>hydroxyurea caps 500mg</i>	
KRAZATI TABS 200mg	SP, PA, QL

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

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

MONOCLONAL ANTIBODIES

PERJETA SOLN 420mg/14ml	SP, PA
PHEGO SOL	SP, PA

PROTEASOME INHIBITORS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

ACE INHIBITORS

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

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

Drug Name	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone tabs 25mg, 50mg</i>	
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>	
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>	

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>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	SP, PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>ibutilide fumarate soln 1mg/10ml</i>	
<i>propafenone ext-rel cp12 225mg, 325mg, 425mg</i>	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	
<i>sotalol tabs 80mg, 120mg, 160mg</i>	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine powd 4gm/dose</i>	
<i>cholestyramine light powd 4gm/dose</i>	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
<i>ezetimibe tabs 10mg</i>	
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	
<i>gemfibrozil tabs 600mg</i>	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	
ANTILIPEMICS, MISCELLANEOUS	
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
<i>VASCEPA CAPS .5gm, 1gm</i>	
ANTILIPEMICS, PCSK9 INHIBITORS	
<i>REPATHA SOSY 140mg/ml</i>	SP, PA, QL
<i>REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml</i>	SP, PA, QL
<i>REPATHA SURECLICK SOAJ 140mg/ml</i>	SP, PA, QL
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	

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

Drug Name	Requirements/Limits
------------------	----------------------------

<i>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>	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	

Drug Name	Requirements/Limits
------------------	----------------------------

<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
---	--

<i>indapamide tabs 1.25mg, 2.5mg</i>	
--------------------------------------	--

<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
---	--

<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
--	--

<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
--	--

<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	
---	--

<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
---	--

<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
---	--

<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
---	--

HEART FAILURE

CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	
--	--

ENTRESTO TAB 24-26MG	
----------------------	--

ENTRESTO TAB 49-51MG	
----------------------	--

ENTRESTO TAB 97-103MG	
-----------------------	--

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
-------------------	------------

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
-----------------------	--------

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>sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg</i>	SP, PA, QL
TADLIQ SUSP 20mg/5ml	SP, PA, QL
TYVASO SOLN .6mg/ml	SP, PA, QL
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	SP, PA, QL
UPTRAVI PACK TAB 200/800	SP, PA, QL

CENTRAL NERVOUS SYSTEM

ANTIANSXIETY

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

ANTIDEMENTIA

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

ANTIDEPRESSANTS

<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>bupropion tabs 75mg, 100mg</i>	
<i>bupropion hcl tb12 100mg, 150mg, 200mg</i>	
<i>bupropion hcl ext-rel tb24 150mg, 300mg</i>	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>desvenlafaxine succinate ext-rel tb24 25mg, 50mg, 100mg</i>	
<i>doxepin caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	
<i>duloxetine delayed-rel cpep 20mg, 30mg, 60mg</i>	

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>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml</i>	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i>	
<i>mirtazapine orally disintegrating tabs tbdp 15mg, 30mg, 45mg</i>	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	
<i>paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg</i>	Listing does not include certain NDCs
<i>paroxetine hcl tabs tabs 10mg, 20mg, 30mg, 40mg</i>	
<i>phenelzine sulfate tabs 15mg</i>	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	
<i>tranylcypromine sulfate tabs 10mg</i>	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	
<i>venlafaxine hcl ext-rel cp24 37.5mg, 75mg, 150mg</i>	

ANTIPARKINSONIAN AGENTS

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

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>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
---	--

<i>entacapone tabs 200mg</i>	
------------------------------	--

<i>INBRIJA CAPS 42mg</i>	SP, PA, QL
--------------------------	------------

<i>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg</i>	SP, PA, QL
--	------------

<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
--	--

<i>rasagiline mesylate tabs .5mg, 1mg</i>	
---	--

<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
---	--

<i>selegiline hcl caps 5mg; tabs 5mg</i>	
--	--

<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	
--	--

ANTIPSYCHOTICS

<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	
--	--

<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml</i>	
--	--

<i>ARISTADA INITIO PRSY 675mg/2.4ml</i>	
---	--

<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	
--	--

<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
---	--

<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	
--	--

<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
---	--

<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
---	--

<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	
--	--

<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	
---	--

<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	
--	--

<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	
--	--

<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
---	--

<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	
--	--

ANTISEIZURE AGENTS

<i>carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	
---	--

<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	PA
--	----

<i>clonazepam tabs .5mg, 1mg, 2mg</i>	QL
---------------------------------------	----

<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	QL
---	----

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL; PA*

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

Drug Name	Requirements/Limits
<i>amphetamine-dextroamphetamine 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>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*

BOTULINUM TOXINS

DYSPORT SOLR 300unit, 500unit	SP, PA
XEOMIN SOLR 50unit, 100unit, 200unit	SP, PA

FIBROMYALGIA

SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	PA
SAVELLA MIS TITR PAK	PA

HYPNOTICS

<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

EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	ST, QL; PA**
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL; PA*
QULIPTA TABS 10mg, 30mg, 60mg	ST, QL; PA**
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	QL; PA*
<i>rizatriptan orally disintegrating tabs tbdp 5mg, 10mg</i>	QL; PA*
<i>sumatriptan soln 5mg/act, 20mg/act</i>	QL; PA*
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	QL; PA*
UBRELVY TABS 50mg, 100mg	ST, QL; PA**
<i>zolmitriptan tabs 2.5mg, 5mg</i>	QL; PA*
<i>zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg</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
MISCELLANEOUS	
EVRYSDI SOLR .75mg/ml	SP, PA, QL
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	
<i>riluzole tabs 50mg</i>	
MOVEMENT DISORDERS	
AUSTEDO TABS 6mg, 9mg, 12mg	SP, PA, QL
AUSTEDO XR TB24 6mg, 12mg, 24mg	SP, PA, QL
AUSTEDO XR TAB TITR KIT	SP, PA, QL
INGREZZA CAPS 40mg, 60mg, 80mg	SP, PA, QL
INGREZZA CAP 40-80MG	SP, PA, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	SP, PA, QL
MULTIPLE SCLEROSIS AGENTS	
AVONEX AJKT 30mcg/0.5ml; PSKT 30mcg/0.5ml	SP, PA, QL
BETASERON KIT .3mg	SP, PA, QL
COPAXONE INJ 40MG/ML SOSY 40mg/ml	SP, PA, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	SP, PA, QL
<i>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
VUMERITY CPDR 231mg	SP, PA, QL
ZEPOSIA CAPS .92mg	SP, PA, QL
ZEPOSIA CAP STR KIT	SP, PA, QL
MUSCULOSKELETAL THERAPY AGENTS	
<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
NARCOLEPSY/CATAPLEXY	
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	PA, QL
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	SP, PA, QL
<i>modafinil tabs 100mg, 200mg</i>	PA, QL

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
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>	
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**

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
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 INHIBITORS	
JANUVIA TABS 25mg, 50mg, 100mg	ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS	
JANUMET TAB 50-500MG	ST; PA**
JANUMET TAB 50-1000	ST; PA**
JANUMET XR TAB 50-500MG	ST; PA**
JANUMET XR TAB 50-1000	ST; PA**
JANUMET XR TAB 100-1000	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	ST, QL; PA**
OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml	ST, QL; PA**
OZEMPIC INJ 8MG/3ML	ST, QL; PA**
RYBELSUS TABS 3mg, 7mg, 14mg	ST, QL; PA**
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	ST, QL; PA**
VICTOZA SOPN 18mg/3ml	ST, QL; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	
SOLIQUA	ST; PA**
ANTIDIABETICS, INSULIN	
FIASP	
FIASP INJ 100/ML	
HUMULIN R U-500 SOLN 500unit/ml; SOPN 500unit/ml	
LANTUS SOLN 100unit/ml	
LANTUS SOLOSTAR SOPN 100unit/ml	
NOVOLIN MIX	OTC
NOVOLIN N SUPN 100unit/ml; SUSP 100unit/ml	OTC
NOVOLIN R SOLN 100unit/ml; SOPN 100unit/ml	OTC
NOVOLOG SOCT 100unit/ml; SOLN 100unit/ml; SOPN 100unit/ml	
NOVOLOG MIX	

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
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-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS	
TRIJARDY XR TAB	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS	
SYNJARDY TAB	ST; PA**
SYNJARDY TAB 5-500MG	ST; PA**
SYNJARDY TAB 5-1000MG	ST; PA**
SYNJARDY TAB 12.5-500	ST; PA**
SYNJARDY XR TAB	ST; PA**
SYNJARDY XR TAB 5-1000MG	ST; PA**
SYNJARDY XR TAB 10-1000	ST; PA**
SYNJARDY XR TAB 25-1000	ST; PA**
XIGDUO XR TAB 2.5-1000	ST; PA**
XIGDUO XR TAB 5-500MG	ST; PA**
XIGDUO XR TAB 5-1000MG	ST; PA**
XIGDUO XR TAB 10-500MG	ST; PA**
XIGDUO XR TAB 10-1000	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	
GLYXAMBI TAB 10-5 MG	ST; PA**
GLYXAMBI TAB 25-5 MG	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 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>	

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>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	
ANTI-OBESITY	
QSYMIA CAP 3.75-23	
QSYMIA CAP 7.5-46MG	
QSYMIA CAP 11.25-69	
QSYMIA CAP 15-92MG	
SAXENDA SOPN 18mg/3ml	
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
CALCIUM REGULATORS, BISPHOSPHONATES	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	
<i>ibandronate sodium tabs 150mg</i>	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	
CALCIUM REGULATORS, MISCELLANEOUS	
PROLIA SOSY 60mg/ml	SP, PA, QL
CALCIUM REGULATORS, PARATHYROID HORMONES	
FORTEO SOPN 600mcg/2.4ml	SP, PA, QL
TYMLOS SOPN 3120mcg/1.56ml	SP, PA, QL
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45mg	SP, PA
LUPRON DEPOT-PED 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
SUPPRELIN LA KIT 50mg	SP, PA
CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbs 125mg, 250mg, 500mg</i>	SP, PA
<i>deferiprone tabs 500mg</i>	SP, PA
<i>deferoxamine mesylate solr 2gm, 500mg</i>	SP, PA
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>	

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>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>	
KYLEENA IUD 19.5mg	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
LO LOESTRIN TAB 1-10-10	
<i>medroxyprogesterone acetate 150 mg/ml susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 20mcg/day	
NEXPLANON IMPL 68mg	
<i>norelgestromin/ethinyl estradiol - xulane</i>	
<i>norethindrone tabs .35mg</i>	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</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>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>	
NUVARING MIS	
PARAGARD IUD T380A	
PHEXXI GEL	
SKYLA IUD 13.5mg	

DIABETIC SUPPLIES

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

ENDOMETRIOSIS

<i>danazol caps 50mg, 100mg, 200mg</i>	
LUPRON DEPOT (1-MONTH) KIT 3.75mg	SP, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	SP, PA
ORLISSA TABS 150mg, 200mg	

ENZYME REPLACEMENTS

<i>*betaine powder for oral solution***</i>	SP, PA
<i>carglumic acid tbso 200mg</i>	SP, PA
PHEBURANE PLLT 483mg/gm	SP, PA, QL
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	SP, PA
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	SP, PA, QL
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	SP, PA

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
ESTROGENS	
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	
FERTILITY REGULATORS	
<i>clomiphene citrate tabs 50mg</i>	
FOLLISTIM AQ SOLN 300unt/0.36ml, 600unt/0.72ml, 900unt/1.08ml	SP, PA, QL
GANIRELIX ACETATE SOSY 250mcg/0.5ml	SP, PA
MENOPUR SOLR 75unit	SP, PA
OVIDREL INJ 250mcg/0.5ml	SP, PA
GAUCHER DISEASE	
CERDELGA CAPS 84mg	SP, PA, QL
CEREZYME SOLR 400unit	SP, PA, QL
GLUCOCORTICOIDS	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	
<i>fludrocortisone acetate tabs .1mg</i>	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK POWD 3mg/dose	
BAQSIMI TWO PACK POWD 3mg/dose	
<i>glucagon (rdna) kit 1mg</i>	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	

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
GVOKE KIT SOLN 1mg/0.2ml	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	SP, PA
ORFADIN CAPS 20mg	SP, PA
HUMAN GROWTH HORMONES	
HUMATROPE CART 6mg, 12mg, 24mg	SP, PA
NORDITROPIN SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	SP, PA
MISCELLANEOUS	
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50mg, 150mg	SP, PA
KERENDIA TABS 10mg, 20mg	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>	
POLYNEUROPATHY	
TEGSEDI SOSY 284mg/1.5ml	SP, PA, QL
POTASSIUM-REMOVING AGENTS	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	
PROGESTINS	
ENDOMETRIN INST 100mg	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone, micronized caps 100mg, 200mg</i>	
SELECTIVE ESTROGEN RECEPTOR MODULATORS	
<i>raloxifene hcl tabs 60mg</i>	
THYROID AGENTS	
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
UTERINE FIBROIDS	
MYFEMBREE TAB	
ORIAHNN CAP	

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
VASOPRESSINS	
<i>desmopressin acetate tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .01%</i>	
GASTROINTESTINAL	
ANTICHOLINERGICS	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	
<i>glycopyrrolate soln 1mg/5ml</i>	AGE
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; tabs .125mg; tbdp .125mg</i>	
ANTIDIARRHEALS	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
<i>loperamide hcl caps 2mg</i>	
ANTIEMETICS	
<i>aprepitant caps 40mg, 80mg, 125mg</i>	QL; PA*
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	
<i>granisetron hcl tabs 1mg</i>	
<i>meclizine hcl tabs 12.5mg, 25mg, 50mg</i>	
<i>metoclopramide hcl tabs 5mg, 10mg</i>	
<i>ondansetron tbdp 4mg, 8mg</i>	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>promethazine hcl syrp 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>	
<i>UCERIS TB24 9mg</i>	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</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
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
<i>alosetron hcl tabs .5mg, 1mg</i>	
LAXATIVES	
CLENPIQ SOL	
<i>lactulose soln 10gm/15ml</i>	
<i>peg-3350/electrolytes</i>	Listing does not include generics for MOVIPREP
MISCELLANEOUS	
<i>misoprostol tabs 100mcg, 200mcg</i>	
OICALIVA TABS 5mg, 10mg	SP, PA, QL
SUCRAID SOLN 8500unit/ml	PA, QL
SYMPROIC TABS .2mg	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
PANCREATIC ENZYMES	
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNIT	
CREON CAP 24000UNIT	
CREON CAP 36000UNIT	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNIT	
ZENPEP CAP 15000UNIT	
ZENPEP CAP 20000UNIT	
ZENPEP CAP 25000UNIT	
ZENPEP CAP 40000UNIT	
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>	
MISCELLANEOUS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	

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

Drug Name	Requirements/Limits
<i>potassium citrate (alkalinizer) tbc</i> 15meq, 540mg, 1080mg	
URINARY ANTISPASMODICS	
<i>oxybutynin chloride soln</i> 5mg/5ml; tabs 5mg	
<i>oxybutynin ext-rel tb24</i> 5mg, 10mg, 15mg	
<i>tolterodine tartrate tabs</i> 1mg, 2mg	
<i>tropium tabs</i> 20mg	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin cream crea</i> 2%	
<i>metronidazole vaginal gel gel</i> .75%	
<i>terconazole vaginal crea</i> .4%, .8%; supp 80mg	
HEMATOLOGIC	
ANTICOAGULANTS	
ELIQUIS TABS 2.5mg, 5mg	
ELIQUIS STARTER PACK TBPK 5mg	
<i>enoxaparin sodium soln</i> 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	
<i>fondaparinux sodium soln</i> 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	
<i>warfarin sodium tabs</i> 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
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
DOPTELET TABS 20mg	SP, PA, QL
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
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	SP, PA, QL

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

Drug Name	Requirements/Limits
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	SP, PA
HEMOPHILIA A AGENTS	
ADVATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit	SP, PA
ADYNOVATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
AFSTYLA KIT 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit	SP, PA
ELOCTATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit, 5000unit, 6000unit	SP, PA
ESPEROCT SOLR 500unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	SP, PA
JIVI SOLR 500unit, 1000unit, 2000unit, 3000unit	SP, PA
KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
NOVOEIGHT SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
NUWIQ KIT 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit, 4000unit; SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit, 4000unit	SP, PA
XYNTHA KIT 250unit, 500unit, 1000unit, 2000unit	SP, PA
XYNTHA SOLOFUSE KIT 3000unit	SP, PA
HEMOPHILIA B AGENTS	
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	SP, PA
IDELVION SOLR 250unit, 500unit, 1000unit, 2000unit, 3500unit	SP, PA
REBINYN SOLR 500unit, 1000unit, 2000unit, 3000unit	SP, PA
MISCELLANEOUS	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
TAVALISSE TABS 100mg, 150mg	SP, PA, QL
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080mg/20ml	SP, PA, QL

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

Drug Name	Requirements/Limits
PLATELET AGGREGATION INHIBITORS	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel/aspirin</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	
SICKLE CELL DISEASE	
ADAKVEO SOLN 100mg/10ml	SP, PA
ENDARI PACK 5gm	SP, PA, QL
SIKLOS TABS 100mg, 1000mg	
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
AVSOLA SOLR 100mg	SP, PA, QL
ILUMYA SOSY 100mg/ml	SP, PA, QL
REMICADE SOLR 100mg	SP, PA, QL
SIMPONI ARIA SOLN 50mg/4ml	SP, PA, QL
SKYRIZI SOLN 600mg/10ml	SP, PA, QL
STELARA INTRAVENOUS SOLN 130mg/26ml	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	SP, PA, QL
ENBREL SOAJ 50mg/ml; SOCT 50mg/ml; SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	SP, PA, QL
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	SP, PA, QL
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	SP, PA, QL
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	SP, PA, QL
HYRIMOZ SOAJ 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 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

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

Drug Name	Requirements/Limits
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	SP, PA, QL
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	SP, PA, QL
HYRIMOZ SOAJ 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 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
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	SP, PA, QL
HYRIMOZ SOAJ 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 80mg/0.8ml	SP, PA, QL
RINVOQ TB24 15mg, 30mg, 45mg	SP, PA, QL
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml	SP, PA, QL

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

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

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	SP, PA, QL
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	SP, PA, QL
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	SP, PA, QL
HYRIMOZ SOAJ 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 80mg/0.8ml	SP, PA, QL
OTEZLA TABS 30mg	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL

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

Drug Name	Requirements/Limits
SKYRIZI PSKT 75mg/0.83ml; 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
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	SP, PA, QL
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

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

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml; SOSY 40mg/0.4ml	SP, PA, QL
ENBREL SOAJ 50mg/ml; SOCT 50mg/ml; SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	SP, PA, QL
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	SP, PA, QL
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	SP, PA, QL

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

Drug Name	Requirements/Limits
HYRIMOZ SOAJ 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 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 PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	SP, PA, QL
HUMIRA PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml; PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	SP, PA, QL
HYRIMOZ SOAJ 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 80mg/0.8ml	SP, PA, QL
RINVOQ TB24 15mg, 30mg, 45mg	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml	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
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

penicillamine tabs 250mg

RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	SP, PA, QL
---	------------

HEREDITARY ANGIOEDEMA

<i>icatibant acetate sosy 30mg/3ml</i>	SP, PA, QL
--	------------

ORLADEYO CAPS 110mg, 150mg	SP, PA, QL
----------------------------	------------

RUCONEST SOLR 2100unit	SP, PA, QL
------------------------	------------

TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml	SP, PA, QL
---	------------

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

Drug Name	Requirements/Limits
IMMUNOGLOBULIN	
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	SP, PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	SP, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	SP, PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	SP, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	SP, PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	SP, PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CP24 .5mg, 1mg, 5mg <i>azathioprine tabs 50mg</i>	
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	SP, PA, QL
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	
CELLCEPT INTRAVENOUS SOLR 500mg <i>cyclosporine caps 25mg, 100mg</i> <i>cyclosporine modified (for microemulsion) caps</i> <i>25mg, 100mg; soln 100mg/ml</i>	
ENSPRYNG SOSY 120mg/ml	SP, PA, QL
ENVARUS XR TB24 .75mg, 1mg, 4mg <i>everolimus (immunosuppressant) tabs .25mg,</i> <i>.5mg, .75mg, 1mg</i> <i>mycophenolate mofetil caps 250mg; susr</i> <i>200mg/ml; tabs 500mg</i> <i>mycophenolate sodium tbec 180mg, 360mg</i>	
MYFORTIC TBEC 180mg, 360mg	
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	
NULOJIX SOLR 250mg	
PROGRAF CAPS .5mg, 1mg, 5mg; PACK .2mg, 1mg	
RAPAMUNE SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	
SANDIMMUNE CAPS 25mg, 100mg; SOLN 50mg/ml, 100mg/ml <i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i> <i>tacrolimus caps .5mg, 1mg, 5mg</i>	

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
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	
MISCELLANEOUS	
ILARIS SOLN 150mg/ml	SP, PA
SYNAGIS SOLN 50mg/0.5ml, 100mg/ml	SP, PA
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES	
<i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbc 8meq, 10meq, 20meq</i>	
<i>sodium fluoride soln .125mg/drop, .5mg/ml; tabs .5mg, 1mg</i>	
PRENATAL VITAMINS	
<i>*prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>	
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	
<i>*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg***</i>	
VITAMINS	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	
<i>ergocalciferol caps 1.25mg</i>	
<i>folic acid tabs 1mg</i>	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i>	
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i>	
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg***</i>	
<i>*pediatric multiple vitamins w/ fluoride chew tab 1 mg***</i>	
<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i>	
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i>	
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	
<i>phytonadione tabs 5mg</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
OPHTHALMIC	
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) oint .3%</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	QL; PA*
<i>moxifloxacin hcl (ophth) soln .5%</i>	
<i>NATACYN SUSP 5%</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) soln .3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
<i>trifluridine soln 1%</i>	
ANTI-INFLAMMATORIES	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>fluorometholone (ophth) susp .1%</i>	
<i>ketorolac tromethamine (ophth) soln .5%</i>	
<i>loteprednol etabonate susp .5%</i>	
<i>prednisolone acetate (ophth) susp 1%</i>	
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	
ANTIALLERGICS	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
ANTIGLAUCOMA	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>bimatoprost soln .03%</i>	

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>brimonidine tartrate soln .15%, .2%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
<i>latanoprost soln .005%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
DRY EYE DISEASE	
RESTASIS EMUL .05%	PA, QL
XIIDRA SOLN 5%	PA, QL
RETINAL DISORDERS	
BYOOVIZ SOLN .5mg/0.05ml	SP, PA
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	SP, PA
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	SP, PA
ANAPHYLAXIS TREATMENT AGENTS	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml</i>	QL; PA*, Listing does not include certain NDCs
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	QL; PA*
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	QL
BEVESPI AER 9-4.8MCG	QL
<i>ipratropium/albuterol inhalation soln</i>	QL
ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation solution soln .02%</i>	QL
SPIRIVA AERS 1.25mcg/act, 2.5mcg/act; CAPS 18mcg	QL
YUPELRI SOLN 175mcg/3ml	QL
ANTI-HISTAMINES	
<i>azelastine hcl soln .1%, .15%</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
BETA AGONISTS	
<i>albuterol inhalation soln nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	QL
<i>albuterol sulfate, cfc-free aerosol aers 108mcg/act</i>	QL; Listing does not include certain NDCs
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	QL

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>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>	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL; PA*

CYSTIC FIBROSIS

KALYDECO PACK 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

SEVERE ASTHMA AGENTS

DUPIXENT SOSY 100mg/0.67ml	SP, PA, QL
FASENRA SOSY 30mg/ml	SP, PA, QL
FASENRA PEN SOAJ 30mg/ml	SP, PA, QL
NUCALA SOAJ 100mg/ml; SOSY 40mg/0.4ml, 100mg/ml	SP, PA, QL
TEZSPIRE SOAJ 210mg/1.91ml; SOSY 210mg/1.91ml	SP, PA, QL

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
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	SP, PA, QL

STEROID INHALANTS

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

STEROID/BETA-AGONIST COMBINATIONS

<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*
<i>erythromycin gel 2% gel 2%</i>	QL; PA*
<i>erythromycin soln soln 2%</i>	QL; PA*
<i>erythromycin/benzoyl peroxide</i>	QL; PA*
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
<i>sulfacetamide lotion 10% lotn 10%</i>	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	

DERMATOLOGY, ACTINIC KERATOSIS

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

DERMATOLOGY, ANTIBIOTICS

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

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
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox gel .77%; sham 1%</i>	QL; PA*
<i>ciclopirox olamine crea .77%; susp .77%</i>	QL; PA*
<i>clotrimazole (topical) crea 1%; soln 1%</i>	QL; PA*
<i>econazole nitrate crea 1%</i>	QL; PA*
<i>ketoconazole (topical) crea 2%</i>	QL; PA*
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	QL; PA*
DERMATOLOGY, ANTIPSORIATICS	
<i>calcipotriene oint .005%; soln .005%</i>	
ENSTILAR AER	
TACLONEX OIN	
TACLONEX SUS	
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole (topical) sham 2%</i>	QL; PA*
<i>selenium sulfide lotn 2.5%</i>	
DERMATOLOGY, ATOPIC DERMATITIS	
ADBRY SOSY 150mg/ml	SP, PA, QL
CIBINQO TABS 50mg, 100mg, 200mg	SP, PA, QL
DUPIXENT SOPN 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*
<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*

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>halobetasol propionate</i> crea .05%; oint .05%	QL; PA*
<i>hydrocortisone (topical)</i> crea 2.5%	QL; PA*
<i>hydrocortisone butyrate</i> crea .1%; oint .1%; soln .1%	QL; PA*
<i>hydrocortisone valerate</i> crea .2%; oint .2%	QL; PA*
<i>mometasone furoate</i> crea .1%; oint .1%; soln .1%	QL; PA*
<i>triamcinolone acetonide (topical)</i> crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%	QL; PA*
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine</i> ptch 5%	PA, QL
<i>lidocaine-prilocaine</i> cream 2.5-2.5%	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>bexarotene (topical)</i> gel 1%	SP, PA
<i>lactic acid (ammonium lactate)</i> crea 12%; lotn 12%	
DERMATOLOGY, ROSACEA	
<i>metronidazole (topical)</i> crea .75%; gel .75%; lotn .75%	QL; PA*
ORACEA CPDR 40mg	
SOOLANTRA CREA 1%	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>malathion</i> lotn .5%	
<i>permethrin</i> crea 5%	
MOUTH/THROAT/DENTAL AGENTS	
<i>lidocaine hcl (mouth-throat)</i> soln 2%	
MUGARD LIQ	
<i>pilocarpine hcl (oral)</i> tabs 5mg, 7.5mg	
<i>triamcinolone acetonide (mouth)</i> pste .1%	
OTIC	
<i>acetic acid (otic)</i> soln 2%	
<i>ciprofloxacin-dexamethasone</i> otic susp 0.3-0.1%	
<i>neomycin-polymyxin-hc</i> otic soln 1%	
<i>neomycin-polymyxin-hc</i> otic susp 3.5 mg/ml-10000 unit/ml-1%	
<i>ofloxacin (otic)</i> soln .3%	

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

Index

*	
*betaine powder for oral solution***	36
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**	48
*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg***	48
*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***	48
*pediatric multiple vitamins w/ fluoride chew tab 1 mg***	48
*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***	48
*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***	48
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***	48
*prenat w/o a w/fe-fum-methfol-fa-dha cap 27-0.6-0.4-300 mg**	48
*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***	48
*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***	48
*prenatal vit w/ fe fumarate-fa tab 28-1 mg***	48
*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***	48
*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg***	48
A	
abacavir sulfate	13
abacavir sulfate-lamivudine tab 600-300 mg	13
abiraterone acetate	18
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	36
ACCU-CHEK GUIDE STRIPS AND KITS	36
ACCU-CHEK SMARTVIEW STRIPS AND KITS	36
acebutolol hcl	23
acetaminophen w/ codeine soln 120-12 mg/5ml	11
acetaminophen w/ codeine tab 300-15 mg	11
acetaminophen w/ codeine tab 300-30 mg	11
acetaminophen w/ codeine tab 300-60 mg	11
acetic acid (otic)	54
acyclovir	14
ADAKVEO	43
ADALIMUMAB-ADAZ	43, 44, 45, 46
ADBRY	53
ADEMPAS	24
ADVATE	42
ADYNOVATE	42
AFSTYLA	42
albuterol inhalation soln	50
albuterol sulfate, cfc-free aerosol	50
alclometasone dipropionate	53
ALECENSA	18
alendronate sodium	34
alfuzosin ext-rel	40
allopurinol	11
alosetron hcl	40
alprazolam	25
alprazolam orally disintegrating tabs	25
ALPROLIX	42
ALUNBRIG	18
ALUNBRIG PAK	18
amantadine hcl	26
ambrisentan	24
amcinonide	53
amiloride & hydrochlorothiazide tab 5-50 mg	23
amiloride hcl	23
amiodarone	22
amitriptyline hcl	25
amlodipine besylate	23
amlodipine besylate-benazepril hcl cap 10-20 mg	20
amlodipine besylate-benazepril hcl cap 10-40 mg	20
amlodipine besylate-benazepril hcl cap 2.5-10 mg	20
amlodipine besylate-benazepril hcl cap 5-10 mg	20
amlodipine besylate-benazepril hcl cap 5-20 mg	20
amlodipine besylate-benazepril hcl cap 5-40 mg	20

<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	21	<i>amphetamine-dextroamphetamine tab 20 mg</i>	29
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	21	<i>amphetamine-dextroamphetamine tab 30 mg</i>	29
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	21	<i>amphetamine-dextroamphetamine tab 5 mg</i>	28
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	21	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	28
<i>amoxicillin</i>	16	<i>ampicillin</i>	17
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	16	<i>anagrelide hcl</i>	42
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	16	<i>anastrozole</i>	18
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	16	ANNOVERA MIS	34
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	16	ANORO ELLIPT AER 62.5-25	50
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	16	<i>aprepitant</i>	39
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	16	ARANESP ALBUMIN FREE	41
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	17	ARIKAYCE	12
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	17	<i>aripiprazole</i>	27
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	17	ARISTADA	27
<i>amoxicillin & pot clavulanate ext-rel</i> .17		ARISTADA INITIO.....	27
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	28	<i>armodafinil</i>	30
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	28	<i>asenapine maleate</i>	27
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	28	ASTAGRAF XL	47
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	28	<i>atazanavir sulfate</i>	13
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	28	<i>atenolol</i>	23
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	28	<i>atenolol & chlorthalidone tab 100-25 mg</i>	22
<i>amphetamine-dextroamphetamine tab 10 mg</i>	28	<i>atenolol & chlorthalidone tab 50-25 mg</i>	22
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	28	<i>atomoxetine hcl</i>	29
<i>amphetamine-dextroamphetamine tab 15 mg</i>	29	<i>atorvastatin calcium</i>	22
		<i>atovaquone</i>	16
		AUSTEDO	30
		AUSTEDO XR	30
		AUSTEDO XR TAB TITR KIT	30
		AVONEX.....	30
		AVSOLA	43
		<i>azathioprine</i>	47
		<i>azelastine hcl</i>	50
		<i>azelastine hcl (ophth)</i>	49
		<i>azithromycin</i>	15
		B	
		<i>bacitracin (ophthalmic)</i>	49
		<i>bacitracin-polymyxin b ophth oint</i> ...	49
		<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	49
		<i>baclofen</i>	30
		<i>balsalazide disodium</i>	39

BAQSIMI ONE PACK.....	37	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BAQSIMI TWO PACK	37	4-1 mg (base equiv)	31
BD INSULIN SYRINGES AND NEEDLES		<i>buprenorphine hcl-naloxone hcl sl film</i>	
.....	36	8-2 mg (base equiv)	31
BELBUCA.....	12	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BENLYSTA	47	2-0.5 mg (base equiv)	31
<i>benzonatate</i>	51	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>benztropine mesylate</i>	26	8-2 mg (base equiv)	31
BESREMI	17	<i>bupropion</i>	25
<i>betamethasone dipropionate (topical)</i>		<i>bupropion hcl</i>	25
.....	53	<i>bupropion hcl (smoking deterrent)</i> ...	31
<i>betamethasone dipropionate</i>		<i>bupropion hcl ext-rel</i>	25
augmented	53	<i>buspirone hcl</i>	25
<i>betamethasone valerate</i>	53	BYOOVIZ.....	50
BETASERON.....	30	C	
<i>betaxolol hcl (ophth)</i>	49	<i>cabergoline</i>	38
<i>bethanechol chloride</i>	40	CABOMETYX	18
BEVESPI AER 9-4.8MCG	50	<i>calcipotriene</i>	53
<i>bexarotene</i>	19	<i>calcitriol</i>	48
<i>bexarotene (topical)</i>	54	<i>calcium acetate caps</i>	38
<i>bicalutamide</i>	18	CALQUENCE	18
BIKTARVY TAB	13	CAMZYOS.....	24
<i>bimatoprost</i>	49	<i>capecitabine</i>	17
<i>bisoprolol & hydrochlorothiazide tab</i>		CAPRELSA	18
10-6.25 mg	23	<i>captopril</i>	20
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>carbamazepine</i>	27
2.5-6.25 mg	22	<i>carbidopa & levodopa tab 10-100 mg</i>	26
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>carbidopa & levodopa tab 25-100 mg</i>	26
<i>6.25 mg</i>	23	<i>carbidopa & levodopa tab 25-250 mg</i>	26
<i>bisoprolol fumarate</i>	23	<i>carbidopa & levodopa tab er 25-100</i>	
<i>bortezomib</i>	20	mg	26
<i>bosentan</i>	24	<i>carbidopa & levodopa tab er 50-200</i>	
BOSULIF	18	mg	26
BRAFTOVI	18	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>brimonidine tartrate</i>	50	12.5-50-200 mg	26
<i>bromocriptine mesylate</i>	26	<i>carbidopa-levodopa-entacapone tabs</i>	
BRUKINSA	18	18.75-75-200 mg	26
<i>budesonide</i>	39	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>budesonide inh susp</i>	52	25-100-200 mg	26
<i>bumetanide</i>	23	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>buprenorphine</i>	12	31.25-125-200 mg	26
<i>buprenorphine hcl</i>	31	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		37.5-150-200 mg	26
12-3 mg (base equiv)	31	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		50-200-200 mg	27
2-0.5 mg (base equiv)	31	<i>carglumic acid</i>	36
		<i>carvedilol</i>	23

<i>cefadroxil</i>	14	<i>clotrimazole troches</i>	12
<i>cefdinir</i>	15	<i>clozapine</i>	27
<i>cefepodoxime proxetil</i>	15	<i>codeine sulfate</i>	11
<i>cefprozil</i>	15	<i>colchicine</i>	11
<i>cefuroxime axetil</i>	15	<i>colestipol hcl</i>	22
CELLCEPT	47	COMBIPATCH DIS.....	37
CELLCEPT INTRAVENOUS	47	COPAXONE INJ 40MG/ML	30
<i>cephalexin</i>	15	COPIKTRA	18
CERDELGA.....	37	CORLANOR	24
CEREZYME.....	37	COSENTYX	43, 44, 45
<i>chlorpromazine hcl</i>	27	COSENTYX UNOREADY.....	43, 44, 45
<i>chlorthalidone</i>	23	COTELLIC.....	18
<i>cholestyramine</i>	22	CREON CAP 12000UNT.....	40
<i>cholestyramine light</i>	22	CREON CAP 24000UNT.....	40
CIBINQO	53	CREON CAP 3000UNIT	40
<i>ciclopirox</i>	53	CREON CAP 36000UNT.....	40
<i>ciclopirox olamine</i>	53	CREON CAP 6000UNIT	40
<i>cilostazol</i>	42	<i>cromolyn sodium (ophth)</i>	49
CIMDUO TAB 300-300	13	CRYSVITA	19
CIMERLI	50	CUTAQUIG	47
<i>cimetidine</i>	39	<i>cyanocobalamin</i>	48
CIMZIA	44	<i>cyclobenzaprine hcl</i>	30
<i>cinacalcet hcl</i>	34	<i>cyclophosphamide</i>	17
CIPRO.....	15	<i>cycloserine</i>	14
<i>ciprofloxacin hcl</i>	15	<i>cyclosporine</i>	47
<i>ciprofloxacin hcl (ophth)</i>	49	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	47
<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i>	54	<i>cyproheptadine hcl</i>	50
<i>citalopram hydrobromide</i>	25	CYSTAGON	38
<i>clarithromycin</i>	15	D	
<i>clarithromycin ext-rel</i>	15	<i>danazol</i>	36
CLENPIQ SOL.....	40	<i>dantrolene sodium</i>	30
CLIMARA PRO DIS WEEKLY.....	37	<i>dapsone</i>	16
<i>clindamycin cream</i>	41	<i>darunavir</i>	13
<i>clindamycin gel</i>	52	<i>deferasirox</i>	34
<i>clindamycin hcl</i>	16	<i>deferiprone</i>	34
<i>clindamycin lotion</i>	52	<i>deferoxamine mesylate</i>	34
<i>clindamycin solution</i>	52	DESCOVY TAB 120-15MG	13
<i>clobazam</i>	27	DESCOVY TAB 200/25MG	13
<i>clobetasol propionate</i>	53	<i>desipramine hcl</i>	25
<i>clomiphene citrate</i>	37	<i>desmopressin acetate</i>	39
<i>clonazepam</i>	27	<i>desmopressin acetate spray</i>	39
<i>clonidine</i>	24	<i>desmopressin acetate spray</i> <i>refrigerated</i>	39
<i>clonidine hcl</i>	24	<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	34
<i>clopidogrel bisulfate</i>	43		
<i>clorazepate dipotassium</i>	27		
<i>clotrimazole (topical)</i>	53		

<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	34	<i>doxercalciferol</i>	48
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	35	<i>doxycycline hyclate</i>	17
<i>desonide</i>	53	<i>doxycycline monohydrate susp</i>	17
<i>desoximetasone</i>	53	<i>dronabinol</i>	39
<i>desvenlafaxine succinate ext-rel</i>	25	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	35
<i>dexamethasone</i>	37	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	35
<i>dexamethasone sodium phosphate (ophth)</i>	49	<i>duloxetine delayed-rel</i>	25
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	36	DUPIXENT	51, 53
<i>dexmethylphenidate hcl</i>	29	DUROLANE	12
<i>dextroamphetamine sulfate</i>	29	DYSPORT	29
<i>diazepam</i>	28	E	
<i>diazepam (anticonvulsant)</i>	28	<i>econazole nitrate</i>	53
<i>diclofenac potassium</i>	11	<i>efavirenz</i>	13
<i>diclofenac sodium (ophth)</i>	49	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	14
<i>diclofenac sodium delayed-rel</i>	11	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14
<i>diclofenac sodium ext-rel</i>	11	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14
<i>dicloxacillin sodium</i>	17	ELIGARD	18
<i>dicyclomine hcl</i>	39	ELIQUIS	41
DIFICID	15	ELIQUIS STARTER PACK	41
<i>diflunisal</i>	11	ELLA	35
<i>digoxin</i>	23	ELOCTATE	42
<i>digoxin ped elixir</i>	23	EMCYT	17
<i>diltiazem ext-rel</i>	23	EMGALITY	29
<i>dimethyl fumarate delayed-rel</i>	30	EMPAVELI	42
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	39	<i>emtricitabine</i>	13
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	39	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	14
<i>dipyridamole</i>	43	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	14
<i>dipyridamole ext-rel/aspirin</i>	43	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	14
<i>disopyramide phosphate</i>	22	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	14
<i>divalproex sodium</i>	28	EMTRIVA	13
<i>dofetilide</i>	22	EMVERM	12
<i>donepezil hydrochloride</i>	25	<i>enalapril maleate</i>	20
DOPTELET	41	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	20
<i>dorzolamide hcl</i>	50	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	20
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	50	ENBREL	43, 45
DOVATO TAB 50-300MG	13	ENDARI	43
<i>doxazosin mesylate</i>	40		
<i>doxepin</i>	25		
<i>doxepin hcl (sleep)</i>	29		

ENDOMETRIN	38	EVRYSDI	30
<i>enoxaparin sodium</i>	41	<i>exemestane</i>	18
ENSPRYNG	47	<i>ezetimibe</i>	22
ENSTILAR AER	53	F	
<i>entacapone</i>	27	<i>famciclovir</i>	14
<i>entecavir</i>	15	<i>famotidine</i>	39
ENTRESTO TAB 24-26MG	24	FARXIGA	33
ENTRESTO TAB 49-51MG	24	FASENRA	51
ENTRESTO TAB 97-103MG.....	24	FASENRA PEN	51
ENVARUSUS XR	47	<i>felbamate</i>	28
EPCLUSA PAK 150-37.5.....	15	<i>felodipine ext-rel</i>	23
EPCLUSA PAK 200-50MG.....	15	<i>fenofibrate</i>	22
EPCLUSA TAB 200-50MG.....	15	FENSOLVI	34
EPCLUSA TAB 400-100.....	15	<i>fentanyl</i>	11
<i>epinephrine (anaphylaxis)</i>	50	<i>fentanyl citrate</i>	11
<i>eplerenone</i>	21	FIASP	32
<i>epoprostenol sodium</i>	24	FIASP INJ 100/ML	32
<i>ergocalciferol</i>	48	<i>finasteride</i>	40
ERIVEDGE	17	<i>finingolimod hcl</i>	30
ERLEADA.....	18	<i>flecainide acetate</i>	22
<i>erlotinib hcl</i>	18	<i>fluconazole</i>	12
<i>erythromycin</i>	15	<i>fludrocortisone acetate</i>	37
<i>erythromycin (ophth)</i>	49	<i>flunisolide spray</i>	51
<i>erythromycin base</i>	15	<i>fluocinolone acetonide</i>	53
<i>erythromycin delayed-rel</i>	15	<i>fluocinonide</i>	53
<i>erythromycin gel 2%</i>	52	<i>fluorometholone (ophth)</i>	49
<i>erythromycin soln</i>	52	<i>fluorouracil (topical)</i>	52
<i>erythromycin/benzoyl peroxide</i>	52	<i>fluoxetine hcl</i>	26
<i>escitalopram oxalate</i>	26	<i>fluphenazine hcl</i>	27
ESPEROCT	42	<i>flurbiprofen</i>	11
<i>estradiol</i>	37	<i>flutamide</i>	18
<i>estradiol vaginal crm</i>	37	<i>fluticasone propionate</i>	53
<i>estradiol/norethindrone</i>	37	<i>fluticasone spray</i>	51
<i>ethacrynic acid</i>	23	<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	52
<i>ethambutol hcl</i>	14	<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	52
<i>ethosuximide</i>	28	<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	52
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	35	<i>fluvoxamine ext-rel</i>	25
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	35	<i>fluvoxamine maleate</i>	25
<i>etodolac</i>	11	<i>folic acid</i>	48
<i>etoposide</i>	19	FOLLISTIM AQ	37
<i>etravirine</i>	13	<i>fondaparinux sodium</i>	41
EUFLEXXA	12	<i>formoterol inhalation solution</i>	50
<i>everolimus</i>	18	FORTEO	34
<i>everolimus (immunosuppressant)</i>	47	<i>fosamprenavir calcium</i>	13
EVOTAZ TAB 300-150	14		

<i>fulvestrant</i>	18	HEMLIBRA	42
<i>furosemide</i>	23	HERZUMA.....	17
FUZEON	13	HIZENTRA	47
FYLNETRA	41	HUMATROPE	38
G		HUMIRA	43, 44, 45, 46
<i>gabapentin</i>	28	HUMULIN R U-500	32
<i>galantamine hydrobromide</i>	25	<i>hydralazine hcl</i>	24
GAMMAGARD LIQUID.....	47	<i>hydrochlorothiazide</i>	24
GAMUNEX-C	47	<i>hydrocodone bitart-homatropine</i>	
GANIRELIX ACETATE	37	<i>methylbrom soln 5-1.5 mg/5ml</i>	51
GAVRETO	18	<i>hydrocodone bitart-homatropine</i>	
<i>gefitinib</i>	18	<i>methylbromide tab 5-1.5 mg</i>	51
GELSYN-3	12	<i>hydrocodone-acetaminophen soln 10-</i>	
<i>gemfibrozil</i>	22	<i>325 mg/15ml</i>	11
<i>gentamicin sulfate (ophth)</i>	49	<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>gentamicin sulfate (topical)</i>	52	<i>325 mg/15ml</i>	11
GENVOYA TAB	14	<i>hydrocodone-acetaminophen tab 10-</i>	
GILOTRIF	18	<i>325 mg</i>	12
<i>glatiramer acetate</i>	30	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>glimepiride</i>	33	<i>mg</i>	11
<i>glipizide</i>	33	<i>hydrocodone-acetaminophen tab 7.5-</i>	
<i>glipizide ext-rel</i>	33	<i>325 mg</i>	12
<i>glipizide xl</i>	34	<i>hydrocortisone</i>	37
<i>glipizide-metformin hcl tab 2.5-250 mg</i>		<i>hydrocortisone (intrarectal)</i>	39
.....	32	<i>hydrocortisone (rectal)</i>	40
<i>glipizide-metformin hcl tab 2.5-500 mg</i>		<i>hydrocortisone (topical)</i>	54
.....	32	<i>hydrocortisone butyrate</i>	54
<i>glipizide-metformin hcl tab 5-500 mg</i>	32	<i>hydrocortisone valerate</i>	54
<i>glucagon (rdna)</i>	37	<i>hydromorphone hcl</i>	12
<i>glycopyrrolate</i>	39	<i>hydroxychloroquine sulfate</i>	46
GLYXAMBI TAB 10-5 MG.....	33	<i>hydroxyurea</i>	19
GLYXAMBI TAB 25-5 MG.....	33	<i>hydroxyzine hcl</i>	50
<i>granisetron hcl</i>	39	<i>hyoscyamine sulfate</i>	39
<i>griseofulvin microsize</i>	12	HYRIMOZ	43, 44, 45, 46
GVOKE HYOPEN 1-PACK	37	I	
GVOKE HYOPEN 2-PACK	37	<i>ibandronate sodium</i>	34
GVOKE KIT	38	IBRANCE.....	18
GVOKE PFS.....	38	<i>ibuprofen</i>	11
H		<i>ibutilide fumarate</i>	22
HADLIMA.....	43, 44, 45, 46	<i>icatibant acetate</i>	46
HADLIMA PUSH TOUCH ...	43, 44, 45, 46	IDELVION.....	42
<i>halobetasol propionate</i>	54	ILARIS	48
<i>haloperidol</i>	27	ILUMYA.....	43
HARVONI PAK.....	15	<i>imatinib mesylate</i>	18
HARVONI PAK 45-200MG	16	IMBRUVICA	18
HARVONI TAB 45-200MG	16	<i>imipramine hcl</i>	26
HARVONI TAB 90-400MG	16	<i>imiquimod</i>	52

IMVEXXY	37	KRAZATI	19
INBRIJA	27	KYLEENA	35
<i>indapamide</i>	24	KYNMOBI	27
INGREZZA	30	L	
INGREZZA CAP 40-80MG.....	30	<i>labetalol hcl</i>	23
INLYTA.....	18	<i>lactic acid (ammonium lactate)</i>	54
<i>ipratropium bromide (nasal)</i>	50	<i>lactulose</i>	40
<i>ipratropium inhalation solution</i>	50	<i>lamivudine</i>	13
<i>ipratropium/albuterol inhalation soln</i>	50	<i>lamivudine (hbv)</i>	15
<i>irbesartan</i>	21	<i>lamivudine-zidovudine tab 150-300 mg</i>	14
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	21	<i>lamotrigine</i>	28
<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	21	<i>lansoprazole delayed-rel</i>	40
ISENTRESS.....	13	LANTUS	32
ISENTRESS HD	13	LANTUS SOLOSTAR	32
<i>isoniazid</i>	14	<i>lapatinib ditosylate</i>	19
<i>isosorbide dinitrate</i>	24	<i>latanoprost</i>	50
<i>isosorbide mononitrate</i>	24	<i>leflunomide</i>	46
<i>isosorbide mononitrate ext-rel</i>	24	LENVIMA 10 MG DAILY DOSE	19
<i>isotretinoin</i>	52	LENVIMA 12MG DAILY DOSE	19
<i>isradipine</i>	23	LENVIMA 20 MG DAILY DOSE	19
<i>itraconazole</i>	13	LENVIMA 4 MG DAILY DOSE	19
<i>ivermectin</i>	12	LENVIMA 8 MG DAILY DOSE	19
J		LENVIMA CAP 14 MG	19
JAKAFI.....	19	LENVIMA CAP 18 MG	19
JANUMET TAB 50-1000	32	LENVIMA CAP 24 MG	19
JANUMET TAB 50-500MG	32	<i>letrozole</i>	18
JANUMET XR TAB 100-1000.....	32	LEUKERAN.....	17
JANUMET XR TAB 50-1000	32	<i>levalbuterol nebulizer soln concentrate</i>	51
JANUMET XR TAB 50-500MG.....	32	<i>levalbuterol, cfc-free aerosol</i>	51
JANUVIA	32	<i>levetiracetam</i>	28
JARDIANCE.....	33	<i>levofloxacin</i>	15
JIVI	42	<i>levonorgestrel & ethinyl estradiol (91- day) tab 0.15-0.03 mg</i>	35
JULUCA TAB 50-25MG.....	14	<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	35
K		<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	35
KALYDECO	51	<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	35
KERENDIA	38	<i>levothyroxine sodium</i>	38
KESIMPTA	30	<i>lidocaine</i>	54
<i>ketoconazole (topical)</i>	53	<i>lidocaine hcl (mouth-throat)</i>	54
<i>ketoprofen</i>	11	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	54
<i>ketorolac tromethamine</i>	11	<i>linezolid</i>	16
<i>ketorolac tromethamine (ophth)</i>	49	<i>linezolid inj</i>	16
KEVZARA	46		
KOGENATE FS.....	42		
KOSELUGO	19		
KOVALTRY.....	42		

LINZESS	39	<i>meloxicam</i>	11
<i>liothyronine sodium</i>	38	<i>melfalan</i>	17
<i>lisinopril</i>	20	<i>memantine hcl</i>	25
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	20	MENOPUR.....	37
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	20	<i>mercaptopurine</i>	17
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	20	<i>mesalamine</i>	39
<i>lithium carbonate</i>	30	<i>metformin ext-rel</i>	32
LO LOESTRIN TAB 1-10-10	35	<i>metformin hcl</i>	32
LONSURF TAB 15-6.14.....	17	<i>methadone hcl</i>	12
LONSURF TAB 20-8.19.....	17	<i>methimazole</i>	38
<i>loperamide hcl</i>	39	<i>methocarbamol</i>	30
<i>lorazepam</i>	25	<i>methotrexate sodium</i>	46
<i>losartan potassium</i>	21	<i>methylphenidate hcl</i>	29
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	21	<i>methylprednisolone</i>	37
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	21	<i>metoclopramide hcl</i>	39
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	21	<i>metolazone</i>	24
<i>loteprednol etabonate</i>	49	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	23
LUMAKRAS	20	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	23
LUMRYZ	30	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	23
LUPRON DEPOT (1-MONTH).....	36	<i>metoprolol succinate ext-rel</i>	23
LUPRON DEPOT (3-MONTH).....	36	<i>metoprolol tartrate</i>	23
LUPRON DEPOT-PED	34	<i>metronidazole</i>	16
LUPRON DEPOT-PED (1-MONTH	34	<i>metronidazole (topical)</i>	54
LUPRON DEPOT-PED (3-MONTH	34	<i>metronidazole vaginal gel</i>	41
LYNPARZA	20	<i>midodrine hcl</i>	24
LYSODREN	18	<i>minocycline hcl</i>	17
M		MIRENA	35
<i>malathion</i>	54	<i>mirtazapine</i>	26
<i>maraviroc</i>	13	<i>mirtazapine orally disintegrating tabs</i>	26
MATULANE	20	<i>misoprostol</i>	40
MAYZENT	30	MITIGARE	11
MAYZENT STARTER PACK	30	<i>modafinil</i>	30
<i>meclizine hcl</i>	39	<i>mometasone furoate</i>	54
<i>medroxyprogesterone acetate</i>	38	<i>montelukast sodium</i>	51
<i>medroxyprogesterone acetate 150 mg/ml</i>	35	<i>morphine sulfate</i>	12
<i>megestrol acetate</i>	18	MOUNJARO.....	32
MEKINIST.....	19	<i>moxifloxacin hcl</i>	15
MEKTOVI.....	19	<i>moxifloxacin hcl (ophth)</i>	49
		MUGARD LIQ	54
		<i>mupirocin</i>	52
		<i>mycophenolate mofetil</i>	47
		<i>mycophenolate sodium</i>	47
		MYFEMBREE TAB	38
		MYFORTIC	47

MYLERAN	17
N	
<i>nabumetone</i>	11
<i>nadolol</i>	23
<i>naloxone hcl</i>	31
<i>naltrexone hcl</i>	31
<i>naproxen</i>	11
<i>naproxen sodium</i>	11
<i>naratriptan hcl</i>	29
NATACYN	49
<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml ..	49
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	49
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	49
<i>neomycin-polymyxin-hc ophth susp</i> ..	49
<i>neomycin-polymyxin-hc otic soln 1%</i>	54
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	54
NEORAL	47
NERLYNX.....	19
<i>nevirapine</i>	13
NEXPLANON	35
<i>niacin ext-rel</i>	22
<i>nicardipine hcl</i>	23
<i>nifedipine ext-rel</i>	23
<i>nilutamide</i>	18
NINLARO	20
<i>nitisinone</i>	38
NITRO-DUR	24
<i>nitrofurantoin ext-rel</i>	16
<i>nitrofurantoin macrocrystals</i>	16
<i>nitroglycerin sublingual</i>	24
<i>nitroglycerin transdermal</i>	24
NIVESTYM	41
NORDITROPIN	38
<i>norelgestromin/ethinyl estradiol -</i> <i>xulane</i>	35
<i>norethindrone</i>	35
<i>norethindrone & ethinyl estradiol tab</i> <i>0.5 mg-35 mcg</i>	35
<i>norethindrone & ethinyl estradiol tab 1</i> <i>mg-35 mcg</i>	35
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	35

<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	35
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	35
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	35
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1.5 mg-30 mcg</i>	35
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	35
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>cap 1 mg-20 mcg (24)</i>	35
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg (24)</i>	35
<i>norethindrone acetate</i>	38
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	37
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	37
<i>norethindrone-eth estradiol tab 0.5-</i> <i>35/0.75-35/1-35 mg-mcg</i>	36
<i>norethindrone-eth estradiol tab 0.5-</i> <i>35/1-35/0.5-35 mg-mcg</i>	36
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	36
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	36
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	36
<i>norgestrel & ethinyl estradiol tab 0.3</i> <i>mg-30 mcg</i>	36
<i>nortriptyline hcl</i>	26
NORVIR	13
NOVOEIGHT	42
NOVOLIN MIX	32
NOVOLIN N	32
NOVOLIN R	32
NOVOLOG	32
NOVOLOG MIX	32
NUBEQA.....	18
NUCALA	51
NULOJIX	47
NUVARING MIS	36
NUWIQ	42
<i>nystatin</i>	13
<i>nystatin (topical)</i>	53
NYVEPRIA	41

O	
OICALIVA	40
OCREVUS	30
<i>octreotide acetate</i>	31
ODEFSEY TAB	14
ODOMZO	20
OFEV	51
<i>ofloxacin (ophth)</i>	49
<i>ofloxacin (otic)</i>	54
OGIVRI	17
<i>olanzapine</i>	27
<i>olmesartan medoxomil</i>	21
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	21
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	21
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	21
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	21
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	21
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	21
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	21
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	21
<i>omeprazole delayed-rel</i>	40
OMNIPOD 5 INSULIN INFUSION PUMP	36
OMNIPOD DASH INSULIN INFUSION PUMP	36
OMNIPOD INSULIN INFUSION PUMP .	36
<i>ondansetron</i>	39
<i>ondansetron hcl</i>	39
ONETOUCH LANCETS / LANCING DEVICE	36
ONETOUCH ULTRA STRIPS AND KITS	36
ONETOUCH VERIO STRIPS AND KITS	36
ONUREG	17
OPSUMIT	24
ORACEA	54
ORALAIR SUB 300 IR	43
ORENCIA CLICKJECT	46
ORENCIA SUBCUTANEOUS	46
ORENITRAM	24
ORENITRAM TAB MONTH 1	24
ORENITRAM TAB MONTH 2	24
ORENITRAM TAB MONTH 3	24
ORFADIN	38
ORIAHNN CAP	38
ORLISSA	36
ORLADEYO	46
<i>oseltamivir phosphate</i>	14
OTEZLA	44, 45
OTEZLA TAB 10/20/30	44, 45
OVIDREL	37
<i>oxaprozin</i>	11
<i>oxazepam</i>	25
<i>oxcarbazepine</i>	28
<i>oxybutynin chloride</i>	41
<i>oxybutynin ext-rel</i>	41
<i>oxycodone hcl</i>	12
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	12
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	12
<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	12
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	12
OZEMPIC	32
OZEMPIC INJ 8MG/3ML	32
P	
<i>paliperidone</i>	27
<i>pantoprazole delayed-rel tabs</i>	40
PARAGARD IUD T380A	36
<i>paricalcitol</i>	48
<i>paroxetine hcl ext-rel</i>	26
<i>paroxetine hcl tabs</i>	26
<i>peg-3350/electrolytes</i>	40
<i>penicillamine</i>	46
<i>penicillin v potassium</i>	17
<i>perindopril erbumine</i>	20
PERJETA	20
<i>permethrin</i>	54

PHEBURANE.....	36	<i>progesterone, micronized</i>	38
<i>phenelzine sulfate</i>	26	PROGRAF	47
<i>phenobarbital</i>	28	PROLASTIN-C	50
<i>phenytoin</i>	28	PROLIA	34
<i>phenytoin sodium extended</i>	28	PROMACTA	41
PHESGO SOL	20	<i>promethazine hcl</i>	39
PHEXXI GEL.....	36	<i>promethazine w/ codeine syrup 6.25-</i>	
<i>phytonadione</i>	48	<i>10 mg/5ml</i>	51
<i>pilocarpine hcl (oral)</i>	54	<i>promethazine-dm syrup 6.25-15</i>	
<i>pimecrolimus</i>	53	<i>mg/5ml</i>	51
<i>pindolol</i>	23	<i>promethazine-phenylephrine-codeine</i>	
<i>pioglitazone hcl</i>	33	<i>syrup 6.25-5-10 mg/5ml</i>	51
<i>pioglitazone hcl-glimepiride tab 30-2</i>		<i>propafenone ext-rel</i>	22
<i>mg</i>	33	<i>propafenone hcl</i>	22
<i>pioglitazone hcl-glimepiride tab 30-4</i>		<i>propranolol ext-rel</i>	23
<i>mg</i>	33	<i>propranolol hcl</i>	23
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>propylthiouracil</i>	38
<i>500 mg</i>	33	PULMICORT FLEXHALER	52
<i>pioglitazone hcl-metformin hcl tab 15-</i>		PULMOZYME	51
<i>850 mg</i>	33	<i>pyrazinamide</i>	14
PIQRAY 200MG DAILY DOSE	19	<i>pyridostigmine bromide</i>	30
PIQRAY 250MG TAB DOSE.....	19	Q	
PIQRAY 300MG DAILY DOSE	19	QSYMIA CAP 11.25-69	34
<i>pirfenidone</i>	51	QSYMIA CAP 15-92MG	34
<i>piroxicam</i>	11	QSYMIA CAP 3.75-23	34
POLIVY	20	QSYMIA CAP 7.5-46MG	34
<i>polymyxin b-trimethoprim ophth soln</i>		<i>quetiapine fumarate</i>	27
<i>10000 unit/ml-0.1%</i>	49	QULIPTA	29
POMALYST.....	17	R	
<i>potassium chloride</i>	48	<i>raloxifene hcl</i>	38
<i>potassium citrate (alkalinizer)</i>	41	<i>ramelteon</i>	29
<i>pramipexole dihydrochloride</i>	27	<i>ramipril</i>	20
<i>prasugrel hcl</i>	43	<i>ranolazine ext-rel</i>	24
<i>pravastatin sodium</i>	22	RAPAMUNE	47
<i>praziquantel</i>	12	<i>rasagiline mesylate</i>	27
<i>prednisolone</i>	37	RASUVO	46
<i>prednisolone acetate (ophth)</i>	49	REBIF	30
PREDNISOLONE SODIUM PHOSP	49	REBINYN	42
<i>prednisolone sodium phosphate</i>	37	REMICADE.....	43
<i>prednisone</i>	37	REPATHA.....	22
PREZCOBIX TAB 800-150	14	REPATHA PUSHTRONEX SYSTEM	22
PRIFTIN	14	REPATHA SURECLICK	22
<i>primidone</i>	28	RESTASIS	50
PRIVIGEN.....	47	RETACRIT	42
<i>probenecid</i>	11	RETEVMO	19
<i>prochlorperazine maleate</i>	39	REVLIMID.....	17
PROCRIT	41	REYATAZ.....	13

<i>ribavirin</i>	16	<i>sotalol</i>	22
<i>rifabutin</i>	14	<i>sotalol hcl</i>	22
<i>rifampin</i>	14	SOTYKTU	45
<i>riluzole</i>	30	SPIRIVA	50
RINVOQ	44, 45, 46, 53	<i>spironolactone</i>	24
<i>risedronate sodium</i>	34	<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	24
<i>risperidone</i>	27	SPRYCEL	19
<i>ritonavir</i>	13	<i>stavudine</i>	13
<i>rivastigmine</i>	25	STELARA INTRAVENOUS	43
<i>rivastigmine tartrate</i>	25	STELARA SUBCUTANEOUS...44, 45, 46	
<i>rizatriptan benzoate</i>	29	STIVARGA	19
<i>rizatriptan orally disintegrating tabs</i> ..	29	STRENSIQ	36
<i>ropinirole hydrochloride</i>	27	<i>streptomycin sulfate</i>	14
<i>rosuvastatin calcium</i>	22	STRIVERDI RESPIMAT.....	51
ROZLYTREK	19	SUCRAID.....	40
RUCONEST	46	<i>sulfacetamide lotion 10%</i>	52
RUKOBIA.....	13	<i>sulfacetamide sodium (ophth)</i>	49
RUXIENCE	17	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	49
RYBELSUS	32	<i>sulfamethoxazole/trimethoprim</i>	16
RYDAPT.....	19	<i>sulfamethoxazole/trimethoprim ds</i> ...	16
S		<i>sulfasalazine</i>	39
SANDIMMUNE	47	<i>sulindac</i>	11
<i>sapropterin dihydrochloride</i>	36	<i>sumatriptan</i>	29
SAVELLA	29	<i>sumatriptan succinate</i>	29
SAVELLA MIS TITR PAK	29	<i>sunitinib malate</i>	19
SAXENDA	34	SUNLENCA	13
<i>selegiline hcl</i>	27	SUPARTZ FX	12
<i>selenium sulfide</i>	53	SUPPRELIN LA	34
<i>sertraline hcl</i>	26	SYMDEKO TAB 100-150	51
<i>sevelamer carbonate</i>	38	SYMDEKO TAB 50-75MG	51
SEVENFACT	41	SYMJEPI.....	50
SIKLOS	43	SYMLINPEN	31
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	25	SYMPROIC.....	40
<i>silver sulfadiazine</i>	52	SYMTUZA TAB.....	14
SIMPONI ARIA	43	SYNAGIS.....	48
<i>simvastatin</i>	22	SYNJARDY TAB	33
<i>sirolimus</i>	47	SYNJARDY TAB 12.5-500.....	33
SKYLA.....	36	SYNJARDY TAB 5-1000MG	33
SKYRIZI	43, 44, 45	SYNJARDY TAB 5-500MG.....	33
<i>sodium fluoride</i>	48	SYNJARDY XR TAB.....	33
<i>sodium phenylbutyrate</i>	36	SYNJARDY XR TAB 10-1000.....	33
<i>sodium polystyrene sulfonate</i>	38	SYNJARDY XR TAB 25-1000.....	33
SOLQUA.....	32	SYNJARDY XR TAB 5-1000MG	33
SOMATULINE DEPOT.....	31	T	
SOOLANTRA	54	TABLOID	17
<i>sorafenib tosylate</i>	19		

TACLONEX OIN	53	TREMFYA.....	45
TACLONEX SUS	53	TRESIBA	33
<i>tacrolimus</i>	47	<i>tretinoin</i>	52
<i>tacrolimus (topical)</i>	53	<i>tretinoin (chemotherapy)</i>	20
TADLIQ.....	25	<i>triamcinolone acetonide (mouth)</i>	54
TAFINLAR.....	19	<i>triamcinolone acetonide (topical)</i>	54
TAGRISO	19	<i>triamterene & hydrochlorothiazide cap</i>	
TAKHZYRO	46	37.5-25 mg	24
TALTZ	45	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tamoxifen citrate</i>	18	37.5-25 mg	24
<i>tamsulosin hcl</i>	40	<i>triamterene & hydrochlorothiazide tab</i>	
TAVALISSE	42	75-50 mg	24
TEGSEDI	38	<i>trifluoperazine hcl</i>	27
<i>temazepam</i>	29	<i>trifluridine</i>	49
<i>temozolomide</i>	17	<i>trihexyphenidyl hcl</i>	27
<i>tenofovir disoproxil fumarate</i>	13	TRIJARDY XR TAB	33
<i>terazosin hcl</i>	40	TRIKAFTA PAK 59.5MG	51
<i>terbinafine hcl</i>	13	TRIKAFTA PAK 75MG	51
<i>terconazole vaginal</i>	41	TRIKAFTA TAB	51
<i>teriflunomide</i>	30	<i>trimethobenzamide hcl</i>	39
<i>testosterone</i>	31	TRIUMEQ PD TAB	14
<i>testosterone cypionate</i>	31	TRIUMEQ TAB	14
<i>testosterone enanthate</i>	31	TROGARZO.....	13
<i>tetrabenazine</i>	30	<i>trospium</i>	41
<i>tetracycline hcl</i>	17	TRULICITY.....	32
TEZSPIRE.....	51	TUKYSA	19
THALOMID.....	17	TYMLOS	34
<i>theophylline</i>	52	TYSABRI	30
<i>tiagabine hcl</i>	28	TYVASO	25
<i>timolol maleate (ophth)</i>	50	U	
<i>tinidazole</i>	16	UBRELVY.....	29
TIVICAY	13	UCERIS.....	39
TIVICAY PD	13	UPTRAVI	25
<i>tizanidine hcl</i>	30	UPTRAVI PACK TAB 200/800	25
<i>tobramycin</i>	51	<i>ursodiol</i>	40
<i>tobramycin (ophth)</i>	49	V	
<i>tobramycin-dexamethasone ophth susp</i>		VAGIFEM.....	37
0.3-0.1%.....	49	<i>valacyclovir hcl</i>	14
<i>tolterodine tartrate</i>	41	<i>valganciclovir hcl</i>	15
<i>topiramate</i>	28	<i>valproic acid</i>	28
<i>toremifene citrate</i>	18	<i>valsartan</i>	22
<i>toremide</i>	24	<i>valsartan-hydrochlorothiazide tab 160-</i>	
<i>tramadol hcl</i>	12	12.5 mg	21
<i>trandolapril</i>	20	<i>valsartan-hydrochlorothiazide tab 160-</i>	
<i>tranylcypromine sulfate</i>	26	25 mg	21
<i>trazodone hcl</i>	26	<i>valsartan-hydrochlorothiazide tab 320-</i>	
TRECTOR.....	14	12.5 mg	21

<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	21	XIGDUO XR TAB 10-1000	33
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	21	XIGDUO XR TAB 10-500MG	33
<i>vancomycin hcl</i>	16	XIGDUO XR TAB 2.5-1000	33
<i>varenicline tartrate</i>	31	XIGDUO XR TAB 5-1000MG	33
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	31	XIGDUO XR TAB 5-500MG	33
VASCEPA.....	22	XIIDRA	50
VENCLEXTA	20	XOLAIR.....	52
VENCLEXTA TAB START PK	20	XOSPATA	19
<i>venlafaxine hcl</i>	26	XTANDI.....	18
<i>venlafaxine hcl ext-rel</i>	26	XYNTHA	42
<i>verapamil ext-rel</i>	23	XYNTHA SOLOFUSE	42
VERZENIO	19	XYWAV SOL 0.5GM/ML.....	31
V-GO INSULIN INFUSION PUMP	36	Y	
VICTOZA	32	YONSA.....	18
<i>vigabatrin</i>	28	YUPELRI.....	50
VIREAD.....	13	Z	
VISTOGARD.....	20	<i>zaleplon</i>	29
VITRAKVI	19	ZEJULA	20
VIVITROL	31	ZELBORAF.....	19
<i>voriconazole</i>	13	ZENPEP CAP 10000UNT	40
VOSEVI TAB	16	ZENPEP CAP 15000UNT	40
VUMERITY	30	ZENPEP CAP 20000UNT	40
VYNDAMAX.....	24	ZENPEP CAP 25000UNT	40
W		ZENPEP CAP 3000UNIT	40
WAKIX.....	31	ZENPEP CAP 40000UNT	40
<i>warfarin sodium</i>	41	ZENPEP CAP 5000UNIT	40
WEGOVY	34	ZEPOSIA	30, 46
<i>wixela inhub 100-50 mcg/act</i>	52	ZEPOSIA CAP STR KIT	30, 46
<i>wixela inhub 250-50 mcg/act</i>	52	<i>zidovudine</i>	13
<i>wixela inhub 500-50 mcg/act</i>	52	<i>ziprasidone hcl</i>	27
X		ZIRABEV	17
XARELTO.....	41	ZOLINZA.....	20
XARELTO STAR TAB 15/20MG	41	<i>zolmitriptan</i>	29
XELJANZ	46	<i>zolmitriptan orally disintegrating tabs</i>	29
XELJANZ XR	46	<i>zolpidem tartrate</i>	29
XEMBIFY	47	<i>zolpidem tartrate ext-rel</i>	29
XEOMIN	29	<i>zonisamide</i>	28
XIAFLEX	38	ZORTRESS	48
XIFAXAN	16	ZYDELIG	19
		ZYKADIA.....	19