

Blue Cross Community Health Plans

Formulary (List of Drugs)

Effective Date: 07/01/2024

Member Services: 1-877-860-2837 (TTY/TDD: 711)

www.bcchpil.com

WHEN YOU NEED TO CONTACT MEMBER SERVICES

Our goal is to serve your health care needs through all of life's changes. If you have any questions, our team stands ready to help.

Call **1-877-860-2837** (TTY/TDD: 711)

We are open 24 hours a day, seven (7) days a week. The call is free.

A live agent can be reached from 8 a.m. to 5 p.m. Central time, Monday through Friday.

Self-service or a voicemail can be used 24 hours a day, seven days a week, including weekends and holidays.

Website **www.bcchpil.com**

Write Blue Cross Community Health Plans
 c/o Member Services
 P.O. Box 3418
 Scranton, PA 18505

What is the Blue Cross Community Health Plans (the “Plan”) drug list?

The drug list (sometimes called a formulary) is a list showing the drugs that can be covered by the plan.

The drugs listed will be covered as long as you:

- Have a medical need for them
- Fill the medication orders at an in-network pharmacy
- Follow the other plan rules

For more information on how to fill your medication orders, please review your member handbook.

What will I pay?

You do not pay for covered drugs.

Can the drug list change?

Yes, it can change. Coverage may change if:

- A new, less expensive generic drug becomes available
- New information about a drug shows it to be unsafe or less effective

You will be told in writing when the drug list does change.

How do I use the drug list?

There are two ways to find your drug in the list beginning on page 1.

1. Category

- The list of covered drugs that begins on page 1 gives you information about the drugs covered by Blue Cross Community Health Plans (BCCHP™). If you have trouble finding your drug in the list, turn to the Index that begins at the back of this book.
- The first column of the chart has the name of the drug. Brand name drugs are capitalized (e.g., CIPRO) and generic drugs are listed in lowercase italics (e.g. *ciprofloxacin*).
 - The information in the ‘Necessary actions, restrictions, or limits on use’ column tells you if BCCHP has any rules for covering your drug.
- The drugs are listed in categories, or groups, based on the type of medical conditions they treat. (For example, drugs used to treat a heart condition are listed under Cardiovascular Agents).
- If you know what your drug is used for, look for the group in the drug list.
- Then, look under that group for your drug.

2. Alphabetical Listing

- Look for your drug in the back of this book.
- Next to your drug, you will see the page number where you can find coverage information.

What are generic drugs?

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand name drug, but often costs less. The plan covers both brand name drugs and generic drugs.

Are there any limits on my coverage?

Added conditions or limits on some covered drugs may include:

- **Prior Authorization (PA):** You or your doctor may need to get approval before you fill your medication orders. If you do not get approval, the plan may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the plan limits the amount that will be covered.
- **Step Therapy (ST):** In some cases, the plan requires you to first try certain drugs before another drug can be covered. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.
- **Age Limits (AL):** Some drugs have limits based on the members age. This is a safety program to prevent harmful side effects. It follows age limits allowed by the FDA.
- **Morphine Equivalent (ME) Dosing:** ME dosing is a tool used to help prevent members from taking too much pain medication (opioids). This tool allows Blue Cross Community Health Plans to calculate the total daily dose of pain medications a member is taking no matter which opioid they are prescribed. The current daily ME limit in Illinois is 120 mg per day. If you are taking a dose above ME120, you will need to get prior authorization for BCCHP to pay for the prescription(s).
- **Specialty Pharmacy Split Fill Program (SF):** Specialty drugs are certain prescription medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis and multiple sclerosis. These drugs are an important part of many treatment plans. They can cause side effects which may lead to your doctor making changes to the dose or stopping the drug entirely. As you go through treatment, your doctor may make changes to the treatment plan until the best dose is established for you. This may take a few months. The reason for the Specialty Pharmacy Split Fill Program for members newly starting therapy is to:
 - Prevent unnecessary prescriptions at inappropriate doses
 - Minimize waste of these drugs
 - Manage side effects

For the first two to three months of your treatment, you will be able to receive a 14- or 15-day supply of your prescription twice a month. Following the first two to three months of treatment and once the right dose has been established, you may start to receive a full one-month supply for the rest of your therapy.

You can find out if your drug has any added conditions or limits by looking at the list that begins on page 1.

You will find our contact information below, and the date we last updated the list on the back cover page.

Providers may submit coverage exception requests by fax (**1-877-243-6930**), phone **1-800-285-9426** (TTY/TDD **711**), or by website (MyPrime.com or CoverMyMeds.com). Providers may find forms on MyPrime.com.

Does the plan pay for over-the-counter (OTC) drugs?

Yes, the plan pays for certain OTC drugs with a valid medication order from your doctor, and you may get those at no cost. Generic products are to be prescribed and given out when available. These products are to be filled at a plan network pharmacy and for quantities up to a 30-day supply.

What if my drug is not on the drug list?

Contact Member Services and ask if your drug is covered. If you learn that the plan does not cover your drug, you have two options:

- Talk to your doctor to decide if you should first try a different drug on our list before you request an exception.
- Ask Member Services about making an exception to cover your drug. Send in a statement from your doctor backing your request. We must decide within 24 hours of getting your doctor's statement.

We usually only approve requests for exceptions if the other drugs included on our list or the added use limits would make your treatment less effective and/or would be harmful to your health.

Which drug categories are not covered by the plan drug list?

The following drug categories are not covered by your plan:

- Anorexia, weight loss or weight gain drugs
- Bulk chemicals
- Cosmetic enhancing drugs
- Diagnostic agents
- Drug Efficacy Study Implementation (DESI) that are classified as ineffective
- Experimental and investigational drugs
- Erectile dysfunction drugs prescribed to treat impotence
- Fertility drugs
- General anesthetic drugs
- Over-the-counter products not otherwise included on the plan's drug list
- Surgical supply/medical devices
- Medications considered "unreasonable, unnecessary, and/or excessive" according to the standards of Medicaid, clinical practice guidelines and FDA labeling.

For More Information

For more details about your plan's drug coverage, please review your member handbook and other plan materials.

If you have any questions, please visit our website at www.bcchpil.com.

You can also call Member Services at **1-877-860-2837**. TTY/TDD users, please call **711**. We are available 24 hours a day, seven (7) days a week. The call is free.

For Language Assistance

Interpreter Services

We can arrange for someone to help you speak with us in any language. These services are free. If your doctor does not speak your language, we can arrange for a translator to help you. Please call Member Services at the number above.

Hearing Problems

For our members with hearing problems, we offer TTY/TDD service free of charge. The line is open 24 hours a day, seven days a week at 711.

Other Languages and Formats

You can get this document in Spanish, or speak with someone about this information in other languages for free.

Call **1-877-860-2837** (TTY/TDD: **711**). The call is free. You can also call Member Services, toll-free, to request this information in other alternative formats such as braille, large print and other forms. Call Toll Free: **1-877-860-2837** (TTY/TDD: **711**). We are available 24 hours a day, seven (7) days a week. The call is free.

If any information in this formulary (List of Drugs) is missing or inaccurate, please email BCCHPFormulary@bcbsil.com.

You can also call Member Services toll-free at: **1-877-860-2837**, TTY/TDD **711**. The call is free.

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|--|
| ADHD / ANTI-NARCOLEPSY AGENTS : AMPHETAMINES | | |
| ADDERALL – amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg | NP | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| ADDERALL – amphetamine-dextroamphetamine tab 20 mg | NP | PA (<=5 yr & >=19 yr), QL (90 tablets/30 days) |
| ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| ADZENYS XR-ODT – amphetamine tab extended release disintegrating 3.1 mg, 6.3 mg | NP | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| ADZENYS XR-ODT – amphetamine tab extended release disintegrating 9.4 mg, 12.5 mg, 15.7 mg, 18.8 mg | NP | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |
| <i>amphetamine sulfate tab 5 mg (Evekeo)</i> | NP | PA (<=5 yr & >=19 yr), QL (90 tablets/30 days) |
| <i>amphetamine sulfate tab 10 mg (Evekeo)</i> | NP | PA (<=5 yr & >=19 yr), QL (180 tablets/30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)</i> | P | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| <i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)</i> | P | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| <i>amphetamine-dextroamphetamine tab 20 mg (Adderall)</i> | P | PA (<=5 yr & >=19 yr), QL (90 tablets/30 days) |
| <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg, 25 mg, 37.5 mg, 50 mg (Mydayis)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| DEXEDRINE – dextroamphetamine sulfate cap er 24hr 10 mg | NP | PA (<=5 yr & >=19 yr), QL (120 capsules/30 days) |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)</i> | NP | PA (<=5 yr & >=19 yr), QL (90 capsules/30 days) |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)</i> | NP | PA (<=5 yr & >=19 yr), QL (120 capsules/30 days) |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | NP | PA (<=5 yr & >=19 yr), QL (1800 mls/30 days) |
| <i>dextroamphetamine sulfate tab 2.5 mg, 5 mg, 7.5 mg, 15 mg, 20 mg</i> | NP | PA (<=5 yr & >=19 yr), QL (90 tablets/30 days) |
| <i>dextroamphetamine sulfate tab 10 mg</i> | NP | PA (<=5 yr & >=19 yr), QL (180 tablets/30 days) |
| <i>dextroamphetamine sulfate tab 30 mg</i> | NP | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| DYANAVEL XR – amphetamine extended release susp 2.5 mg/ml | P | PA (<=5 yr & >=19 yr), QL (240 mls/30 days) |
| DYANAVEL XR – amphetamine chew tab extended release 5 mg, 10 mg, 15 mg, 20 mg | NP | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|---|
| EVEKEO – amphetamine sulfate tab 5 mg | NP | PA (<=5 yr & >=19 yr), QL (90 tablets/30 days) |
| EVEKEO – amphetamine sulfate tab 10 mg | NP | PA (<=5 yr & >=19 yr), QL (180 tablets/30 days) |
| <i>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| <i>lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |
| <i>methamphetamine hcl tab 5 mg (Desoxyn)</i> | NP | PA (<=5 yr & >=19 yr), QL (150 tablets/30 days) |
| MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg, 25 mg, 37.5 mg, 50 mg | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| VYVANSE – lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg | P | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg | P | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |
| XELSTRYM – dextroamphetamine td patch 4.5 mg/9hr, 9 mg/9hr, 13.5 mg/9hr, 18 mg/9hr | NP | PA (<=5 yr & >=19 yr), QL (30 patches/30 days) |
| ADHD / ANTI-NARCOLEPSY AGENTS : MISC | | |
| <i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)</i> | NP | PA (<=5 yr & >=19 yr), QL (60 capsules/30 days) |
| <i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| <i>clonidine hcl tab er 12hr 0.1 mg (Kapvay)</i> | P | QL (120 tablets/30 days), 90 |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)</i> | P | QL (30 tablets/30 days), 90 |
| INTUNIV – guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) | NP | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days), 90 |
| QELBREE – viloxazine hcl cap er 24hr 100 mg | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| QELBREE – viloxazine hcl cap er 24hr 150 mg | NP | PA (<=5 yr & >=19 yr), QL (60 capsules/30 days) |
| QELBREE – viloxazine hcl cap er 24hr 200 mg | NP | PA (<=5 yr & >=19 yr), QL (90 capsules/30 days) |
| STRATTERA – atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) | P | PA (<=5 yr & >=19 yr), QL (60 capsules/30 days) |
| STRATTERA – atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) | P | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| SUNOSI – solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---|
| WAKIX – pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent) | NP | PA, QL (60 tablets/30 days), SP |
| ADHD / ANTI-NARCOLEPSY AGENTS : STIMULANTS | | |
| APTENSIO XR – methylphenidate hcl cap er 24hr 10 mg (xr), 15 mg (xr), 20 mg (xr), 30 mg (xr), 40 mg (xr), 50 mg (xr), 60 mg (xr) | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| <i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)</i> | NP | PA, 90 |
| AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| CONCERTA – methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg | P | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |
| CONCERTA – methylphenidate hcl tab er osmotic release (osm) 36 mg | P | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 8.6 mg | NP | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |
| COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 17.3 mg, 25.9 mg | NP | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| DAYTRANA – methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr | P | PA (<=5 yr & >=19 yr), QL (30 patches/30 days) |
| <i>dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| <i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)</i> | P | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| FOCALIN – dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg | NP | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg | P | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| JORNAY PM – methylphenidate hcl cap delayed er 24hr 20 mg (pm), 40 mg (pm), 60 mg (pm), 80 mg (pm), 100 mg (pm) | P | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| METHYLIN – methylphenidate hcl soln 5 mg/5ml | NP | PA (<=5 yr & >=19 yr), QL (450 mls/30 days) |
| METHYLIN – methylphenidate hcl soln 10 mg/5ml | NP | PA (<=5 yr & >=19 yr), QL (900 mls/30 days) |
| <i>methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| <i>methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 40 mg (la) (Ritalin la)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| <i>methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)</i> | NP | PA (<=5 yr & >=19 yr), QL (60 capsules/30 days) |
| <i>methylphenidate hcl cap er 24hr 60 mg (la)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|---|
| <i>methylphenidate hcl cap er 24hr 10 mg (xr), 15 mg (xr), 20 mg (xr), 30 mg (xr), 40 mg (xr), 50 mg (xr), 60 mg (xr) (Aptensio xr)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| <i>methylphenidate hcl chew tab 2.5 mg, 5 mg</i> | NP | PA (<=5 yr & >=19 yr), QL (90 tablets/30 days) |
| <i>methylphenidate hcl chew tab 10 mg</i> | NP | PA (<=5 yr & >=19 yr), QL (180 tablets/30 days) |
| <i>methylphenidate hcl soln 5 mg/5ml (Methylin)</i> | NP | PA (<=5 yr & >=19 yr), QL (450 mls/30 days) |
| <i>methylphenidate hcl soln 10 mg/5ml (Methylin)</i> | NP | PA (<=5 yr & >=19 yr), QL (900 mls/30 days) |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)</i> | NP | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| <i>methylphenidate hcl tab er 10 mg, 20 mg</i> | P | PA (<=5 yr & >=19 yr), QL (90 tablets/30 days) |
| <i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)</i> | P | PA (<=5 yr & >=19 yr), QL (90 tablets/30 days) |
| METHYLPHENIDATE HYDROCHLORIDE ER – methylphenidate hcl tab er osmotic release (osm) 45 mg, 63 mg, 72 mg | NP | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |
| METHYLPHENIDATE HYDROCHLORIDE ER – methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg | NP | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |
| METHYLPHENIDATE HYDROCHLORIDE ER – methylphenidate hcl tab er 24hr 36 mg | NP | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| <i>methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr (Daytrana)</i> | NP | PA (<=5 yr & >=19 yr), QL (30 patches/30 days) |
| <i>modafinil tab 100 mg, 200 mg (Provigil)</i> | P | 90 |
| NUVIGIL – armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg | NP | PA, 90 |
| PROVIGIL – modafinil tab 100 mg, 200 mg | NP | PA, 90 |
| QUILLICHEW ER – methylphenidate hcl chew tab extended release 20 mg, 40 mg | NP | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |
| QUILLICHEW ER – methylphenidate hcl chew tab extended release 30 mg | NP | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| QUILLIVANT XR – methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml) | NP | PA (<=5 yr & >=19 yr), QL (360 mls/30 days) |
| RELEXXII – methylphenidate hcl tab er osmotic release (osm) 36 mg | NP | PA (<=5 yr & >=19 yr), QL (60 tablets/30 days) |
| RELEXXII – methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 45 mg, 54 mg, 63 mg, 72 mg | NP | PA (<=5 yr & >=19 yr), QL (30 tablets/30 days) |
| RITALIN – methylphenidate hcl tab 5 mg, 10 mg, 20 mg | NP | PA (<=5 yr & >=19 yr), QL (90 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---|
| RITALIN LA – methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 40 mg (la) | NP | PA (<=5 yr & >=19 yr), QL (30 capsules/30 days) |
| RITALIN LA – methylphenidate hcl cap er 24hr 30 mg (la) | NP | PA (<=5 yr & >=19 yr), QL (60 capsules/30 days) |
| AGENTS FOR SICKLE CELL DISEASE | | |
| ADAKVEO – crizanlizumab-tmca iv soln 100 mg/10ml | NP | PA, SP |
| CASGEVY – exagamglogene autotemcel iv susp | NP | PA, SP |
| DROXIA – hydroxyurea cap 200 mg, 300 mg, 400 mg | P | |
| ENDARI – glutamine (sickle cell) powd pack 5 gm | P | SP |
| LYFGENIA – lovotibeglogene autotemcel iv susp | NP | PA |
| OXBRYTA – voxelotor tab 300 mg, 500 mg | NP | PA, QL (90 tablets/30 days), SP |
| OXBRYTA – voxelotor tab for oral susp 300 mg | NP | PA, QL (90 tablets/30 days), SP |
| SIKLOS – hydroxyurea tab 100 mg, 1000 mg | NP | PA |
| ANALGESICS - ANTI-INFLAMMATORY : MISC | | |
| ARAVA – leflunomide tab 10 mg, 20 mg | NP | PA, 90 |
| <i>leflunomide tab 10 mg, 20 mg (Arava)</i> | P | 90 |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> | SC | |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> | SC | |
| OTREXUP – methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml | NP | PA, 90 |
| RASUVO – methotrexate soln pf auto-injector 7.5 mg/0.15ml, 10 mg/0.2ml, 12.5 mg/0.25ml, 15 mg/0.3ml, 17.5 mg/0.35ml, 20 mg/0.4ml, 22.5 mg/0.45ml, 25 mg/0.5ml, 30 mg/0.6ml | NP | PA, 90 |
| RIDAURA – auranofin cap 3 mg | NP | PA, 90 |
| ANALGESICS - ANTI-INFLAMMATORY : NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDs) | | |
| ARTHROTEC 50 – diclofenac w/ misoprostol tab delayed release 50-0.2 mg | NP | PA, QL (120 tablets/30 days), 90 |
| ARTHROTEC 75 – diclofenac w/ misoprostol tab delayed release 75-0.2 mg | NP | PA, QL (90 tablets/30 days), 90 |
| CELEBREX – celecoxib cap 50 mg, 100 mg, 200 mg | NP | PA, QL (60 capsules/30 days), 90 |
| CELEBREX – celecoxib cap 400 mg | NP | PA, QL (30 capsules/30 days), 90 |
| <i>celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex)</i> | P | QL (60 capsules/30 days), 90 |
| <i>celecoxib cap 400 mg (Celebrex)</i> | P | QL (30 capsules/30 days), 90 |
| DAYPRO – oxaprozin tab 600 mg | NP | PA, QL (90 tablets/30 days), 90 |

P = Preferred Drug
 NP = Non-Preferred Drug
 SC = Supplemental Coverage

AL = Age Limit
 PA = Prior Authorization
 SF = Split Fill

ME = Morphine Equivalent
 QL = Quantity Limits
 90 = 90 days at mail order

SP = Specialty Drug
 ST = Step Therapy

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|------------------------------------|
| <i>diclofenac potassium cap 25 mg (Zipsor)</i> | NP | PA, QL (120 capsules/30 days) |
| <i>diclofenac potassium tab 25 mg</i> | NP | PA, QL (240 tablets/30 days), 90 |
| <i>diclofenac potassium tab 50 mg</i> | P | QL (120 tablets/30 days), 90 |
| <i>diclofenac sodium tab delayed release 25 mg, 50 mg</i> | P | QL (120 tablets/30 days), 90 |
| <i>diclofenac sodium tab delayed release 75 mg</i> | P | QL (60 tablets/30 days), 90 |
| <i>diclofenac sodium tab er 24hr 100 mg</i> | P | QL (60 tablets/30 days), 90 |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)</i> | NP | PA, QL (120 tablets/30 days), 90 |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)</i> | NP | PA, QL (90 tablets/30 days), 90 |
| DUEXIS – ibuprofen-famotidine tab 800-26.6 mg | NP | PA, QL (90 tablets/30 days), 90 |
| <i>etodolac cap 200 mg, 300 mg</i> | P | QL (90 capsules/30 days), 90 |
| <i>etodolac tab er 24hr 400 mg, 500 mg</i> | P | QL (60 tablets/30 days), 90 |
| <i>etodolac tab er 24hr 600 mg</i> | P | QL (30 tablets/30 days), 90 |
| <i>etodolac tab 400 mg (Lodine)</i> | P | QL (60 tablets/30 days), 90 |
| <i>etodolac tab 500 mg</i> | P | QL (60 tablets/30 days), 90 |
| <i>fenoprofen calcium cap 400 mg (Nalfon)</i> | NP | PA, QL (240 capsules/30 days), 90 |
| <i>fenoprofen calcium tab 600 mg (Nalfon)</i> | NP | PA, QL (150 tablets/30 days), 90 |
| FLURBIPROFEN – flurbiprofen tab 50 mg | P | QL (180 tablets/30 days), 90 |
| <i>flurbiprofen tab 100 mg</i> | P | QL (90 tablets/30 days), 90 |
| <i>ibuprofen susp 100 mg/5ml</i> | NP | PA, QL (1000 mls/30 days) |
| <i>ibuprofen tab 400 mg, 800 mg</i> | P | QL (120 tablets/30 days), 90 |
| <i>ibuprofen tab 600 mg</i> | P | QL (150 tablets/30 days), 90 |
| <i>ibuprofen-famotidine tab 800-26.6 mg (Duexis)</i> | NP | PA, QL (90 tablets/30 days), 90 |
| <i>indomethacin cap er 75 mg</i> | P | QL (60 capsules/30 days), 90 |
| <i>indomethacin cap 25 mg</i> | P | QL (90 capsules/30 days), 90 |
| <i>indomethacin cap 50 mg</i> | P | QL (60 capsules/30 days), 90 |
| <i>indomethacin suppos 50 mg</i> | P | QL (120 suppositories/30 days), 90 |
| <i>indomethacin susp 25 mg/5ml (Indocin)</i> | P | QL (1200 mls/30 days), 90 |
| KETOPROFEN ER – ketoprofen cap er 24hr 200 mg | NP | PA, QL (30 capsules/30 days), 90 |
| <i>ketorolac tromethamine tab 10 mg</i> | P | QL (20 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|-----------------------------------|
| MECLOFENAMATE SODIUM – meclufenamate sodium cap 50 mg | NP | PA, QL (120 capsules/30 days), 90 |
| MECLOFENAMATE SODIUM – meclufenamate sodium cap 100 mg | NP | PA, QL (60 capsules/30 days), 90 |
| <i>mefenamic acid cap 250 mg</i> | NP | PA, QL (60 capsules/30 days), 90 |
| <i>meloxicam cap 5 mg (Vivlodex)</i> | NP | PA, QL (60 capsules/30 days), 90 |
| <i>meloxicam cap 10 mg (Vivlodex)</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>meloxicam tab 7.5 mg (Mobic)</i> | P | QL (60 tablets/30 days), 90 |
| <i>meloxicam tab 15 mg (Mobic)</i> | P | QL (30 tablets/30 days), 90 |
| <i>nabumetone tab 500 mg</i> | P | QL (120 tablets/30 days), 90 |
| <i>nabumetone tab 750 mg</i> | P | QL (60 tablets/30 days), 90 |
| NALFON – fenoprofen calcium cap 400 mg | NP | PA, QL (240 capsules/30 days), 90 |
| NALFON – fenoprofen calcium tab 600 mg | NP | PA, QL (150 tablets/30 days), 90 |
| NAPRELAN – naproxen sodium tab er 24hr 375 mg (base equiv) | NP | PA, QL (120 tablets/30 days), 90 |
| NAPRELAN – naproxen sodium tab er 24hr 500 mg (base equiv) | NP | PA, QL (90 tablets/30 days), 90 |
| NAPRELAN – naproxen sodium tab er 24hr 750 mg (base equiv) | NP | PA, QL (60 tablets/30 days), 90 |
| <i>naproxen sodium tab er 24hr 375 mg (base equiv) (Naprelan)</i> | NP | PA, QL (120 tablets/30 days), 90 |
| <i>naproxen sodium tab er 24hr 500 mg (base equiv) (Naprelan)</i> | NP | PA, QL (90 tablets/30 days), 90 |
| <i>naproxen sodium tab er 24hr 750 mg (base equiv) (Naprelan)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| <i>naproxen sodium tab 275 mg</i> | P | QL (150 tablets/30 days), 90 |
| <i>naproxen sodium tab 550 mg</i> | P | QL (90 tablets/30 days), 90 |
| <i>naproxen susp 125 mg/5ml (Naprosyn)</i> | P | QL (1800 mls/30 days), 90 |
| <i>naproxen tab ec 375 mg (Ec-naprosyn)</i> | P | QL (120 tablets/30 days), 90 |
| <i>naproxen tab ec 500 mg (Ec-naproxen)</i> | P | QL (90 tablets/30 days), 90 |
| <i>naproxen tab 250 mg</i> | P | QL (150 tablets/30 days), 90 |
| <i>naproxen tab 375 mg</i> | P | QL (120 tablets/30 days), 90 |
| <i>naproxen tab 500 mg</i> | P | QL (90 tablets/30 days), 90 |
| <i>naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg (Vimovo)</i> | NP | PA, QL (60 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| <i>oxaprozin tab 600 mg (Daypro)</i> | NP | PA, QL (90 tablets/30 days), 90 |
| <i>piroxicam cap 10 mg (Feldene)</i> | NP | PA, QL (60 capsules/30 days), 90 |
| <i>piroxicam cap 20 mg (Feldene)</i> | NP | PA, QL (30 capsules/30 days), 90 |
| RELAFEN DS – nabumetone tab 1000 mg | NP | PA, QL (60 tablets/30 days) |
| <i>sulindac tab 150 mg, 200 mg</i> | P | QL (60 tablets/30 days), 90 |
| TOLMETIN SODIUM – tolmetin sodium cap 400 mg | NP | PA, QL (90 capsules/30 days), 90 |
| VIMOVO – naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg | NP | PA, QL (60 tablets/30 days), 90 |

ANALGESICS - NONNARCOTIC

| | | |
|--|----|-------------------------------|
| <i>butalbital-acetaminophen cap 50-300 mg (Butalbital/acetaminophen)</i> | NP | PA, QL (180 capsules/30 days) |
| <i>butalbital-acetaminophen tab 50-300 mg, 50-325 mg</i> | P | QL (180 tablets/30 days) |
| <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)</i> | P | QL (180 capsules/30 days) |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | P | QL (180 capsules/30 days) |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)</i> | P | QL (180 tablets/30 days) |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)</i> | P | QL (180 capsules/30 days) |
| <i>diflunisal tab 500 mg</i> | P | QL (90 tablets/30 days), 90 |
| ESGIC – butalbital-acetaminophen-caffeine tab 50-325-40 mg | NP | PA, QL (180 tablets/30 days) |
| FIORICET – butalbital-acetaminophen-caffeine cap 50-300-40 mg | NP | PA, QL (180 capsules/30 days) |
| <i>salsalate tab 500 mg, 750 mg</i> | P | 90 |

ANALGESICS : OPIOID

| | | |
|--|----|--------------------------------|
| BELBUCA – buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent) | NP | ME, PA, QL (60 films/30 days) |
| BRIXADI – buprenorphine extended release soln pref syr 64 mg/0.18ml, 96 mg/0.27ml, 128 mg/0.36ml | P | |
| BRIXADI – buprenorphine ext rel soln pref syr (weekly) 8 mg/0.16ml, (weekly) 16 mg/0.32ml, (weekly) 24 mg/0.48ml, (weekly) 32 mg/0.64ml | P | |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i> | P | ME, QL (360 tablets/30 days) |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i> | P | ME, QL (90 tablets/30 days) |
| <i>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)</i> | NP | ME, PA, QL (4 patches/28 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|------------------------------------|
| <i>butorphanol tartrate nasal soln 10 mg/ml</i> | NP | ME, PA, QL (2 bottles/30 days) |
| BUTRANS – buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr | NP | ME, PA, QL (4 patches/28 days) |
| CODEINE SULFATE – codeine sulfate tab 15 mg, 30 mg, 60 mg | P | ME, QL (180 tablets/30 days) |
| <i>codeine sulfate tab 30 mg (Codeine sulfate)</i> | P | ME, QL (180 tablets/30 days) |
| CONZIP – tramadol hcl cap er 24hr biphasic release 100 mg, 200 mg, 300 mg | NP | ME, PA, QL (30 capsules/30 days) |
| DILAUDID – hydromorphone hcl tab 2 mg, 4 mg, 8 mg | NP | ME, PA, QL (180 tablets/30 days) |
| DILAUDID – hydromorphone hcl liqd 1 mg/ml | NP | ME, PA, QL (1440 mls/30 days) |
| FENTANYL CITRATE – fentanyl citrate buccal tab 100 mcg (base equiv), 200 mcg (base equiv), 400 mcg (base equiv), 600 mcg (base equiv), 800 mcg (base equiv) | NP | ME, PA, QL (120 tablets/30 days) |
| <i>fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)</i> | NP | ME, PA, QL (120 lozenges/30 days) |
| <i>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)</i> | NP | ME, PA, QL (15 patches/30 days) |
| <i>fentanyl td patch 72hr 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i> | NP | ME, PA, QL (15 patches/30 days) |
| FENTORA – fentanyl citrate buccal tab 100 mcg (base equiv), 200 mcg (base equiv), 400 mcg (base equiv), 600 mcg (base equiv), 800 mcg (base equiv) | NP | ME, PA, QL (120 tablets/30 days) |
| HYDROCODONE BITARTRATE ER – hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg | NP | ME, PA, QL (60 capsules/30 days) |
| <i>hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg (Hysingla er)</i> | NP | ME, PA, QL (30 tablets/30 days) |
| HYDROMORPHONE HCL – hydromorphone hcl suppos 3 mg | P | ME, QL (120 suppositories/30 days) |
| <i>hydromorphone hcl liqd 1 mg/ml (Dilaudid)</i> | P | ME, QL (1440 mls/30 days) |
| <i>hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg</i> | NP | ME, PA, QL (30 tablets/30 days) |
| <i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)</i> | P | ME, QL (180 tablets/30 days) |
| HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg | NP | ME, PA, QL (30 tablets/30 days) |
| LEVORPHANOL TARTRATE – levorphanol tartrate tab 3 mg | NP | ME, PA, QL (120 tablets/30 days) |
| <i>levorphanol tartrate tab 2 mg</i> | NP | ME, PA, QL (120 tablets/30 days) |
| MEPERIDINE HCL – meperidine hcl oral soln 50 mg/5ml | NP | ME, PA, QL (1800 mls/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|------------------------------------|
| <i>meperidine hcl tab 50 mg</i> | NP | ME, PA, QL (360 tablets/30 days) |
| METHADONE HCL – methadone hcl soln 5 mg/5ml | NP | ME, PA, QL (900 mls/30 days) |
| METHADONE HCL – methadone hcl soln 10 mg/5ml | NP | ME, PA, QL (450 mls/30 days) |
| <i>methadone hcl conc 10 mg/ml (Methadose)</i> | NP | ME, PA, QL (90 mls/30 days) |
| <i>methadone hcl soln 5 mg/5ml (Methadone hcl)</i> | NP | ME, PA, QL (900 mls/30 days) |
| <i>methadone hcl soln 10 mg/5ml (Methadone hcl)</i> | NP | ME, PA, QL (450 mls/30 days) |
| <i>methadone hcl tab for oral susp 40 mg</i> | NP | ME, PA, QL (90 tablets/30 days) |
| <i>methadone hcl tab 5 mg, 10 mg (Dolophine)</i> | NP | ME, PA, QL (90 tablets/30 days) |
| METHADOSE – methadone hcl conc 10 mg/ml | NP | ME, PA, QL (90 mls/30 days) |
| METHADOSE SUGAR-FREE – methadone hcl conc 10 mg/ml | NP | ME, PA, QL (90 mls/30 days) |
| MORPHINE SULFATE – morphine sulfate suppos 5 mg, 10 mg, 20 mg, 30 mg | P | ME, QL (180 suppositories/30 days) |
| MORPHINE SULFATE – morphine sulfate tab 15 mg | P | ME, QL (360 tablets/30 days) |
| MORPHINE SULFATE – morphine sulfate tab 30 mg | P | ME, QL (180 tablets/30 days) |
| MORPHINE SULFATE – morphine sulfate oral soln 10 mg/5ml | P | ME, QL (2700 mls/30 days) |
| MORPHINE SULFATE – morphine sulfate oral soln 20 mg/5ml | P | ME, QL (1350 mls/30 days) |
| MORPHINE SULFATE – morphine sulfate oral soln 100 mg/5ml (20 mg/ml) | P | ME, QL (270 mls/30 days) |
| MORPHINE SULFATE ER – morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg | NP | ME, PA, QL (60 capsules/30 days) |
| MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg | NP | ME, PA, QL (30 capsules/30 days) |
| <i>morphine sulfate oral soln 10 mg/5ml</i> | P | ME, QL (2700 mls/30 days) |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | P | ME, QL (270 mls/30 days) |
| <i>morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)</i> | P | ME, QL (90 tablets/30 days) |
| <i>morphine sulfate tab 15 mg (Morphine sulfate)</i> | P | ME, QL (360 tablets/30 days) |
| <i>morphine sulfate tab 30 mg (Morphine sulfate)</i> | P | ME, QL (180 tablets/30 days) |
| MS CONTIN – morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg | NP | ME, PA, QL (90 tablets/30 days) |
| NUCYNTA – tapentadol hcl tab 50 mg, 75 mg, 100 mg | NP | ME, PA, QL (180 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg | NP | ME, PA, QL (60 tablets/30 days) |
| <i>oxycodone hcl cap 5 mg</i> | P | ME, QL (360 capsules/30 days) |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> | P | ME, QL (270 mls/30 days) |
| OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 10 mg, 20 mg, 40 mg, 80 mg | NP | ME, PA, QL (120 tablets/30 days) |
| <i>oxycodone hcl soln 5 mg/5ml</i> | P | ME, QL (5400 mls/30 days) |
| <i>oxycodone hcl tab 5 mg (Roxicodone)</i> | P | ME, QL (360 tablets/30 days) |
| <i>oxycodone hcl tab 10 mg, 20 mg</i> | P | ME, QL (180 tablets/30 days) |
| <i>oxycodone hcl tab 15 mg, 30 mg (Roxicodone)</i> | P | ME, QL (180 tablets/30 days) |
| OXYCONTIN – oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg | NP | ME, PA, QL (120 tablets/30 days) |
| <i>oxymorphone hcl tab 5 mg</i> | NP | ME, PA, QL (180 tablets/30 days) |
| <i>oxymorphone hcl tab 10 mg (Opana)</i> | NP | ME, PA, QL (180 tablets/30 days) |
| OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg | NP | ME, PA, QL (60 tablets/30 days) |
| <i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i> | NP | ME, PA, QL (360 tablets/30 days) |
| ROXICODONE – oxycodone hcl tab 15 mg, 30 mg | NP | ME, PA, QL (180 tablets/30 days) |
| ROXYBOND – oxycodone hcl tab abuse deter 5 mg | NP | ME, PA, QL (360 tablets/30 days) |
| ROXYBOND – oxycodone hcl tab abuse deter 15 mg, 30 mg | NP | ME, PA, QL (180 tablets/30 days) |
| SUBLOCADE – buprenorphine extended release soln pref syr 100 mg/0.5ml | P | QL (.5 mls/30 days) |
| SUBLOCADE – buprenorphine extended release soln pref syr 300 mg/1.5ml | P | QL (1.5 mls/30 days) |
| TRAMADOL HCL ER – tramadol hcl tab er 24hr biphasic release 100 mg, 200 mg, 300 mg | NP | ME, PA, QL (30 tablets/30 days) |
| TRAMADOL HCL ER – tramadol hcl cap er 24hr biphasic release 100 mg, 200 mg, 300 mg | NP | ME, PA, QL (30 capsules/30 days) |
| <i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i> | NP | ME, PA, QL (30 tablets/30 days) |
| <i>tramadol hcl tab 50 mg (Ultram)</i> | P | ME, QL (240 tablets/30 days) |
| <i>tramadol hcl tab 100 mg</i> | NP | ME, PA, QL (120 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|-----------------------------------|
| TRAMADOL HYDROCHLORIDE – tramadol hcl tab 25 mg | NP | ME, PA, QL (240 tablets/30 days) |
| TRAMADOL HYDROCHLORIDE – tramadol hcl oral soln 5 mg/ml | NP | ME, PA, QL (2400 mls/30 days) |
| XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg | NP | ME, PA, QL (240 capsules/30 days) |
| ANALGESICS : OPIOID COMBINATIONS | | |
| <i>acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)</i> | P | ME, QL (360 tablets/30 days) |
| <i>acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)</i> | P | ME, QL (360 tablets/30 days) |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | P | ME, QL (180 tablets/30 days) |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE – acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg | NP | ME, PA, QL (300 capsules/30 days) |
| ACETAMINOPHEN/CODEINE – acetaminophen w/ codeine soln 120-12 mg/5ml | P | ME, QL (2700 mls/30 days) |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Fioricet/codeine)</i> | NP | ME, PA, QL (180 capsules/30 days) |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | NP | ME, PA, QL (180 capsules/30 days) |
| <i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3)</i> | P | ME, QL (180 capsules/30 days) |
| FIORICET/CODEINE – butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg | NP | ME, PA, QL (180 capsules/30 days) |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | P | ME, QL (2700 mls/30 days) |
| <i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg (Norco)</i> | P | ME, QL (180 tablets/30 days) |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i> | P | ME, QL (240 tablets/30 days) |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg</i> | P | ME, QL (180 tablets/30 days) |
| <i>hydrocodone-acetaminophen tab 5-325 mg (Norco)</i> | P | ME, QL (240 tablets/30 days) |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | P | ME, QL (150 tablets/30 days) |
| HYDROCODONE/IBUPROFEN – hydrocodone-ibuprofen tab 5-200 mg, 10-200 mg | P | ME, QL (150 tablets/30 days) |
| NALOCET – oxycodone w/ acetaminophen tab 2.5-300 mg | NP | ME, PA, QL (360 tablets/30 days) |
| OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN – oxycodone w/ acetaminophen soln 5-325 mg/5ml | P | ME, QL (1800 mls/30 days) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)</i> | P | ME, QL (360 tablets/30 days) |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)</i> | P | ME, QL (240 tablets/30 days) |
| <i>oxycodone w/ acetaminophen tab 10-325 mg (Percocet)</i> | P | ME, QL (180 tablets/30 days) |
| PERCOCET – oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg | NP | ME, PA, QL (360 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|----------------------------------|
| PERCOCET – oxycodone w/ acetaminophen tab 7.5-325 mg | NP | ME, PA, QL (240 tablets/30 days) |
| PERCOCET – oxycodone w/ acetaminophen tab 10-325 mg | NP | ME, PA, QL (180 tablets/30 days) |
| PROLATE – oxycodone w/ acetaminophen tab 5-300 mg | NP | ME, PA, QL (360 tablets/30 days) |
| PROLATE – oxycodone w/ acetaminophen tab 7.5-300 mg | NP | ME, PA, QL (240 tablets/30 days) |
| PROLATE – oxycodone w/ acetaminophen tab 10-300 mg | NP | ME, PA, QL (180 tablets/30 days) |
| PROLATE – oxycodone w/ acetaminophen soln 10-300 mg/5ml | NP | ME, PA, QL (900 mls/30 days) |
| SEGLENTIS – celecoxib-tramadol hcl tab 56-44 mg | NP | ME, PA, QL (120 tablets/30 days) |
| tramadol-acetaminophen tab 37.5-325 mg (<i>Ultracet</i>) | NP | ME, PA, QL (240 tablets/30 days) |

ANAPHYLAXIS THERAPY AGENTS

| | | |
|--|----|--------------------------------|
| AUVI-Q – epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000) | P | QL (4 pens/1 prescription) |
| EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000) | P | QL (4 pens/1 prescription) |
| epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (<i>Epipen-jr 2-pak</i>) | P | QL (4 pens/1 prescription) |
| epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (<i>Epipen 2-pak</i>) | P | QL (4 pens/1 prescription) |
| EPIPEN 2-PAK – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) | NP | PA, QL (4 pens/1 prescription) |
| EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) | NP | PA, QL (4 pens/1 prescription) |

ANORECTAL AGENTS

| | | |
|--|----|----|
| ANUSOL-HC – hydrocortisone perianal cream 2.5% | NP | PA |
| budesonide rectal foam 2 mg/act (<i>Uceris</i>) | NP | PA |
| CORTENEMA – hydrocortisone enema 100 mg/60ml | NP | PA |
| CORTIFOAM – hydrocortisone acetate perianal foam 10% (90 mg/dose) | NP | PA |
| hydrocortisone enema 100 mg/60ml (<i>Cortenema</i>) | P | |
| hydrocortisone perianal cream 1% (<i>Proctocort</i>) | P | |
| hydrocortisone perianal cream 2.5% (<i>Anusol-hc</i>) | P | |
| LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE – lidocaine-hydrocortisone acetate rectal gel 2.8-0.55% | NP | PA |
| LIDOCAINE HCL/HYDROCORTISONE ACETATE – lidocaine-hydrocortisone acetate rectal cream kit 3-1% | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i> | NP | PA |
| <i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%, 3-0.5%</i> | NP | PA |
| <i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i> | NP | PA |
| PROCTOFOAM HC – hydrocortisone acetate w/ pramoxine perianal foam 1-1% | NP | PA |
| RECTIV – nitroglycerin oint 0.4% | NP | PA |
| UCERIS – budesonide rectal foam 2 mg/act | NP | PA |
| ANTIANXIETY AGENTS : BENZODIAZEPINES | | |
| ALPRAZOLAM INTENSOL – alprazolam conc 1 mg/ml | P | QL (180 mls/30 days) |
| <i>alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg</i> | NP | PA, QL (120 tablets/30 days) |
| <i>alprazolam orally disintegrating tab 2 mg</i> | NP | PA, QL (90 tablets/30 days) |
| <i>alprazolam tab er 24hr 0.5 mg, 1 mg (Xanax xr)</i> | NP | PA, QL (30 tablets/30 days) |
| <i>alprazolam tab er 24hr 2 mg (Xanax xr)</i> | NP | PA, QL (90 tablets/30 days) |
| <i>alprazolam tab er 24hr 3 mg (Xanax xr)</i> | NP | PA, QL (60 tablets/30 days) |
| <i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg (Xanax)</i> | P | QL (120 tablets/30 days) |
| <i>alprazolam tab 2 mg (Xanax)</i> | P | QL (90 tablets/30 days) |
| ATIVAN – lorazepam tab 0.5 mg, 1 mg | NP | PA, QL (90 tablets/30 days) |
| ATIVAN – lorazepam tab 2 mg | NP | PA, QL (150 tablets/30 days) |
| <i>chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg</i> | P | QL (120 capsules/30 days) |
| <i>clorazepate dipotassium tab 3.75 mg</i> | P | QL (90 tablets/30 days) |
| <i>clorazepate dipotassium tab 7.5 mg (Tranxene t)</i> | P | QL (90 tablets/30 days) |
| <i>clorazepate dipotassium tab 15 mg</i> | P | QL (120 tablets/30 days) |
| <i>diazepam conc 5 mg/ml</i> | P | QL (240 mls/30 days) |
| <i>diazepam oral soln 1 mg/ml</i> | P | QL (1200 mls/30 days) |
| <i>diazepam tab 2 mg, 5 mg, 10 mg (Valium)</i> | P | QL (120 tablets/30 days) |
| <i>lorazepam conc 2 mg/ml</i> | P | QL (150 mls/30 days) |
| <i>lorazepam tab 0.5 mg, 1 mg (Ativan)</i> | P | QL (90 tablets/30 days) |
| <i>lorazepam tab 2 mg (Ativan)</i> | P | QL (150 tablets/30 days) |
| LOREEV XR – lorazepam cap er 24hr sprinkle 1 mg, 1.5 mg | NP | PA, QL (30 capsules/30 days) |
| LOREEV XR – lorazepam cap er 24hr sprinkle 2 mg | NP | PA, QL (150 capsules/30 days) |
| LOREEV XR – lorazepam cap er 24hr sprinkle 3 mg | NP | PA, QL (90 capsules/30 days) |
| <i>oxazepam cap 10 mg, 15 mg</i> | P | QL (120 capsules/30 days) |
| <i>oxazepam cap 30 mg</i> | P | QL (60 capsules/30 days) |
| XANAX – alprazolam tab 0.25 mg, 0.5 mg, 1 mg | NP | PA, QL (120 tablets/30 days) |
| XANAX – alprazolam tab 2 mg | NP | PA, QL (90 tablets/30 days) |
| XANAX XR – alprazolam tab er 24hr 0.5 mg, 1 mg | NP | PA, QL (30 tablets/30 days) |
| XANAX XR – alprazolam tab er 24hr 2 mg | NP | PA, QL (90 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|----------------------------------|
| XANAX XR – alprazolam tab er 24hr 3 mg | NP | PA, QL (60 tablets/30 days) |
| ANTIANXIETY AGENTS : MISC | | |
| <i>buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</i> | P | |
| <i>hydroxyzine hcl syrup 10 mg/5ml</i> | P | |
| <i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i> | P | |
| HYDROXYZINE PAMOATE – hydroxyzine pamoate cap 100 mg | P | |
| <i>hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)</i> | P | |
| <i>meprobamate tab 200 mg, 400 mg</i> | NP | PA |
| VISTARIL – hydroxyzine pamoate cap 25 mg | NP | PA |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS : ADRENERGIC COMBINATIONS | | |
| ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | P | QL (60 blisters/30 days), 90 |
| ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act | P | QL (1 inhaler/30 days), 90 |
| AIRDUO RESPICLICK 113/14 – fluticasone-salmeterol aer powder ba 113-14 mcg/act | P | QL (1 inhaler/30 days), 90 |
| AIRDUO RESPICLICK 232/14 – fluticasone-salmeterol aer powder ba 232-14 mcg/act | P | QL (1 inhaler/30 days), 90 |
| AIRDUO RESPICLICK 55/14 – fluticasone-salmeterol aer powder ba 55-14 mcg/act | P | QL (1 inhaler/30 days), 90 |
| AIRSUPRA – albuterol-budesonide inhalation aerosol 90-80 mcg/act | NP | PA, QL (3 inhalers/30 days) |
| ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act | P | QL (60 blisters/30 days), 90 |
| BEVESPI AEROSPHERE – glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act | NP | PA, QL (60 blisters/30 days), 90 |
| BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)</i> | NP | PA, QL (3 inhalers/30 days), 90 |
| COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act | NP | PA, QL (2 inhalers/30 days), 90 |
| DUAKLIR PRESSAIR – aclidinium br-formoterol fum aero pow br act 400-12 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act | P | QL (3 inhalers/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|----------------------------------|
| FLUTICASONE FUROATE/VILANTEROL ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act | NP | PA, QL (60 blisters/30 days), 90 |
| FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| FLUTICASONE PROPIONATE/SALMETEROL HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)</i> | NP | PA, QL (60 blisters/30 days), 90 |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | P | QL (180 containers/30 days), 90 |
| STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act | P | QL (3 inhalers/30 days), 90 |
| TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| <i>wixela inhub aer powder ba 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (Advair diskus)</i> | NP | PA, QL (60 blisters/30 days), 90 |

ANTIASTHMATIC AND BRONCHODILATOR AGENTS : ANTICHOLINERGICS

| | | |
|--|----|---------------------------------|
| ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act | P | QL (2 inhalers/30 days), 90 |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i> | P | QL (240 mls/30 days), 90 |
| INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/act (base eq) | P | QL (30 blisters/30 days), 90 |
| <i>ipratropium bromide inhal soln 0.02%</i> | P | QL (125 cartridges/30 days), 90 |
| SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) | P | QL (30 capsules/30 days), 90 |
| SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act | P | QL (4 grams/30 days), 90 |
| SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act | P | QL (1 inhaler/30 days), 90 |
| <i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)</i> | P | QL (30 capsules/30 days), 90 |
| TUDORZA PRESSAIR – aclidinium bromide aerosol powd breath activated 400 mcg/act | NP | PA, QL (1 pack/30 days), 90 |
| YUPELRI – revdefenacin inhalation solution 175 mcg/3ml | NP | PA, 90 |

ANTIASTHMATIC AND BRONCHODILATOR AGENTS : BETA ADRENERGICS

| | | |
|---|---|-------------------------|
| ALBUTEROL SULFATE HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | P | QL (3 inhalers/30 days) |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | P | QL (3 inhalers/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---------------------------------|
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</i> | P | QL (125 containers/30 days) |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> | P | QL (60 mls/30 days) |
| <i>albuterol sulfate syrup 2 mg/5ml</i> | NP | PA |
| <i>albuterol sulfate tab 2 mg, 4 mg</i> | NP | PA |
| <i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)</i> | NP | PA |
| BROVANA – arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) | NP | PA |
| <i>formoterol fumarate soln nebu 20 mcg/2ml (Perforomist)</i> | NP | PA, 90 |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i> | NP | PA, QL (90 containers/30 days) |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</i> | NP | PA, QL (96 containers/30 days) |
| LEVALBUTEROL TARTRATE HFA – levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) | NP | PA, QL (2 inhalers/30 days) |
| PERFOROMIST – formoterol fumarate soln nebu 20 mcg/2ml | NP | PA, 90 |
| PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv) | NP | PA, QL (3 inhalers/30 days) |
| PROVENTIL HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | P | QL (3 inhalers/30 days) |
| SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv) | P | QL (60 blisters/30 days), 90 |
| STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv) | NP | PA, QL (1 inhaler/30 days), 90 |
| <i>terbutaline sulfate tab 2.5 mg, 5 mg</i> | P | 90 |
| VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | NP | PA, QL (3 inhalers/30 days) |
| XOPENEX HFA – levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) | NP | PA, QL (2 inhalers/30 days) |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS : LEUKOTRIENE MODULATORS | | |
| ACCOLATE – zafirlukast tab 10 mg, 20 mg | NP | PA, QL (60 tablets/30 days), 90 |
| <i>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)</i> | P | QL (30 tablets/30 days), 90 |
| <i>montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)</i> | P | QL (30 packets/30 days), 90 |
| <i>montelukast sodium tab 10 mg (base equiv) (Singulair)</i> | P | QL (30 tablets/30 days), 90 |
| SINGULAIR – montelukast sodium tab 10 mg (base equiv) | NP | PA, QL (30 tablets/30 days), 90 |
| SINGULAIR – montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) | NP | PA, QL (30 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| SINGULAIR – montelukast sodium oral granules packet 4 mg (base equiv) | NP | PA, QL (30 packets/30 days), 90 |
| <i>zafirlukast tab 10 mg, 20 mg (Accolate)</i> | P | QL (60 tablets/30 days), 90 |
| <i>zileuton tab er 12hr 600 mg</i> | NP | PA, QL (120 tablets/30 days) |
| ZYFLO – zileuton tab 600 mg | NP | PA, QL (120 tablets/30 days) |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS : MISC | | |
| DALIRESP – roflumilast tab 250 mcg | NP | PA |
| DALIRESP – roflumilast tab 500 mcg | NP | PA, 90 |
| <i>roflumilast tab 250 mcg (Daliresp)</i> | NP | PA |
| <i>roflumilast tab 500 mcg (Daliresp)</i> | NP | PA, 90 |
| THEO-24 – theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg | P | 90 |
| <i>theophylline elixir 80 mg/15ml</i> | P | 90 |
| THEOPHYLLINE ER – theophylline tab er 12hr 100 mg, 200 mg | P | 90 |
| <i>theophylline soln 80 mg/15ml</i> | P | 90 |
| <i>theophylline tab er 12hr 300 mg, 450 mg</i> | P | 90 |
| <i>theophylline tab er 24hr 400 mg, 600 mg</i> | P | 90 |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS : MONOCLONAL ANTIBODIES | | |
| ADBRY – tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml | NP | PA, QL (4 syringes/28 days), SP |
| CIBINQO – abrocitinib tab 50 mg, 100 mg, 200 mg | NP | PA, QL (30 tablets/30 days), SP |
| CINQAIR – reslizumab iv infusion soln 100 mg/10ml (10 mg/ml) | NP | PA, SP |
| DUPIXENT – dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml | P | PA, QL (2 pens/28 days), SP |
| DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml | P | PA, QL (2 syringes/28 days), SP |
| FASENRA – benralizumab subcutaneous soln prefilled syringe 30 mg/ml | P | PA, QL (1 syringe/56 days), SP |
| FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml | P | PA, QL (1 pen/56 days), SP |
| NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml | P | PA, QL (3 syringes/28 days), SP |
| NUCALA – mepolizumab for inj 100 mg | P | PA, QL (3 vials/28 days), SP |
| NUCALA – mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml | P | PA, QL (1 syringe/28 days), SP |
| NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml | P | PA, QL (3 syringes/28 days), SP |
| OPZELURA – ruxolitinib phosphate cream 1.5% | NP | PA, QL (60 grams/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|------------------------------------|
| TEZSPIRE – tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml | NP | PA, QL (1 pen/28 days), SP |
| TEZSPIRE – tezepelumab-ekko subcutaneous soln pref syr 210 mg/1.91ml | NP | PA, SP |
| XOLAIR – omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml | P | PA, SP |
| XOLAIR – omalizumab for inj 150 mg | P | PA, SP |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS : STEROID INHALANTS | | |
| ALVESCO – ciclesonide inhal aerosol 80 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| ALVESCO – ciclesonide inhal aerosol 160 mcg/act | NP | PA, QL (2 inhalers/30 days), 90 |
| ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act | NP | PA, QL (30 blisters/30 days), 90 |
| ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| ASMANEX TWISTHALER 120 METERED DOSES – mometasone furoate inhal powd 220 mcg/act (breath activated) | P | QL (1 inhaler/30 days), 90 |
| ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated) | P | QL (1 inhaler/30 days), 90 |
| ASMANEX TWISTHALER 60 METERED DOSES – mometasone furoate inhal powd 220 mcg/act (breath activated) | P | QL (1 inhaler/30 days), 90 |
| <i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml (Pulmicort)</i> | P | QL (2 packages/30 days), 90 |
| <i>budesonide inhalation susp 1 mg/2ml (Pulmicort)</i> | P | QL (60 mls/30 days), 90 |
| FLUTICASONE PROPIONATE DISKUS – fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| FLUTICASONE PROPIONATE DISKUS – fluticasone propionate aer pow ba 250 mcg/act | NP | PA, QL (4 inhalers/30 days), 90 |
| FLUTICASONE PROPIONATE HFA – fluticasone propionate hfa inhal aero 44 mcg/act | P | QL (1 inhaler/30 days), 90 |
| FLUTICASONE PROPIONATE HFA – fluticasone propionate hfa inhal aer 110 mcg/act | P | QL (1 inhaler/30 days), 90 |
| FLUTICASONE PROPIONATE HFA – fluticasone propionate hfa inhal aer 220 mcg/act | P | QL (2 inhalers/30 days), 90 |
| PULMICORT – budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml | NP | PA, QL (60 containers/30 days), 90 |
| PULMICORT – budesonide inhalation susp 1 mg/2ml | NP | PA, QL (30 containers/30 days), 90 |
| PULMICORT FLEXHALER – budesonide inhal aero powd 90 mcg/act (breath activated) | NP | PA, QL (1 inhaler/30 days), 90 |
| PULMICORT FLEXHALER – budesonide inhal aero powd 180 mcg/act (breath activated) | NP | PA, QL (2 inhalers/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|------------------------------------|
| QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act | NP | PA, QL (1 inhaler/30 days), 90 |
| QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act | NP | PA, QL (2 inhalers/30 days), 90 |
| ANTIBIOTICS : FLUOROQUINOLONES | | |
| BAXDELA – delafloxacin meglumine tab 450 mg (base equiv) | NP | PA, QL (28 tablets/180 days) |
| CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml) | NP | PA |
| CIPRO – ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) | NP | PA |
| CIPROFLOXACIN HCL – ciprofloxacin hcl tab 100 mg (base equiv) | P | |
| <i>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)</i> | P | |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i> | P | |
| <i>levofloxacin oral soln 25 mg/ml</i> | P | |
| <i>levofloxacin tab 250 mg</i> | P | |
| <i>levofloxacin tab 500 mg, 750 mg (Levaquin)</i> | P | |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i> | P | |
| OFLOXACIN – ofloxacin tab 300 mg | NP | PA |
| <i>ofloxacin tab 400 mg</i> | NP | PA |
| ANTIBIOTICS : AMINOGLYCOSIDES | | |
| <i>neomycin sulfate tab 500 mg</i> | P | |
| ANTIBIOTICS : AMINOGLYCOSIDES - INHALED | | |
| ARIKAYCE – amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq) | NP | PA, QL (28 vials/28 days), SP |
| BETHKIS – tobramycin nebu soln 300 mg/4ml | NP | PA, QL (56 containers/56 days), SP |
| KITABIS PAK – tobramycin nebu soln 300 mg/5ml | P | QL (56 containers/56 days), SP |
| TOBI – tobramycin nebu soln 300 mg/5ml | NP | PA, QL (56 containers/56 days), SP |
| TOBI PODHALER – tobramycin inhal cap 28 mg | NP | PA, QL (224 capsules/56 days), SP |
| TOBRAMYCIN – tobramycin nebu soln 300 mg/5ml | NP | PA, QL (56 containers/56 days), SP |
| <i>tobramycin nebu soln 300 mg/5ml (Tobi)</i> | NP | PA, QL (280 ampules/56 days), SP |
| <i>tobramycin nebu soln 300 mg/4ml (Bethkis)</i> | NP | PA, QL (56 units/56 days), SP |
| ANTIBIOTICS : ANTI-INFECTIVE AGENTS | | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|----------------------------------|
| AEMCOLO – rifamycin sodium tab delayed release 194 mg (base equiv) | NP | PA |
| <i>atovaquone susp 750 mg/5ml (Mepron)</i> | P | |
| BACTRIM – sulfamethoxazole-trimethoprim tab 400-80 mg | NP | PA |
| BACTRIM DS – sulfamethoxazole-trimethoprim tab 800-160 mg | NP | PA |
| CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent) | NP | PA, QL (1 container/56 days), SP |
| CLEOCIN – clindamycin hcl cap 75 mg, 150 mg, 300 mg | NP | PA |
| CLEOCIN PEDIATRIC GRANULES – clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) | NP | PA |
| <i>clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)</i> | P | |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric granules)</i> | P | |
| <i>dapsone tab 25 mg, 100 mg</i> | P | |
| FIRVANQ – vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ml (base equivalent) | NP | PA |
| FLAGYL – metronidazole cap 375 mg | NP | PA |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)</i> | P | |
| HIPREX – methenamine hippurate tab 1 gm | NP | PA |
| LAMPIT – nifurtimox tab 30 mg, 120 mg | NP | PA |
| LIKMEZ – metronidazole susp 500 mg/5ml | NP | PA, QL (400 mls/10 days) |
| <i>linezolid for susp 100 mg/5ml (Zyvox)</i> | NP | PA, QL (600 mls/180 days) |
| <i>linezolid tab 600 mg (Zyvox)</i> | NP | PA, QL (56 tablets/180 days) |
| MACROBID – nitrofurantoin monohydrate macrocrystalline cap 100 mg | NP | PA |
| MACRODANTIN – nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg | NP | PA |
| MEPRON – atovaquone susp 750 mg/5ml | NP | PA |
| <i>methenamine hippurate tab 1 gm (Hiprex)</i> | P | |
| <i>methenamine mandelate tab 0.5 gm, 1 gm</i> | P | |
| <i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg, 120 mg</i> | NP | PA |
| <i>methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg (Urogesic-blue)</i> | NP | PA |
| <i>metronidazole cap 375 mg (Flagyl)</i> | NP | PA |
| <i>metronidazole tab 250 mg, 500 mg (Flagyl)</i> | P | |
| NEBUPENT – pentamidine isethionate for nebulization soln 300 mg | P | |
| <i>nitazoxanide tab 500 mg (Alinia)</i> | NP | PA, QL (6 tablets/30 days) |
| NITROFURANTOIN – nitrofurantoin susp 50 mg/5ml | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|-------------------------------|
| <i>nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrochantin)</i> | P | |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</i> | P | |
| <i>nitrofurantoin susp 25 mg/5ml</i> | P | |
| <i>pentamidine isethionate for nebulization soln 300 mg (Nebupent)</i> | P | |
| SIVEXTRO – tedizolid phosphate tab 200 mg | NP | PA, QL (6 tablets/180 days) |
| SOLOSEC – secnidazole granules packet 2 gm | NP | PA |
| SULFADIAZINE – sulfadiazine tab 500 mg | P | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | P | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)</i> | P | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)</i> | P | |
| <i>tinidazole tab 250 mg, 500 mg</i> | NP | PA |
| TRIMETHOPRIM – trimethoprim tab 100 mg | P | |
| <i>trimethoprim tab 100 mg</i> | P | |
| URIBEL – methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg | NP | PA |
| UROGESIC-BLUE – methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg | NP | PA |
| VANCOGIN – vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) | NP | PA, QL (120 capsules/30 days) |
| <i>vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)</i> | P | QL (120 capsules/30 days) |
| <i>vancomycin hcl cap 250 mg (base equivalent) (Vancocin)</i> | P | QL (120 capsules/30 days) |
| <i>vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)</i> | P | |
| <i>vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Vancomycin hydrochlo)</i> | P | |
| XIFAXAN – rifaximin tab 200 mg | NP | PA, QL (9 tablets/30 days) |
| XIFAXAN – rifaximin tab 550 mg | NP | PA, QL (126 tablets/365 days) |
| ZYVOX – linezolid tab 600 mg | NP | PA, QL (56 tablets/180 days) |
| ZYVOX – linezolid for susp 100 mg/5ml | NP | PA, QL (4 bottles/180 days) |
| ANTIBIOTICS : ANTIMYCOBACTERIAL AGENTS | | |
| <i>cycloserine cap 250 mg</i> | P | |
| <i>ethambutol hcl tab 100 mg</i> | P | |
| <i>ethambutol hcl tab 400 mg (Myambutol)</i> | P | |
| ISONIAZID – isoniazid tab 100 mg | P | 90 |
| <i>isoniazid syrup 50 mg/5ml</i> | P | 90 |
| <i>isoniazid tab 300 mg</i> | P | 90 |
| MYAMBUTOL – ethambutol hcl tab 400 mg | NP | PA |
| MYCOBUTIN – rifabutin cap 150 mg | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|---------------------------|
| PRETOMANID – pretomanid tab 200 mg | NP | PA |
| PRIFTIN – rifapentine tab 150 mg | P | |
| <i>pyrazinamide tab 500 mg</i> | P | |
| <i>rifabutin cap 150 mg (Mycobutin)</i> | P | |
| <i>rifampin cap 150 mg, 300 mg (Rifadin)</i> | P | |
| SIRTURO – bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv) | NP | PA |
| TRECTOR – ethionamide tab 250 mg | P | |
| ANTIBIOTICS : CEPHALOSPORINS | | |
| CEFACLOR – cefaclor cap 250 mg, 500 mg | P | |
| CEFACLOR ER – cefaclor monohydrate tab er 12hr 500 mg | NP | PA |
| CEFADROXIL – cefadroxil tab 1 gm | P | |
| <i>cefadroxil cap 500 mg</i> | P | |
| <i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i> | P | |
| <i>cefdinir cap 300 mg</i> | P | |
| <i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i> | P | |
| <i>cefixime cap 400 mg (Suprax)</i> | P | |
| <i>cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)</i> | NP | PA |
| <i>cefepodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i> | NP | PA |
| <i>cefepodoxime proxetil tab 100 mg, 200 mg</i> | NP | PA |
| <i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i> | P | |
| <i>cefprozil tab 250 mg, 500 mg</i> | NP | PA |
| <i>cefuroxime axetil tab 250 mg, 500 mg</i> | P | |
| CEPHALEXIN – cephalixin tab 250 mg, 500 mg | P | |
| <i>cephalexin cap 250 mg, 500 mg, 750 mg (Keflex)</i> | P | |
| <i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i> | P | |
| ANTIBIOTICS : MACROLIDES | | |
| AZITHROMYCIN – azithromycin powd pack for susp 1 gm | P | |
| <i>azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)</i> | P | |
| <i>azithromycin tab 250 mg, 500 mg (Zithromax)</i> | P | QL (60 tablets/180 days) |
| <i>azithromycin tab 600 mg</i> | P | QL (60 tablets/180 days) |
| CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml, 250 mg/5ml | P | |
| <i>clarithromycin tab er 24hr 500 mg</i> | P | QL (28 tablets/180 days) |
| <i>clarithromycin tab 250 mg, 500 mg</i> | P | |
| DIFICID – fidaxomicin tab 200 mg | P | |
| DIFICID – fidaxomicin for susp 40 mg/ml | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|------------------------------|
| E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml | P | |
| E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg | P | |
| ERYPED 200 – erythromycin ethylsuccinate for susp 200 mg/5ml | P | |
| ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml | P | |
| ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg | P | |
| ERYTHROMYCIN – erythromycin w/ delayed release particles cap 250 mg | P | |
| ERYTHROMYCIN ETHYLSUCCINATE – erythromycin ethylsuccinate tab 400 mg | P | |
| <i>erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)</i> | P | |
| <i>erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)</i> | P | |
| <i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i> | P | |
| <i>erythromycin tab 250 mg, 500 mg</i> | P | |
| ZITHROMAX – azithromycin for susp 100 mg/5ml, 200 mg/5ml | NP | PA |
| ZITHROMAX – azithromycin tab 250 mg, 500 mg | NP | PA, QL (60 tablets/180 days) |
| ZITHROMAX – azithromycin powd pack for susp 1 gm | P | |
| ZITHROMAX TRI-PAK – azithromycin tab 500 mg | NP | PA, QL (60 tablets/180 days) |
| ZITHROMAX Z-PAK – azithromycin tab 250 mg | NP | PA, QL (60 tablets/180 days) |
| ANTIBIOTICS : PENICILLINS | | |
| AMOXICILLIN – amoxicillin (trihydrate) chew tab 125 mg, 250 mg | P | |
| <i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i> | P | |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | P | |
| <i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i> | P | |
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml</i> | P | |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)</i> | P | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)</i> | P | |
| <i>amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg</i> | P | |
| <i>amoxicillin & k clavulanate tab 500-125 mg (Augmentin)</i> | P | |
| AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin & k clavulanate chew tab 200-28.5 mg, 400-57 mg | P | |
| AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg | NP | PA |
| <i>ampicillin cap 500 mg</i> | P | |
| AUGMENTIN – amoxicillin & k clavulanate for susp 125-31.25 mg/5ml | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|------------------------------|
| AUGMENTIN ES-600 – amoxicillin & k clavulanate for susp 600-42.9 mg/5ml | NP | PA |
| <i>dicloxacillin sodium cap 250 mg, 500 mg</i> | P | |
| PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml | P | |
| <i>penicillin v potassium tab 250 mg, 500 mg</i> | P | |
| ANTIBIOTICS : TETRACYCLINES | | |
| <i>demeclocycline hcl tab 150 mg, 300 mg</i> | P | |
| DORYX MPC – doxycycline hyclate tab delayed release 60 mg, 120 mg | NP | PA |
| <i>doxycycline hyclate cap 50 mg</i> | P | |
| <i>doxycycline hyclate cap 100 mg (Vibramycin)</i> | P | |
| DOXYCYCLINE HYCLATE DR – doxycycline hyclate tab delayed release 80 mg | NP | PA |
| <i>doxycycline hyclate tab delayed release 50 mg, 200 mg (Doryx)</i> | NP | PA |
| <i>doxycycline hyclate tab delayed release 75 mg, 100 mg, 150 mg</i> | NP | PA |
| <i>doxycycline hyclate tab 20 mg, 50 mg, 100 mg</i> | P | |
| <i>doxycycline hyclate tab 75 mg, 150 mg (Acticlate)</i> | P | |
| <i>doxycycline monohydrate cap 50 mg, 75 mg, 100 mg, 150 mg</i> | P | |
| <i>doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)</i> | P | |
| <i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg</i> | P | |
| <i>minocycline hcl cap 50 mg (Minocin)</i> | P | |
| <i>minocycline hcl cap 75 mg, 100 mg</i> | P | |
| <i>minocycline hcl tab er 24hr 45 mg, 90 mg, 135 mg</i> | NP | PA |
| <i>minocycline hcl tab er 24hr 55 mg, 65 mg, 80 mg, 105 mg, 115 mg (Solodyn)</i> | NP | PA |
| <i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i> | P | |
| MINOLIRA – minocycline hcl tab er 24hr biphasic release 105 mg, 135 mg | NP | PA |
| NUZYRA – omadacycline tosylate tab 150 mg (base equivalent) | NP | PA, QL (30 tablets/180 days) |
| SOLODYN – minocycline hcl tab er 24hr 55 mg, 65 mg, 80 mg, 105 mg, 115 mg | NP | PA |
| <i>tetracycline hcl cap 250 mg, 500 mg</i> | P | |
| VIBRAMYCIN – doxycycline hyclate cap 100 mg | NP | PA |
| ANTICOAGULANTS : COUMARIN | | |
| <i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg (Coumadin)</i> | P | |
| ANTICOAGULANTS : DIRECT FACTOR XA INHIBITORS & MISC | | |
| <i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)</i> | NP | PA, QL (60 capsules/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i> (Pradaxa) | NP | PA, QL (120 capsules/30 days) |
| ELIQUIS – apixaban tab 2.5 mg | P | PA, QL (60 tablets/30 days) |
| ELIQUIS – apixaban tab 5 mg | P | PA, QL (74 tablets/19 days) |
| ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg | P | PA, QL (74 tablets/180 days) |
| PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) | NP | PA, QL (60 capsules/30 days) |
| PRADAXA – dabigatran etexilate mesylate cap 110 mg (etexilate base eq) | NP | PA, QL (120 capsules/30 days) |
| PRADAXA – dabigatran etexilate mesylate pellet pack 20 mg, 150 mg | NP | PA, QL (60 packets/30 days) |
| PRADAXA – dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg | NP | PA, QL (120 packets/30 days) |
| SAVAYSA – edoxaban tosylate tab 15 mg (base equivalent), 30 mg (base equivalent), 60 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| XARELTO – rivaroxaban for susp 1 mg/ml | NP | PA, QL (4 bottles/30 days) |
| XARELTO – rivaroxaban tab 2.5 mg | P | QL (60 tablets/30 days) |
| XARELTO – rivaroxaban tab 10 mg | P | QL (39 Days/365 Days) |
| XARELTO – rivaroxaban tab 15 mg | P | PA, QL (60 tablets/30 days) |
| XARELTO – rivaroxaban tab 20 mg | P | PA, QL (30 tablets/30 days) |
| XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg | P | PA, QL (51 tablets/30 days) |
| ANTICOAGULANTS : HEPARIN AND HEPARINOID-LIKE AGENTS | | |
| ARIXTRA – fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml | NP | PA, QL (30 syringes/365 days) |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i> (Lovenox) | P | QL (30 syringes/365 days) |
| <i>enoxaparin sodium inj 300 mg/3ml</i> (Lovenox) | P | QL (30 vials/365 days) |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i> (Arixtra) | P | QL (30 syringes/365 days) |
| FRAGMIN – dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml | P | QL (30 syringes/365 days) |
| FRAGMIN – dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml | P | QL (30 vials/365 days) |
| HEPARIN SODIUM – heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml | P | |
| HEPARIN SODIUM – heparin sodium (porcine) pf inj 5000 unit/ml | P | |
| <i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i> | P | |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|-------------------------------|
| LOVENOX – enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml | NP | PA, QL (30 syringes/365 days) |
| LOVENOX – enoxaparin sodium inj 300 mg/3ml | NP | PA, QL (30 vials/365 days) |
| ANTICONVULSANTS | | |
| APTIOM – eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg | NP | 90 |
| BANZEL – rufinamide tab 200 mg, 400 mg | NP | 90 |
| BANZEL – rufinamide susp 40 mg/ml | NP | 90 |
| BRIVIACT – brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg | NP | 90 |
| BRIVIACT – brivaracetam oral soln 10 mg/ml | NP | 90 |
| <i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)</i> | NP | 90 |
| <i>carbamazepine chew tab 100 mg</i> | P | 90 |
| <i>carbamazepine susp 100 mg/5ml (Tegretol)</i> | P | 90 |
| <i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)</i> | P | 90 |
| <i>carbamazepine tab 200 mg (Tegretol)</i> | P | 90 |
| CARBATROL – carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg | NP | 90 |
| CELONTIN – methsuximide cap 300 mg | NP | 90 |
| <i>clobazam suspension 2.5 mg/ml (Onfi)</i> | NP | QL (480 mls/30 days) |
| <i>clobazam tab 10 mg, 20 mg (Onfi)</i> | NP | QL (60 tablets/30 days) |
| <i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | NP | QL (90 tablets/30 days) |
| <i>clonazepam orally disintegrating tab 2 mg</i> | NP | QL (60 tablets/30 days) |
| <i>clonazepam tab 0.5 mg, 1 mg (Klonopin)</i> | P | QL (90 tablets/30 days) |
| <i>clonazepam tab 2 mg (Klonopin)</i> | P | QL (60 tablets/30 days) |
| DEPAKOTE – divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg | NP | 90 |
| DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg, 500 mg | NP | 90 |
| DEPAKOTE SPRINKLES – divalproex sodium cap delayed release sprinkle 125 mg | NP | 90 |
| DIACOMIT – stiripentol cap 250 mg, 500 mg | NP | |
| DIACOMIT – stiripentol packet 250 mg, 500 mg | NP | |
| DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 2.5 mg | P | QL (2 packs/30 days) |
| <i>diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)</i> | P | QL (2 packs/30 days) |
| DILANTIN – phenytoin sodium extended cap 30 mg, 100 mg | NP | 90 |
| DILANTIN INFATABS – phenytoin chew tab 50 mg | NP | 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| DILANTIN-125 – phenytoin susp 125 mg/5ml | NP | 90 |
| <i>divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)</i> | P | 90 |
| <i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)</i> | P | 90 |
| <i>divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)</i> | P | 90 |
| ELEPSIA XR – levetiracetam tab er 24hr 1000 mg, 1500 mg | NP | 90 |
| EPIDIOLEX – cannabidiol soln 100 mg/ml | NP | PA |
| EPRONTIA – topiramate oral soln 25 mg/ml | NP | 90 |
| <i>ethosuximide cap 250 mg (Zarontin)</i> | P | 90 |
| <i>ethosuximide soln 250 mg/5ml (Zarontin)</i> | P | 90 |
| <i>felbamate susp 600 mg/5ml (Felbatol)</i> | NP | 90 |
| <i>felbamate tab 400 mg, 600 mg (Felbatol)</i> | NP | 90 |
| FELBATOL – felbamate tab 400 mg, 600 mg | NP | 90 |
| FINTEPLA – fenfluramine hcl oral soln 2.2 mg/ml | NP | PA, QL (360 mls/30 days) |
| FYCOMPA – perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg | NP | 90 |
| FYCOMPA – perampanel susp 0.5 mg/ml | NP | 90 |
| <i>gabapentin cap 100 mg (Neurontin)</i> | P | QL (720 capsules/30 days), 90 |
| <i>gabapentin cap 300 mg (Neurontin)</i> | P | QL (240 capsules/30 days), 90 |
| <i>gabapentin cap 400 mg (Neurontin)</i> | P | QL (180 capsules/30 days), 90 |
| <i>gabapentin oral soln 250 mg/5ml (Neurontin)</i> | P | QL (1500 mls/30 days), 90 |
| <i>gabapentin tab 600 mg (Neurontin)</i> | P | QL (120 tablets/30 days), 90 |
| <i>gabapentin tab 800 mg (Neurontin)</i> | P | QL (90 tablets/30 days), 90 |
| KEPPRA – levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg | NP | 90 |
| KEPPRA – levetiracetam oral soln 100 mg/ml | NP | 90 |
| KEPPRA XR – levetiracetam tab er 24hr 500 mg, 750 mg | NP | 90 |
| KLONOPIN – clonazepam tab 0.5 mg, 1 mg | NP | QL (90 tablets/30 days) |
| KLONOPIN – clonazepam tab 2 mg | NP | QL (60 tablets/30 days) |
| <i>lacosamide oral solution 10 mg/ml (Vimpat)</i> | NP | 90 |
| <i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)</i> | NP | 90 |
| LAMICTAL – lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg | NP | 90 |
| LAMICTAL CHEWABLE DISPERSIBLE – lamotrigine tab chewable dispersible 5 mg, 25 mg | NP | 90 |
| LAMICTAL ODT – lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg | NP | 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| LAMICTAL ODT – lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit | NP | |
| LAMICTAL ODT – lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit | NP | |
| LAMICTAL ODT – lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit | NP | |
| LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE – lamotrigine tab 25 mg (42) & 100 mg (7) starter kit | NP | |
| LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE – lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit | NP | |
| LAMICTAL STARTER/TAKING VALPROATE – lamotrigine tab 35 x 25 mg starter kit | NP | |
| LAMICTAL XR – lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg | NP | 90 |
| LAMICTAL XR – lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit | NP | |
| LAMICTAL XR – lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit | NP | |
| LAMICTAL XR – lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit | NP | |
| <i>lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)</i> | NP | 90 |
| <i>lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable dispersible)</i> | P | 90 |
| <i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)</i> | NP | |
| <i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)</i> | NP | |
| <i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)</i> | NP | |
| <i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)</i> | NP | 90 |
| <i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)</i> | P | 90 |
| <i>lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/taking valproate)</i> | NP | |
| <i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not taking carbamazepine)</i> | NP | |
| <i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/taking carbamazepine/not taking valproate)</i> | NP | |
| <i>levetiracetam oral soln 100 mg/ml (Keppra)</i> | P | 90 |
| <i>levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)</i> | P | 90 |
| <i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)</i> | P | 90 |
| LYRICA – pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg | NP | PA, QL (90 capsules/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|-----------------------------------|
| LYRICA – pregabalin soln 20 mg/ml | NP | PA, QL (900 mls/30 days), 90 |
| <i>methsuximide cap 300 mg (Celontin)</i> | NP | 90 |
| MOTPOLY XR – lacosamide cap er 24hr 100 mg, 150 mg, 200 mg | NP | 90 |
| MYSOLINE – primidone tab 50 mg, 250 mg | NP | 90 |
| NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml | NP | QL (10 sprays/30 days) |
| NEURONTIN – gabapentin oral soln 250 mg/5ml | NP | PA, QL (1500 mls/30 days), 90 |
| NEURONTIN – gabapentin cap 100 mg | NP | PA, QL (720 capsules/30 days), 90 |
| NEURONTIN – gabapentin cap 300 mg | NP | PA, QL (240 capsules/30 days), 90 |
| NEURONTIN – gabapentin cap 400 mg | NP | PA, QL (180 capsules/30 days), 90 |
| NEURONTIN – gabapentin tab 600 mg | NP | PA, QL (120 tablets/30 days), 90 |
| NEURONTIN – gabapentin tab 800 mg | NP | PA, QL (90 tablets/30 days), 90 |
| ONFI – clobazam tab 10 mg, 20 mg | NP | QL (60 tablets/30 days) |
| ONFI – clobazam suspension 2.5 mg/ml | NP | QL (480 mls/30 days) |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)</i> | P | 90 |
| <i>oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)</i> | P | 90 |
| OXTELLAR XR – oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg | NP | 90 |
| <i>phenytoin chew tab 50 mg (Dilantin infatabs)</i> | P | 90 |
| <i>phenytoin sodium extended cap 100 mg (Dilantin)</i> | P | 90 |
| <i>phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)</i> | P | 90 |
| <i>phenytoin susp 125 mg/5ml (Dilantin-125)</i> | P | 90 |
| <i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)</i> | P | QL (90 capsules/30 days), 90 |
| <i>pregabalin soln 20 mg/ml (Lyrica)</i> | P | QL (900 mls/30 days), 90 |
| PRIMIDONE – primidone tab 125 mg | P | 90 |
| <i>primidone tab 50 mg, 250 mg (Mysoline)</i> | P | 90 |
| QUDEXY XR – topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg | NP | PA, QL (30 capsules/30 days), 90 |
| QUDEXY XR – topiramate cap er 24hr sprinkle 200 mg | NP | PA, QL (60 capsules/30 days), 90 |
| <i>rufinamide susp 40 mg/ml (Banzel)</i> | NP | 90 |
| <i>rufinamide tab 200 mg, 400 mg (Banzel)</i> | NP | 90 |
| SABRIL – vigabatrin tab 500 mg | NP | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| SABRIL – vigabatrin powd pack 500 mg | NP | |
| SPRITAM – levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg | NP | 90 |
| SYMPAZAN – clobazam oral film 5 mg | NP | QL (240 films/30 days) |
| SYMPAZAN – clobazam oral film 10 mg, 20 mg | NP | QL (60 films/30 days) |
| TEGRETOL – carbamazepine tab 200 mg | NP | 90 |
| TEGRETOL – carbamazepine susp 100 mg/5ml | NP | 90 |
| TEGRETOL-XR – carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg | NP | 90 |
| <i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)</i> | NP | 90 |
| TOPAMAX – topiramate tab 25 mg, 50 mg, 100 mg, 200 mg | NP | 90 |
| TOPAMAX SPRINKLE – topiramate sprinkle cap 15 mg, 25 mg | NP | 90 |
| <i>topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)</i> | NP | PA, QL (60 capsules/30 days), 90 |
| <i>topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>topiramate cap er 24hr 200 mg (Trokendi xr)</i> | NP | PA, QL (60 capsules/30 days), 90 |
| <i>topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)</i> | P | 90 |
| <i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)</i> | P | 90 |
| TRILEPTAL – oxcarbazepine tab 150 mg, 300 mg, 600 mg | NP | 90 |
| TRILEPTAL – oxcarbazepine susp 300 mg/5ml (60 mg/ml) | NP | 90 |
| TROKENDI XR – topiramate cap er 24hr 25 mg, 50 mg, 100 mg | NP | PA, QL (30 capsules/30 days), 90 |
| TROKENDI XR – topiramate cap er 24hr 200 mg | NP | PA, QL (60 capsules/30 days), 90 |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | P | 90 |
| <i>valproic acid cap 250 mg</i> | P | 90 |
| VALTOCO 10 MG DOSE – diazepam nasal spray 10 mg/0.1 ml | NP | QL (5 boxes/30 days) |
| VALTOCO 15 MG DOSE – diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose) | NP | QL (5 boxes/30 days) |
| VALTOCO 20 MG DOSE – diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose) | NP | QL (5 boxes/30 days) |
| VALTOCO 5 MG DOSE – diazepam nasal spray 5 mg/0.1 ml | NP | QL (5 boxes/30 days) |
| <i>vigabatrin powd pack 500 mg (Sabril)</i> | NP | |
| <i>vigabatrin tab 500 mg (Sabril)</i> | NP | |
| VIMPAT – lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg | NP | 90 |
| VIMPAT – lacosamide oral solution 10 mg/ml | NP | 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| XCOPRI – cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg | P | |
| XCOPRI – cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg | P | |
| XCOPRI – cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose) | P | |
| XCOPRI – cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose) | P | |
| ZARONTIN – ethosuximide cap 250 mg | NP | 90 |
| ZARONTIN – ethosuximide soln 250 mg/5ml | NP | 90 |
| ZONISADE – zonisamide oral susp 100 mg/5ml (20 mg/ml) | NP | 90 |
| <i>zonisamide cap 25 mg, 100 mg (Zonegran)</i> | P | 90 |
| <i>zonisamide cap 50 mg</i> | P | 90 |
| ZTALMY – ganaxolone susp 50 mg/ml | NP | 90 |
| ANTIDEPRESSANTS : MISC | | |
| <i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i> | P | 90 |
| <i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg</i> | NP | PA, 90 |
| ANAFRANIL – clomipramine hcl cap 25 mg, 50 mg, 75 mg | NP | PA, 90 |
| APLENZIN – bupropion hbr tab er 24hr 174 mg, 348 mg, 522 mg | NP | PA, QL (30 tablets/30 days), 90 |
| AUVELITY – dextromethorphan hbr-bupropion hcl tab er 45-105 mg | NP | PA, QL (60 tablets/30 days), 90 |
| <i>bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)</i> | P | QL (60 tablets/30 days), 90 |
| <i>bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)</i> | P | QL (30 tablets/30 days), 90 |
| <i>bupropion hcl tab 75 mg</i> | P | QL (60 tablets/30 days), 90 |
| <i>bupropion hcl tab 100 mg</i> | P | QL (120 tablets/30 days), 90 |
| BUPROPION HYDROCHLORIDE ER (XL) – bupropion hcl tab er 24hr 450 mg | P | QL (30 tablets/30 days), 90 |
| <i>clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)</i> | P | 90 |
| <i>desipramine hcl tab 10 mg, 25 mg (Norpramin)</i> | P | 90 |
| <i>desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg</i> | P | 90 |
| <i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i> | P | 90 |
| <i>doxepin hcl conc 10 mg/ml</i> | P | 90 |
| EMSAM – selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr | NP | PA, 90 |
| FORFIVO XL – bupropion hcl tab er 24hr 450 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i> | P | 90 |
| <i>imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150 mg</i> | NP | PA, 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| MARPLAN – isocarboxazid tab 10 mg | NP | PA, 90 |
| <i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)</i> | P | QL (30 tablets/30 days), 90 |
| <i>mirtazapine tab 7.5 mg, 45 mg</i> | P | QL (30 tablets/30 days), 90 |
| <i>mirtazapine tab 15 mg, 30 mg (Remeron)</i> | P | QL (30 tablets/30 days), 90 |
| NARDIL – phenelzine sulfate tab 15 mg | NP | PA, 90 |
| NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg | NP | PA, 90 |
| NORPRAMIN – desipramine hcl tab 10 mg, 25 mg | NP | PA, 90 |
| <i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</i> | P | 90 |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | P | 90 |
| PAMELOR – nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg | NP | PA, 90 |
| PHENELZINE SULFATE – phenelzine sulfate tab 15 mg | P | 90 |
| <i>protriptyline hcl tab 5 mg, 10 mg</i> | P | 90 |
| REMERON – mirtazapine tab 15 mg, 30 mg | NP | PA, QL (30 tablets/30 days), 90 |
| REMERON SOLTAB – mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg | NP | PA, QL (30 tablets/30 days), 90 |
| SPRAVATO 56MG DOSE – esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack) | NP | PA, QL (8 packs/28 days), SP |
| SPRAVATO 84MG DOSE – esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack) | NP | PA, QL (8 packs/28 days), SP |
| <i>tranylcypromine sulfate tab 10 mg (Parnate)</i> | P | 90 |
| <i>trazodone hcl tab 50 mg, 100 mg, 150 mg, 300 mg</i> | P | 90 |
| <i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i> | NP | PA, 90 |
| TRINTELLIX – vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) | NP | PA, QL (30 tablets/30 days), 90 |
| VIIBRYD – vilazodone hcl tab 10 mg, 20 mg, 40 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| WELLBUTRIN SR – bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg | NP | PA, QL (60 tablets/30 days), 90 |
| WELLBUTRIN XL – bupropion hcl tab er 24hr 150 mg, 300 mg | NP | PA, QL (30 tablets/30 days), 90 |
| ZURZUVAE – zuranolone cap 20 mg, 25 mg | NP | PA, QL (28 capsules/365 days) |
| ZURZUVAE – zuranolone cap 30 mg | NP | PA, QL (14 capsules/365 days) |

ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs)

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| CELEXA – citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) | NP | PA, QL (30 tablets/30 days), 90 |
| CITALOPRAM HYDROBROMIDE – citalopram hydrobromide cap 30 mg | NP | PA, QL (30 capsules/30 days), 90 |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i> | P | QL (600 mls/30 days), 90 |
| <i>citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)</i> | P | QL (30 tablets/30 days), 90 |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | P | QL (600 mls/30 days), 90 |
| <i>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)</i> | P | QL (30 tablets/30 days), 90 |
| FLUOXETINE DR – fluoxetine hcl cap delayed release 90 mg | NP | PA, QL (4 capsules/28 days), 90 |
| <i>fluoxetine hcl cap 10 mg (Prozac)</i> | P | QL (30 capsules/30 days), 90 |
| <i>fluoxetine hcl cap 20 mg (Prozac)</i> | P | QL (120 capsules/30 days), 90 |
| <i>fluoxetine hcl cap 40 mg (Prozac)</i> | P | QL (60 capsules/30 days), 90 |
| <i>fluoxetine hcl solution 20 mg/5ml</i> | P | QL (600 mls/30 days), 90 |
| <i>fluoxetine hcl tab 10 mg</i> | P | QL (30 tablets/30 days), 90 |
| <i>fluoxetine hcl tab 20 mg</i> | P | QL (120 tablets/30 days), 90 |
| <i>fluoxetine hcl tab 60 mg (Fluoxetine hydrochloride)</i> | P | QL (30 tablets/30 days), 90 |
| FLUOXETINE HYDROCHLORIDE – fluoxetine hcl tab 60 mg | P | QL (30 tablets/30 days), 90 |
| <i>fluvoxamine maleate cap er 24hr 100 mg, 150 mg</i> | NP | PA, QL (60 capsules/30 days), 90 |
| <i>fluvoxamine maleate tab 25 mg, 50 mg</i> | P | QL (30 tablets/30 days), 90 |
| <i>fluvoxamine maleate tab 100 mg</i> | P | QL (90 tablets/30 days), 90 |
| LEXAPRO – escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) | NP | PA, QL (30 tablets/30 days), 90 |
| <i>paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)</i> | P | QL (900 mls/30 days), 90 |
| <i>paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg (Paxil cr)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| <i>paroxetine hcl tab 10 mg, 20 mg, 40 mg (Paxil)</i> | P | QL (30 tablets/30 days), 90 |
| <i>paroxetine hcl tab 30 mg (Paxil)</i> | P | QL (60 tablets/30 days), 90 |
| PAXIL – paroxetine hcl oral susp 10 mg/5ml (base equiv) | NP | PA, QL (900 mls/30 days), 90 |
| PAXIL – paroxetine hcl tab 10 mg, 20 mg, 40 mg | NP | PA, QL (30 tablets/30 days), 90 |
| PAXIL – paroxetine hcl tab 30 mg | NP | PA, QL (60 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|-----------------------------------|
| PAXIL CR – paroxetine hcl tab er 24hr 12.5 mg | NP | PA, QL (30 tablets/30 days), 90 |
| PAXIL CR – paroxetine hcl tab er 24hr 25 mg, 37.5 mg | NP | PA, QL (60 tablets/30 days), 90 |
| PROZAC – fluoxetine hcl cap 10 mg | NP | PA, QL (30 capsules/30 days), 90 |
| PROZAC – fluoxetine hcl cap 20 mg | NP | PA, QL (120 capsules/30 days), 90 |
| PROZAC – fluoxetine hcl cap 40 mg | NP | PA, QL (60 capsules/30 days), 90 |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)</i> | P | QL (300 mls/30 days), 90 |
| <i>sertraline hcl tab 25 mg (Zoloft)</i> | P | QL (45 tablets/30 days), 90 |
| <i>sertraline hcl tab 50 mg (Zoloft)</i> | P | QL (30 tablets/30 days), 90 |
| <i>sertraline hcl tab 100 mg (Zoloft)</i> | P | QL (60 tablets/30 days), 90 |
| SERTRALINE HYDROCHLORIDE – sertraline hcl cap 150 mg, 200 mg | NP | PA, QL (30 capsules/30 days), 90 |
| ZOLOFT – sertraline hcl oral concentrate for solution 20 mg/ml | NP | PA, QL (300 mls/30 days), 90 |
| ZOLOFT – sertraline hcl tab 25 mg | NP | PA, QL (45 tablets/30 days), 90 |
| ZOLOFT – sertraline hcl tab 50 mg | NP | PA, QL (30 tablets/30 days), 90 |
| ZOLOFT – sertraline hcl tab 100 mg | NP | PA, QL (60 tablets/30 days), 90 |
| ANTIDEPRESSANTS : SELECTIVE SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITOR (SNRIs) | | |
| CYMBALTA – duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq) | NP | PA, QL (60 capsules/30 days), 90 |
| CYMBALTA – duloxetine hcl enteric coated pellets cap 30 mg (base eq) | NP | PA, QL (90 capsules/30 days), 90 |
| DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 50 mg, 100 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| <i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq) (Cymbalta)</i> | P | QL (60 capsules/30 days), 90 |
| <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)</i> | P | QL (90 capsules/30 days), 90 |
| <i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i> | P | QL (90 capsules/30 days), 90 |
| EFFEXOR XR – venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent) | NP | PA, QL (30 capsules/30 days), 90 |
| EFFEXOR XR – venlafaxine hcl cap er 24hr 75 mg (base equivalent) | NP | PA, QL (90 capsules/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|-------------------------------------|
| FETZIMA – levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent) | NP | PA, QL (30 capsules/30 days), 90 |
| FETZIMA TITRATION PACK – levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack | NP | PA, QL (28 tablets/180 days) |
| PRISTIQ – desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) | NP | PA, QL (60 tablets/30 days), 90 |
| VENLAFAXINE BESYLATE ER – venlafaxine besylate tab er 24hr 112.5 mg | P | QL (30 tablets/30 days), 90 |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)</i> | P | QL (30 capsules/30 days), 90 |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)</i> | P | QL (90 capsules/30 days), 90 |
| <i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent), 225 mg (base equivalent)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> | NP | PA, QL (90 tablets/30 days), 90 |
| <i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</i> | P | QL (90 tablets/30 days), 90 |
| ANTIDIABETICS : COMBINATIONS | | |
| ACTOPLUS MET – pioglitazone hcl-metformin hcl tab 15-850 mg | NP | PA, QL (90 tablets/30 days), 90 |
| ALOGLIPTIN/METFORMIN HCL – alogliptin-metformin hcl tab 12.5-500 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| ALOGLIPTIN/METFORMIN HYDROCHLORIDE – alogliptin-metformin hcl tab 12.5-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE – dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE – dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| DUETACT – pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | P | QL (120 tablets/30 days), 90 |
| <i>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | P | QL (120 tablets/30 days), 90 |
| GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg, 25-5 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|--------------------------------------|
| INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| JANUMET – sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| JENTADUETO – linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 2.5-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 5-1000 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg (Duetact)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)</i> | NP | PA, QL (90 tablets/30 days), 90 |
| QTERN – dapagliflozin-saxagliptin tab 5-5 mg, 10-5 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| <i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| <i>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-500 mg | NP | PA, QL (120 tablets/30 days), ST, 90 |
| SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-1000 mg, 7.5-500 mg, 7.5-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml | NP | PA, QL (6 pens/30 days), 90 |
| STEGLUJAN – ertugliflozin-sitagliptin tab 5-100 mg, 15-100 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg | NP | PA, QL (60 tablets/30 days), ST, 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|-------------------------------------|
| TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg | NP | PA, QL (60 tablets/30 days), ST, 90 |
| XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml | NP | PA, QL (5 pens/30 days), 90 |
| ANTIDIABETICS : DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| ALOGLIPTIN – alogliptin benzoate tab 6.25 mg (base equiv), 12.5 mg (base equiv), 25 mg (base equiv) | NP | PA, QL (30 tablets/30 days), ST, 90 |
| JANUVIA – sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) | P | QL (30 tablets/30 days), 90 |
| ONGLYZA – saxagliptin hcl tab 5 mg (base equiv) | NP | PA, QL (30 tablets/30 days), ST, 90 |
| <i>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv)</i> (Onglyza) | NP | PA, QL (30 tablets/30 days), 90 |
| TRADJENTA – linagliptin tab 5 mg | P | QL (30 tablets/30 days), 90 |
| ZITUVIO – sitagliptin tab 25 mg, 50 mg, 100 mg | NP | PA, QL (30 tablets/30 days), ST, 90 |
| ANTIDIABETICS : INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| BYDUREON BCISE – exenatide extended release susp auto- injector 2 mg/0.85ml | NP | PA, QL (4 pens/28 days), ST |
| BYETTA – exenatide soln pen-injector 5 mcg/0.02ml, 10 mcg/0.04ml | NP | PA, QL (1 pen/30 days), ST |
| MOUNJARO – tirzepatide soln pen-injector 2.5 mg/0.5ml | NP | PA, QL (4 pens/180 days), ST |
| MOUNJARO – tirzepatide soln pen-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml | NP | PA, QL (4 pens/28 days), ST |
| OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml) | NP | PA, QL (1 pen/28 days), ST |
| RYBELSUS – semaglutide tab 3 mg | P | QL (30 tablets/180 days), ST, 90 |
| RYBELSUS – semaglutide tab 7 mg, 14 mg | P | QL (30 tablets/30 days), ST, 90 |
| TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml | P | QL (4 pens/28 days) |
| VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml) | P | QL (3 pens/30 days) |
| ANTIDIABETICS : INSULIN | | |
| ADMELOG – insulin lispro inj soln 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|--------------------------------------|
| ADMELOG SOLOSTAR – insulin lispro soln pen-injector 100 unit/ml (1 unit dial) | NP | PA, QL (45 mls/30 days), 90 |
| AFREZZA – insulin regular (human) inhalation powder 4 unit/ cartridge | NP | PA, QL (1170 cartridges/30 days), 90 |
| AFREZZA – insulin regular (human) inhalation powder 8 unit/ cartridge | NP | PA, QL (7 packs/30 days), 90 |
| AFREZZA – insulin regular (human) inhalation powder 12 unit/ cartridge | NP | PA, QL (4 packs/30 days), 90 |
| AFREZZA – insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit | NP | PA, QL (720 cartridges/30 days), 90 |
| AFREZZA – insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit | NP | PA, QL (3 packs/30 days), 90 |
| AFREZZA – insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart | NP | PA, QL (540 cartridges/30 days), 90 |
| APIDRA – insulin glulisine inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| APIDRA SOLOSTAR – insulin glulisine soln pen-injector inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| BASAGLAR TEMPO PEN – insulin glargine pen-inj with transmitter port 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| FIASP – insulin aspart (with niacinamide) inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| FIASP PUMPCART – insulin aspart (with niacinamide) soln cartridge 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| HUMALOG – insulin lispro soln cartridge 100 unit/ml | P | QL (45 mls/30 days), 90 |
| HUMALOG – insulin lispro inj soln 100 unit/ml | P | QL (45 mls/30 days), 90 |
| HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial) | P | QL (45 mls/30 days), 90 |
| HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial) | P | QL (45 mls/30 days), 90 |
| HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml | P | QL (24 mls/30 days), 90 |
| HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50) | P | QL (45 mls/30 days), 90 |
| HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50) | P | QL (45 mls/30 days), 90 |
| HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25) | P | QL (45 mls/30 days), 90 |
| HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25) | P | QL (45 mls/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| HUMALOG TEMPO PEN – insulin lispro soln pen-inj w/ transmitter port 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml | P | QL (45 mls/30 days), 90 |
| HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml | P | QL (45 mls/30 days), 90 |
| HUMULIN R – insulin regular (human) inj 100 unit/ml | P | QL (45 mls/30 days), 90 |
| HUMULIN R U-500 (CONCENTRATED) – insulin regular (human) inj 500 unit/ml | P | QL (20 mls/30 days), 90 |
| HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml | P | QL (12 mls/30 days), 90 |
| HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30) | P | QL (45 mls/30 days), 90 |
| HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30) | P | QL (45 mls/30 days), 90 |
| INSULIN ASPART – insulin aspart inj soln 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| INSULIN ASPART FLEXPEN – insulin aspart soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days), 90 |
| INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days), 90 |
| INSULIN DEGLUDEC – insulin degludec inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| INSULIN DEGLUDEC FLEXTOUCH – insulin degludec soln pen- injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| INSULIN DEGLUDEC FLEXTOUCH – insulin degludec soln pen- injector 200 unit/ml | NP | PA, QL (27 mls/30 days), 90 |
| INSULIN GLARGINE MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial) | NP | PA, QL (18 mls/30 days), 90 |
| INSULIN GLARGINE SOLOSTAR – insulin glargine soln pen- injector 300 unit/ml (1 unit dial) | NP | PA, QL (18 mls/30 days), 90 |
| INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen- injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| INSULIN GLARGINE-YFGN – insulin glargine-yfgn inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| INSULIN LISPRO – insulin lispro inj soln 100 unit/ml | P | QL (45 mls/30 days), 90 |
| INSULIN LISPRO JUNIOR KWIKPEN – insulin lispro soln pen- injector 100 unit/ml (0.5 unit dial) | P | QL (45 mls/30 days), 90 |
| INSULIN LISPRO KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial) | P | QL (45 mls/30 days), 90 |
| INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25) | P | QL (45 mls/30 days), 90 |
| LANTUS – insulin glargine inj 100 unit/ml | P | QL (45 mls/30 days), 90 |
| LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml | P | QL (45 mls/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| LEVEMIR – insulin detemir inj 100 unit/ml | P | QL (45 mls/30 days), 90 |
| LEVEMIR FLEXPEN – insulin detemir soln pen-injector 100 unit/ml | P | QL (45 mls/30 days), 90 |
| LYUMJEV – insulin lispro-aabc inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial) | NP | PA, QL (45 mls/30 days), 90 |
| LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml | NP | PA, QL (24 mls/30 days), 90 |
| LYUMJEV TEMPO PEN – insulin lispro-aabc soln pen-inj w/ transmit port 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN R – insulin regular (human) inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLOG – insulin aspart inj soln 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30) | NP | PA, QL (45 mls/30 days), 90 |
| NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| NOVOLOG RELION – insulin aspart inj soln 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| REZVOGLAR KWIKPEN – insulin glargine-aglr soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| SEMGLEE – insulin glargine-yfgn inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial) | NP | PA, QL (18 mls/30 days), 90 |
| TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial) | NP | PA, QL (18 mls/30 days), 90 |
| TRESIBA – insulin degludec inj 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml | NP | PA, QL (45 mls/30 days), 90 |
| TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml | NP | PA, QL (27 mls/30 days), 90 |
| ANTIDIABETICS : MISC | | |
| <i>acarbose tab 25 mg, 50 mg (Precose)</i> | P | QL (180 tablets/30 days), 90 |
| <i>acarbose tab 100 mg (Precose)</i> | P | QL (90 tablets/30 days), 90 |
| ACTOS – pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) | NP | PA, QL (30 tablets/30 days), 90 |
| BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose | P | QL (6 packs/365 days) |
| BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose | P | QL (6 packs/365 days) |
| CYCLOSET – bromocriptine mesylate tab 0.8 mg (base equivalent) | NP | PA, QL (180 tablets/30 days), 90 |
| <i>diazoxide susp 50 mg/ml (Proglycem)</i> | P | |
| <i>glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)</i> | P | QL (60 tablets/30 days), 90 |
| GLIPIZIDE – glipizide tab 2.5 mg | P | QL (30 tablets/30 days), 90 |
| <i>glipizide tab er 24hr 2.5 mg, 10 mg (Glucotrol xl)</i> | P | QL (60 tablets/30 days), 90 |
| <i>glipizide tab er 24hr 5 mg (Glucotrol xl)</i> | P | QL (90 tablets/30 days), 90 |
| <i>glipizide tab 5 mg, 10 mg (Glucotrol)</i> | P | QL (120 tablets/30 days), 90 |
| GLUCAGEN HYPOKIT – glucagon hcl (rdna) for inj 1 mg (base equiv) | NP | PA, QL (6 kits/365 days) |
| GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR – glucagon (rdna) for inj kit 1 mg | NP | PA, QL (6 kits/365 days) |
| GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR – glucagon hcl for inj 1 mg | NP | PA, QL (6 kits/365 days) |
| GLUCOTROL XL – glipizide tab er 24hr 2.5 mg, 10 mg | NP | PA, QL (60 tablets/30 days), 90 |
| GLUCOTROL XL – glipizide tab er 24hr 5 mg | NP | PA, QL (90 tablets/30 days), 90 |
| GLUMETZA – metformin hcl tab er 24hr modified release 500 mg | NP | PA, QL (90 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|----------------------------------|
| GLUMETZA – metformin hcl tab er 24hr modified release 1000 mg | NP | PA, QL (60 tablets/30 days), 90 |
| GLYBURIDE MICRONIZED – glyburide micronized tab 1.5 mg | P | QL (120 tablets/30 days), 90 |
| GLYBURIDE MICRONIZED – glyburide micronized tab 3 mg, 6 mg | P | QL (60 tablets/30 days), 90 |
| <i>glyburide tab 1.25 mg, 2.5 mg</i> | P | QL (60 tablets/30 days), 90 |
| <i>glyburide tab 5 mg</i> | P | QL (120 tablets/30 days), 90 |
| GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml | P | QL (6 pens/365 days) |
| GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml | P | QL (6 pens/365 days) |
| GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml | P | QL (6 kits/365 days) |
| GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml | P | QL (6 syringes/365 days) |
| KORLYM – mifepristone tab 300 mg | NP | PA, QL (120 tablets/30 days), SP |
| <i>metformin hcl oral soln 500 mg/5ml (Riomet)</i> | NP | PA, QL (750 mls/30 days), 90 |
| <i>metformin hcl tab er 24hr 500 mg</i> | P | QL (120 tablets/30 days), 90 |
| <i>metformin hcl tab er 24hr 750 mg</i> | P | QL (60 tablets/30 days), 90 |
| <i>metformin hcl tab er 24hr osmotic 500 mg (Fortamet)</i> | NP | PA, QL (90 tablets/30 days), 90 |
| <i>metformin hcl tab er 24hr osmotic 1000 mg (Fortamet)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| <i>metformin hcl tab er 24hr modified release 500 mg (Glumetza)</i> | NP | PA, QL (90 tablets/30 days), 90 |
| <i>metformin hcl tab er 24hr modified release 1000 mg (Glumetza)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| <i>metformin hcl tab 500 mg</i> | P | QL (120 tablets/30 days), 90 |
| <i>metformin hcl tab 850 mg</i> | P | QL (90 tablets/30 days), 90 |
| <i>metformin hcl tab 1000 mg</i> | P | QL (60 tablets/30 days), 90 |
| METFORMIN HYDROCHLORIDE – metformin hcl tab 625 mg | NP | PA, QL (120 tablets/30 days), 90 |
| <i>mifepristone tab 300 mg (Korlym)</i> | NP | PA, QL (120 tablets/30 days), SP |
| MIGLITOL – miglitol tab 25 mg | P | QL (120 tablets/30 days), 90 |
| MIGLITOL – miglitol tab 50 mg, 100 mg | P | QL (90 tablets/30 days), 90 |
| <i>nateglinide tab 60 mg (Starlix)</i> | P | QL (120 tablets/30 days), 90 |
| <i>nateglinide tab 120 mg (Starlix)</i> | P | QL (90 tablets/30 days), 90 |
| <i>pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)</i> | P | QL (30 tablets/30 days), 90 |
| PROGLYCEM – diazoxide susp 50 mg/ml | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|--------------------------------------|
| <i>repaglinide tab 0.5 mg</i> | NP | PA, QL (120 tablets/30 days), 90 |
| <i>repaglinide tab 1 mg</i> | NP | PA, QL (480 tablets/30 days), 90 |
| <i>repaglinide tab 2 mg</i> | NP | PA, QL (240 tablets/30 days), 90 |
| SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml) | NP | PA |
| SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml) | NP | PA |
| ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml | P | QL (6 pens/365 days) |
| ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml | P | QL (6 syringes/365 days) |
| ANTIDIABETICS : SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| DAPAGLIFLOZIN PROPANEDIOL – dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), 90 |
| FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent) | P | QL (30 tablets/30 days), 90 |
| INVOKANA – canagliflozin tab 100 mg, 300 mg | P | QL (30 tablets/30 days), 90 |
| JARDIANCE – empagliflozin tab 10 mg, 25 mg | P | QL (30 tablets/30 days), 90 |
| STEGLATRO – ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv) | NP | PA, QL (60 tablets/30 days), ST, 90 |
| STEGLATRO – ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv) | NP | PA, QL (30 tablets/30 days), ST, 90 |
| ANTIDIARRHEALS | | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)</i> | SC | |
| <i>loperamide hcl cap 2 mg</i> | SC | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS : ANTIDOTES - CHELATING AGENTS | | |
| CHEMET – succimer cap 100 mg | P | |
| CUPRIMINE – penicillamine cap 250 mg | NP | PA, SP |
| CUVRIOR – trientine tetrahydrochloride tab 300 mg | NP | PA, QL (300 tablets/30 days), SF, SP |
| <i>deferasirox granules packet 90 mg, 180 mg (Jadenu sprinkle)</i> | NP | PA, QL (30 packets/30 days), SF, SP |
| <i>deferasirox granules packet 360 mg (Jadenu sprinkle)</i> | NP | PA, QL (180 packets/30 days), SF, SP |
| <i>deferasirox tab for oral susp 125 mg, 250 mg (Exjade)</i> | NP | PA, QL (30 tablets/30 days), SF, SP |
| <i>deferasirox tab for oral susp 500 mg (Exjade)</i> | NP | PA, QL (90 tablets/30 days), SF, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|---------------------------------------|
| <i>deferasirox tab 90 mg, 180 mg (Jadenu)</i> | NP | PA, QL (30 tablets/30 days), SF, SP |
| <i>deferasirox tab 360 mg (Jadenu)</i> | NP | PA, QL (180 tablets/30 days), SF, SP |
| <i>deferiprone tab 500 mg (Ferriprox)</i> | NP | PA, QL (540 tablets/30 days), SF, SP |
| <i>deferiprone tab 1000 mg (Ferriprox)</i> | NP | PA, QL (270 tablets/30 days), SF, SP |
| DEPEN TITRATABS – penicillamine tab 250 mg | P | SP |
| EXJADE – deferasirox tab for oral susp 125 mg, 250 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| EXJADE – deferasirox tab for oral susp 500 mg | NP | PA, QL (90 tablets/30 days), SF, SP |
| FERRIPROX – deferiprone oral soln 100 mg/ml | NP | PA, QL (2700 mls/30 days), SP |
| FERRIPROX – deferiprone tab 500 mg | NP | PA, QL (540 tablets/30 days), SF, SP |
| FERRIPROX – deferiprone tab 1000 mg | NP | PA, QL (270 tablets/30 days), SF, SP |
| FERRIPROX TWICE-A-DAY – deferiprone (twice daily) tab 1000 mg | NP | PA, QL (270 tablets/30 days), SF, SP |
| JADENU – deferasirox tab 90 mg, 180 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| JADENU – deferasirox tab 360 mg | NP | PA, QL (180 tablets/30 days), SF, SP |
| JADENU SPRINKLE – deferasirox granules packet 90 mg, 180 mg | NP | PA, QL (30 packets/30 days), SF, SP |
| JADENU SPRINKLE – deferasirox granules packet 360 mg | NP | PA, QL (180 packets/30 days), SF, SP |
| <i>penicillamine cap 250 mg (Cuprimine)</i> | P | SP |
| <i>penicillamine tab 250 mg (Depen titratabs)</i> | P | SP |
| SYPRINE – trientine hcl cap 250 mg | NP | PA, QL (240 capsules/30 days), SF, SP |
| <i>trientine hcl cap 250 mg (Syprine)</i> | P | QL (240 capsules/30 days), SF, SP |
| TRIENTINE HYDROCHLORIDE – trientine hcl cap 500 mg | P | QL (120 capsules/30 days), SP |
| ANTIEMETICS : 5-HT₃ RECEPTOR ANTAGONISTS | | |
| ANZEMET – dolasetron mesylate tab 50 mg | NP | PA, QL (10 tablets/30 days) |
| <i>granisetron hcl tab 1 mg</i> | NP | PA, QL (20 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|------------------------------|
| <i>ondansetron hcl oral soln 4 mg/5ml</i> | P | QL (300 mls/30 days) |
| <i>ondansetron hcl tab 4 mg, 8 mg (Zofran)</i> | P | QL (30 tablets/30 days) |
| <i>ondansetron orally disintegrating tab 4 mg, 8 mg</i> | P | QL (30 tablets/30 days) |
| SANCUSO – granisetron td patch 3.1 mg/24hr (contains 34.3 mg) | NP | PA, QL (3 patches/30 days) |
| ANTIEMETICS : MISC | | |
| AKYNZEO – netupitant-palonosetron cap 300-0.5 mg | NP | PA, QL (3 capsules/30 days) |
| ANTIVERT – meclizine hcl chew tab 25 mg | NP | PA |
| ANTIVERT – meclizine hcl tab 50 mg | NP | PA |
| BONJESTA – doxylamine-pyridoxine tab er 20-20 mg | NP | PA, QL (60 tablets/30 days) |
| DICLEGIS – doxylamine-pyridoxine tab delayed release 10-10 mg | NP | PA, QL (120 tablets/30 days) |
| <i>doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)</i> | NP | PA, QL (120 tablets/30 days) |
| <i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i> | NP | PA, QL (60 capsules/30 days) |
| MARINOL – dronabinol cap 2.5 mg | NP | PA, QL (60 capsules/30 days) |
| <i>meclizine hcl tab 12.5 mg, 25 mg</i> | P | |
| MECLIZINE HYDROCHLORIDE – meclizine hcl tab 50 mg | P | |
| <i>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</i> | P | |
| TRANSDERM-SCOP – scopolamine td patch 72hr 1 mg/3days | P | |
| <i>trimethobenzamide hcl cap 300 mg (Tigan)</i> | NP | PA |
| ANTIEMETICS : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| <i>aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)</i> | P | QL (9 capsules/30 days) |
| <i>aprepitant capsule 40 mg (Emend)</i> | P | QL (2 capsules/30 days) |
| <i>aprepitant capsule 80 mg (Emend)</i> | P | QL (6 capsules/30 days) |
| <i>aprepitant capsule 125 mg</i> | P | QL (3 capsules/30 days) |
| EMEND – aprepitant capsule 80 mg | NP | PA, QL (6 capsules/30 days) |
| EMEND – aprepitant for oral susp 125 mg (125 mg/5ml) | NP | PA, QL (9 kits/30 days) |
| EMEND TRIPACK – aprepitant capsule therapy pack 80 & 125 mg | NP | PA, QL (9 capsules/30 days) |
| ANTIFUNGALS | | |
| ANCOBON – flucytosine cap 250 mg, 500 mg | NP | PA |
| BREXAFEMME – ibrexafungerp citrate tab 150 mg | NP | PA, QL (4 tablets/90 days) |
| CRESEMBA – isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg), 186 mg (isavuconazole 100 mg) | NP | PA |
| DIFLUCAN – fluconazole tab 100 mg, 200 mg | NP | PA, QL (30 tablets/30 days) |
| DIFLUCAN – fluconazole for susp 10 mg/ml, 40 mg/ml | NP | PA, QL (35 mls/30 days) |
| <i>fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)</i> | P | QL (35 mls/30 days) |
| <i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)</i> | P | QL (30 tablets/30 days) |
| <i>flucytosine cap 250 mg, 500 mg (Ancobon)</i> | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| <i>griseofulvin microsize susp 125 mg/5ml</i> | P | |
| <i>griseofulvin microsize tab 500 mg</i> | P | |
| <i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i> | P | |
| <i>itraconazole cap 100 mg (Sporanox)</i> | P | QL (120 capsules/30 days) |
| <i>itraconazole oral soln 10 mg/ml (Sporanox)</i> | NP | PA, QL (1200 mls/30 days) |
| <i>ketoconazole tab 200 mg</i> | P | |
| NOXAFIL – posaconazole tab delayed release 100 mg | NP | PA |
| NOXAFIL – posaconazole susp 40 mg/ml | NP | PA |
| NOXAFIL – posaconazole for delayed release susp packet 300 mg | NP | PA |
| <i>nystatin tab 500000 unit</i> | P | |
| <i>posaconazole susp 40 mg/ml (Noxafil)</i> | NP | PA |
| <i>posaconazole tab delayed release 100 mg (Noxafil)</i> | NP | PA |
| SPORANOX – itraconazole oral soln 10 mg/ml | NP | PA, QL (1200 mls/30 days) |
| SPORANOX – itraconazole cap 100 mg | NP | PA, QL (120 capsules/30 days) |
| <i>terbinafine hcl tab 250 mg</i> | P | QL (90 tablets/365 days) |
| TOLSURA – itraconazole cap 65 mg | NP | PA, QL (120 capsules/30 days) |
| VFEND – voriconazole tab 50 mg, 200 mg | NP | PA |
| VFEND – voriconazole for susp 40 mg/ml | NP | PA |
| VIVJOA – oteseconazole cap therapy pack 150 mg (12 weeks) | NP | PA, QL (18 capsules/180 days) |
| <i>voriconazole for susp 40 mg/ml (Vfend)</i> | NP | PA |
| <i>voriconazole tab 50 mg, 200 mg (Vfend)</i> | NP | PA |
| ANTIHISTAMINES | | |
| CARBINOXAMINE MALEATE – carbinoxamine maleate soln 4 mg/5ml | SC | |
| <i>carbinoxamine maleate tab 4 mg</i> | SC | |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i> | SC | |
| <i>cyproheptadine hcl tab 4 mg</i> | SC | |
| <i>desloratadine tab 5 mg (Clarinet)</i> | SC | |
| DIPHENHYDRAMINE HCL – diphenhydramine hcl elixir 12.5 mg/5ml | SC | |
| <i>levocetirizine dihydrochloride tab 5 mg</i> | SC | |
| <i>promethazine hcl oral soln 6.25 mg/5ml</i> | SC | |
| <i>promethazine hcl suppos 12.5 mg, 25 mg</i> | SC | |
| <i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</i> | SC | |
| ANTIHYPERTENSIVES | | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| ALTOPREV – lovastatin tab er 24hr 20 mg, 40 mg, 60 mg | NP | PA, QL (30 tablets/30 days), 90 |
| ATORVALIQ – atorvastatin calcium susp 20 mg/5ml (4mg/ml) (base equiv) | NP | PA, QL (600 mls/30 days), 90 |
| <i>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)</i> | P | QL (30 tablets/30 days), 90 |
| <i>cholestyramine light powder packets 4 gm</i> | P | 90 |
| <i>cholestyramine light powder 4 gm/dose (Questran light)</i> | P | 90 |
| <i>cholestyramine powder packets 4 gm (Questran)</i> | P | 90 |
| <i>cholestyramine powder 4 gm/dose (Questran)</i> | P | 90 |
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)</i> | P | QL (60 capsules/30 days), 90 |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)</i> | P | QL (30 capsules/30 days), 90 |
| <i>colesevelam hcl packet for susp 3.75 gm (Welchol)</i> | NP | PA, QL (30 packets/30 days), 90 |
| <i>colesevelam hcl tab 625 mg (Welchol)</i> | NP | PA, 90 |
| COLESTID – colestipol hcl tab 1 gm | NP | PA, 90 |
| COLESTID – colestipol hcl granules 5 gm | NP | PA, 90 |
| <i>colestipol hcl granule packets 5 gm (Colestid flavored)</i> | NP | PA, 90 |
| <i>colestipol hcl granules 5 gm (Colestid flavored)</i> | NP | PA, 90 |
| <i>colestipol hcl tab 1 gm (Colestid)</i> | NP | PA, 90 |
| CRESTOR – rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg | NP | PA, QL (30 tablets/30 days), 90 |
| EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) | NP | PA, QL (30 capsules/30 days), 90 |
| <i>ezetimibe tab 10 mg (Zetia)</i> | P | 90 |
| <i>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| FENOFIBRATE – fenofibrate cap 50 mg | P | QL (60 capsules/30 days), 90 |
| FENOFIBRATE – fenofibrate cap 150 mg | P | QL (30 capsules/30 days), 90 |
| <i>fenofibrate micronized cap 43 mg</i> | P | QL (60 capsules/30 days), 90 |
| <i>fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg</i> | P | QL (30 capsules/30 days), 90 |
| <i>fenofibrate tab 40 mg (Fenoglide)</i> | P | QL (60 tablets/30 days), 90 |
| <i>fenofibrate tab 48 mg (Tricor)</i> | P | QL (60 tablets/30 days), 90 |
| <i>fenofibrate tab 54 mg</i> | P | QL (60 tablets/30 days), 90 |
| <i>fenofibrate tab 120 mg (Fenoglide)</i> | P | QL (30 tablets/30 days), 90 |
| <i>fenofibrate tab 145 mg (Tricor)</i> | P | QL (30 tablets/30 days), 90 |
| <i>fenofibrate tab 160 mg</i> | P | QL (30 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| FENOGLIDE – fenofibrate tab 40 mg | NP | PA, QL (60 tablets/30 days), 90 |
| FENOGLIDE – fenofibrate tab 120 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)</i> | NP | PA, QL (60 capsules/30 days), 90 |
| <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>gemfibrozil tab 600 mg (Lopid)</i> | P | QL (60 tablets/30 days), 90 |
| <i>icosapent ethyl cap 0.5 gm (Vascepa)</i> | NP | PA, QL (240 capsules/30 days) |
| <i>icosapent ethyl cap 1 gm (Vascepa)</i> | NP | PA, QL (120 capsules/30 days) |
| JUXTAPID – lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv) | NP | PA, QL (30 capsules/30 days), SP |
| JUXTAPID – lomitapide mesylate cap 20 mg (base equiv), 30 mg (base equiv) | NP | PA, QL (60 capsules/30 days), SP |
| LEQVIO – inclisiran sodium subcutaneous soln pref syr 284 mg/1.5ml | NP | PA |
| LESCOL XL – fluvastatin sodium tab er 24 hr 80 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), 90 |
| LIPITOR – atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), 90 |
| LIPOFEN – fenofibrate cap 50 mg | NP | PA, QL (60 capsules/30 days), 90 |
| LIPOFEN – fenofibrate cap 150 mg | NP | PA, QL (30 capsules/30 days), 90 |
| LIVALO – pitavastatin calcium tab 1 mg, 2 mg | NP | PA, QL (45 tablets/30 days), 90 |
| LIVALO – pitavastatin calcium tab 4 mg | NP | PA, QL (30 tablets/30 days), 90 |
| LOPID – gemfibrozil tab 600 mg | NP | PA, QL (60 tablets/30 days), 90 |
| <i>lovastatin tab 10 mg, 20 mg, 40 mg</i> | P | QL (60 tablets/30 days), 90 |
| LOVAZA – omega-3-acid ethyl esters cap 1 gm | NP | PA, 90 |
| NEXLETOL – bempedoic acid tab 180 mg | NP | PA, QL (30 tablets/30 days) |
| NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg | NP | PA, QL (30 tablets/30 days) |
| <i>niacin tab er 500 mg (antihyperlipidemic) (Niaspan)</i> | NP | PA, QL (30 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| <i>omega-3-acid ethyl esters cap 1 gm (Lovaza)</i> | NP | PA, 90 |
| <i>pitavastatin calcium tab 1 mg, 2 mg (Livalo)</i> | NP | PA, QL (45 tablets/30 days), 90 |
| <i>pitavastatin calcium tab 4 mg (Livalo)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| PRALUENT – alirocumab subcutaneous solution auto-injector 75 mg/ml, 150 mg/ml | NP | PA, QL (2 pens/28 days) |
| <i>pravastatin sodium tab 10 mg</i> | P | QL (45 tablets/30 days), 90 |
| <i>pravastatin sodium tab 20 mg, 40 mg (Pravachol)</i> | P | QL (45 tablets/30 days), 90 |
| <i>pravastatin sodium tab 80 mg</i> | P | QL (30 tablets/30 days), 90 |
| QUESTRAN – cholestyramine powder 4 gm/dose | NP | PA, 90 |
| QUESTRAN – cholestyramine powder packets 4 gm | NP | PA, 90 |
| QUESTRAN LIGHT – cholestyramine light powder 4 gm/dose | NP | PA, 90 |
| REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml | NP | PA, QL (2 syringes/28 days) |
| REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml | NP | PA, QL (2 systems/30 days) |
| REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml | NP | PA, QL (2 syringes/28 days) |
| <i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)</i> | P | QL (30 tablets/30 days), 90 |
| <i>simvastatin tab 5 mg</i> | P | QL (30 tablets/30 days), 90 |
| <i>simvastatin tab 10 mg, 20 mg, 40 mg, 80 mg (Zocor)</i> | P | QL (30 tablets/30 days), 90 |
| TRICOR – fenofibrate tab 48 mg | NP | PA, QL (60 tablets/30 days), 90 |
| TRICOR – fenofibrate tab 145 mg | NP | PA, QL (30 tablets/30 days), 90 |
| TRILIPIX – choline fenofibrate cap dr 45 mg (fenofibric acid equiv) | NP | PA, QL (60 tablets/30 days), 90 |
| TRILIPIX – choline fenofibrate cap dr 135 mg (fenofibric acid equiv) | NP | PA, QL (30 capsules/30 days), 90 |
| VASCEPA – icosapent ethyl cap 0.5 gm | NP | PA, QL (240 capsules/30 days) |
| VASCEPA – icosapent ethyl cap 1 gm | NP | PA, QL (120 capsules/30 days) |
| VYTORIN – ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg | NP | PA, QL (30 tablets/30 days), 90 |
| WELCHOL – colesevelam hcl tab 625 mg | NP | PA, 90 |
| WELCHOL – colesevelam hcl packet for susp 3.75 gm | NP | PA, QL (30 packets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| ZETIA – ezetimibe tab 10 mg | NP | PA, 90 |
| ZOCOR – simvastatin tab 10 mg, 20 mg, 40 mg | NP | PA, QL (30 tablets/30 days), 90 |
| ZYPITAMAG – pitavastatin magnesium tab 2 mg (base equiv) | NP | PA, QL (45 tablets/30 days), 90 |
| ZYPITAMAG – pitavastatin magnesium tab 4 mg (base equiv) | NP | PA, QL (30 tablets/30 days), 90 |
| ANTIMYASTHENIC AGENTS | | |
| FIRDAPSE – amifampridine phosphate tab 10 mg (base equivalent) | NP | PA, QL (240 tablets/30 days), SP |
| MESTINON – pyridostigmine bromide oral soln 60 mg/5ml | NP | PA |
| MESTINON – pyridostigmine bromide tab 60 mg | NP | PA |
| MESTINON TIMESPAN – pyridostigmine bromide tab er 180 mg | NP | PA |
| PYRIDOSTIGMINE BROMIDE – pyridostigmine bromide tab 30 mg | P | |
| <i>pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)</i> | P | |
| <i>pyridostigmine bromide tab er 180 mg (Mestinon timespan)</i> | P | |
| <i>pyridostigmine bromide tab 60 mg (Mestinon)</i> | P | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ALKYLATING AGENTS | | |
| CYCLOPHOSPHAMIDE – cyclophosphamide cap 25 mg, 50 mg | P | |
| CYCLOPHOSPHAMIDE – cyclophosphamide tab 25 mg, 50 mg | P | |
| <i>cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)</i> | P | |
| <i>temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar)</i> | P | SP |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ANTIMETABOLITES | | |
| <i>capecitabine tab 150 mg, 500 mg (Xeloda)</i> | NP | PA, SP |
| JYLAMVO – methotrexate oral soln 2 mg/ml | NP | PA |
| <i>mercaptopurine tab 50 mg</i> | P | |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | P | |
| ONUREG – azacitidine tab 200 mg, 300 mg | NP | PA, QL (14 tablets/28 days), SP |
| PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml) | NP | PA, SP |
| TREXALL – methotrexate sodium tab 5 mg (base equiv), 7.5 mg (base equiv), 10 mg (base equiv), 15 mg (base equiv) | P | |
| XATMEP – methotrexate oral soln 2.5 mg/ml | NP | PA |
| XELODA – capecitabine tab 150 mg, 500 mg | NP | PA, SP |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ANTINEOPLASTIC -HORMONAL AND RELATED | | |
| <i>abiraterone acetate tab 250 mg (Zytiga)</i> | P | QL (120 tablets/30 days), SF, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|---------------------------------------|
| <i>abiraterone acetate tab 500 mg (Zytiga)</i> | P | QL (60 tablets/30 days), SF, SP |
| AKEEGA – niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg | NP | PA, QL (60 tablets/30 days), SF, SP |
| <i>anastrozole tab 1 mg (Arimidex)</i> | P | 90 |
| ARIMIDEX – anastrozole tab 1 mg | NP | PA, 90 |
| AROMASIN – exemestane tab 25 mg | NP | PA, 90 |
| <i>bicalutamide tab 50 mg (Casodex)</i> | P | |
| CASODEX – bicalutamide tab 50 mg | NP | PA, SP |
| EMCYT – estramustine phosphate sodium cap 140 mg | P | SP |
| ERLEADA – apalutamide tab 60 mg | NP | PA, QL (120 tablets/30 days), SP |
| ERLEADA – apalutamide tab 240 mg | NP | PA, QL (30 tablets/30 days), SP |
| <i>exemestane tab 25 mg (Aromasin)</i> | P | 90 |
| FARESTON – toremifene citrate tab 60 mg (base equivalent) | NP | PA, SP |
| FEMARA – letrozole tab 2.5 mg | NP | PA, 90 |
| <i>letrozole tab 2.5 mg (Femara)</i> | P | 90 |
| LYSODREN – mitotane tab 500 mg | P | SP |
| <i>megestrol acetate susp 40 mg/ml</i> | P | |
| <i>megestrol acetate tab 20 mg, 40 mg</i> | P | |
| <i>nilutamide tab 150 mg (Nilandron)</i> | P | SP |
| NUBEQA – darolutamide tab 300 mg | NP | PA, QL (120 tablets/30 days), SF, SP |
| ORGOVYX – relugolix tab 120 mg | NP | PA, QL (30 tablets/30 days), SP |
| ORSERDU – elacestrant hydrochloride tab 86 mg | P | QL (90 tablets/30 days), SP |
| ORSERDU – elacestrant hydrochloride tab 345 mg | P | QL (30 tablets/30 days), SP |
| SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent) | P | |
| <i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i> | P | |
| <i>toremifene citrate tab 60 mg (base equivalent) (Fareston)</i> | P | SP |
| XTANDI – enzalutamide cap 40 mg | NP | PA, QL (120 capsules/30 days), SF, SP |
| XTANDI – enzalutamide tab 40 mg | NP | PA, QL (120 tablets/30 days), SF, SP |
| XTANDI – enzalutamide tab 80 mg | NP | PA, QL (60 tablets/30 days), SF, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|--------------------------------------|
| YONSA – abiraterone acetate micronized tab 125 mg | NP | PA, QL (120 tablets/30 days), SF, SP |
| ZYTIGA – abiraterone acetate tab 250 mg | NP | PA, QL (120 tablets/30 days), SF, SP |
| ZYTIGA – abiraterone acetate tab 500 mg | NP | PA, QL (60 tablets/30 days), SF, SP |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ANTINEOPLASTIC ENZYME INHIBITORS | | |
| AFINITOR – everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| AFINITOR DISPERZ – everolimus tab for oral susp 2 mg, 5 mg | NP | PA, QL (60 tablets/30 days), SP |
| AFINITOR DISPERZ – everolimus tab for oral susp 3 mg | NP | PA, QL (90 tablets/30 days), SP |
| ALECENSA – alectinib hcl cap 150 mg (base equivalent) | NP | PA, QL (240 capsules/30 days), SP |
| ALUNBRIG – brigatinib tab initiation therapy pack 90 mg & 180 mg | NP | PA, QL (1 pack/180 days), SP |
| ALUNBRIG – brigatinib tab 30 mg | NP | PA, QL (120 tablets/30 days), SP |
| ALUNBRIG – brigatinib tab 90 mg, 180 mg | NP | PA, QL (30 tablets/30 days), SP |
| AUGTYRO – repotrectinib cap 40 mg | NP | PA, QL (240 capsules/30 days), SP |
| AYVAKIT – avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| BALVERSA – erdafitinib tab 3 mg | NP | PA, QL (84 tablets/28 days), SF, SP |
| BALVERSA – erdafitinib tab 4 mg | NP | PA, QL (56 tablets/28 days), SF, SP |
| BALVERSA – erdafitinib tab 5 mg | NP | PA, QL (28 tablets/28 days), SF, SP |
| BOSULIF – bosutinib cap 50 mg | NP | PA, QL (30 capsules/30 days), SP |
| BOSULIF – bosutinib cap 100 mg | NP | PA, QL (150 capsules/30 days), SP |
| BOSULIF – bosutinib tab 100 mg | NP | PA, QL (90 tablets/30 days), SF, SP |
| BOSULIF – bosutinib tab 400 mg, 500 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| BRAFTOVI – encorafenib cap 75 mg | NP | PA, QL (180 capsules/30 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|---------------------------------------|
| BRUKINSA – zanubrutinib cap 80 mg | NP | PA, QL (120 capsules/30 days), SP |
| CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), SF, SP |
| CALQUENCE – acalabrutinib maleate tab 100 mg | NP | PA, QL (60 tablets/30 days), SF, SP |
| CAPRELSA – vandetanib tab 100 mg | P | QL (60 tablets/30 days), SP |
| CAPRELSA – vandetanib tab 300 mg | P | QL (30 tablets/30 days), SP |
| COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit | NP | PA, QL (1 carton/28 days), SF, SP |
| COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit | NP | PA, QL (1 carton/28 days), SF, SP |
| COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit | NP | PA, QL (1 carton/28 days), SF, SP |
| COPIKTRA – duvelisib cap 15 mg, 25 mg | NP | PA, QL (56 capsules/28 days), SF, SP |
| COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent) | NP | PA, QL (63 tablets/28 days), SP |
| <i>erlotinib hcl tab 25 mg (base equivalent) (Tarceva)</i> | P | QL (60 tablets/30 days), SF, SP |
| <i>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)</i> | P | QL (30 tablets/30 days), SF, SP |
| <i>everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)</i> | NP | PA, QL (60 tablets/30 days), SP |
| <i>everolimus tab for oral susp 3 mg (Afinitor disperz)</i> | NP | PA, QL (90 tablets/30 days), SP |
| <i>everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)</i> | NP | PA, QL (30 tablets/30 days), SF, SP |
| EXKIVITY – mocertinib succinate cap 40 mg | NP | PA, SF, SP |
| FOTIVDA – tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent) | NP | PA, QL (21 capsules/28 days), SP |
| FRUZAQLA – fruquintinib cap 1 mg | NP | PA, QL (84 capsules/28 days), SP |
| FRUZAQLA – fruquintinib cap 5 mg | NP | PA, QL (21 capsules/28 days), SP |
| GAVRETO – pralsetinib cap 100 mg | NP | PA, QL (120 capsules/30 days), SF, SP |
| <i>gefitinib tab 250 mg (Iressa)</i> | P | QL (30 tablets/30 days), SF, SP |
| GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|---------------------------------------|
| GLEEVEC – imatinib mesylate tab 100 mg (base equivalent) | NP | PA, QL (90 tablets/30 days), SF, SP |
| GLEEVEC – imatinib mesylate tab 400 mg (base equivalent) | NP | PA, QL (60 tablets/30 days), SF, SP |
| IBRANCE – palbociclib cap 75 mg, 100 mg, 125 mg | NP | PA, QL (21 capsules/28 days), SP |
| IBRANCE – palbociclib tab 75 mg, 100 mg, 125 mg | NP | PA, QL (21 tablets/28 days), SP |
| ICLUSIG – ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) | NP | PA, QL (30 tablets/30 days), SF, SP |
| IDHIFA – enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), SP |
| <i>imatinib mesylate tab 100 mg (base equivalent) (Gleevec)</i> | NP | PA, QL (90 tablets/30 days), SF, SP |
| <i>imatinib mesylate tab 400 mg (base equivalent) (Gleevec)</i> | NP | PA, QL (60 tablets/30 days), SF, SP |
| IMBRUVICA – ibrutinib tab 140 mg, 280 mg, 420 mg | NP | PA, QL (30 tablets/30 days), SP |
| IMBRUVICA – ibrutinib oral susp 70 mg/ml | NP | PA, QL (216 mls/30 days), SP |
| IMBRUVICA – ibrutinib cap 70 mg | NP | PA, QL (30 capsules/30 days), SP |
| IMBRUVICA – ibrutinib cap 140 mg | NP | PA, QL (90 capsules/30 days), SP |
| INLYTA – axitinib tab 1 mg | NP | PA, QL (180 tablets/30 days), SF, SP |
| INLYTA – axitinib tab 5 mg | NP | PA, QL (120 tablets/30 days), SF, SP |
| INREBIC – fedratinib hcl cap 100 mg | NP | PA, QL (120 capsules/30 days), SF, SP |
| IRESSA – gefitinib tab 250 mg | P | QL (30 tablets/30 days), SF, SP |
| JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent) | P | QL (60 tablets/30 days), SF, SP |
| JAYPIRCA – pirtobrutinib tab 50 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| JAYPIRCA – pirtobrutinib tab 100 mg | NP | PA, QL (60 tablets/30 days), SF, SP |
| KISQALI – ribociclib succinate tab pack 200 mg daily dose | NP | PA, QL (21 tablets/28 days), SP |
| KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab) | NP | PA, QL (42 tablets/28 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|--------------------------------------|
| KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab) | NP | PA, QL (63 tablets/28 days), SP |
| KOSELUGO – selumetinib sulfate cap 10 mg | NP | PA, QL (240 capsules/30 days), SP |
| KOSELUGO – selumetinib sulfate cap 25 mg | NP | PA, QL (120 capsules/30 days), SP |
| KRAZATI – adagrasib tab 200 mg | NP | PA, QL (180 tablets/30 days), SF, SP |
| <i>lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)</i> | NP | PA, QL (180 tablets/30 days), SP |
| LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose) | NP | PA, QL (30 capsules/30 days), SF, SP |
| LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose) | NP | PA, QL (90 capsules/30 days), SF, SP |
| LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose) | NP | PA, QL (60 capsules/30 days), SF, SP |
| LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose) | NP | PA, QL (90 capsules/30 days), SF, SP |
| LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose) | NP | PA, QL (60 capsules/30 days), SF, SP |
| LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose) | NP | PA, QL (90 capsules/30 days), SF, SP |
| LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose) | NP | PA, QL (30 capsules/30 days), SF, SP |
| LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose) | NP | PA, QL (60 capsules/30 days), SF, SP |
| LORBRENA – lorlatinib tab 25 mg | NP | PA, QL (90 tablets/30 days), SF, SP |
| LORBRENA – lorlatinib tab 100 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| LUMAKRAS – sotorasib tab 120 mg | NP | PA, QL (240 tablets/30 days), SF, SP |
| LUMAKRAS – sotorasib tab 320 mg | NP | PA, QL (90 tablets/30 days), SF, SP |
| LYNPARZA – olaparib tab 100 mg, 150 mg | NP | PA, QL (120 tablets/30 days), SF, SP |
| LYTGOBI – futibatinib tab therapy pack 4 mg (12 mg daily dose) | NP | PA, QL (84 tablets/28 days), SF, SP |
| LYTGOBI – futibatinib tab therapy pack 4 mg (16 mg daily dose) | NP | PA, QL (112 tablets/28 days), SF, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|---------------------------------------|
| LYTGOBI – futibatinib tab therapy pack 4 mg (20 mg daily dose) | NP | PA, QL (140 tablets/28 days), SF, SP |
| MEKINIST – trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq) | NP | PA, QL (1170 mls/28 days), SP |
| MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent) | NP | PA, QL (90 tablets/30 days), SP |
| MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent) | NP | PA, QL (60 tablets/30 days), SP |
| MEKTOVI – binimetinib tab 15 mg | NP | PA, QL (180 tablets/30 days), SP |
| NERLYNX – neratinib maleate tab 40 mg (base equivalent) | NP | PA, QL (180 tablets/30 days), SF, SP |
| NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent) | P | QL (120 tablets/30 days), SF, SP |
| NINLARO – ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent) | NP | PA, QL (3 capsules/28 days), SP |
| OJJAARA – momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg | NP | PA, QL (30 tablets/30 days), SP |
| <i>pazopanib hcl tab 200 mg (base equiv) (Votrient)</i> | P | QL (120 tablets/30 days), SF, SP |
| PEMAZYRE – pemigatinib tab 4.5 mg, 9 mg, 13.5 mg | NP | PA, QL (14 tablets/21 days), SP |
| PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose | NP | PA, QL (1 pack/28 days), SP |
| PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs) | NP | PA, QL (1 box/28 days), SP |
| PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab) | NP | PA, QL (1 box/28 days), SP |
| QINLOCK – ripretinib tab 50 mg | NP | PA, QL (90 tablets/30 days), SP |
| RETEVMO – selpercatinib cap 40 mg | NP | PA, QL (180 capsules/30 days), SF, SP |
| RETEVMO – selpercatinib cap 80 mg | NP | PA, QL (120 capsules/30 days), SF, SP |
| REZLIDHIA – olutasidenib cap 150 mg | NP | PA, QL (60 capsules/30 days), SF, SP |
| ROZLYTREK – entrectinib pellet pack 50 mg | NP | PA, QL (336 packets/28 days), SP |
| ROZLYTREK – entrectinib cap 100 mg | NP | PA, QL (30 capsules/30 days), SF, SP |
| ROZLYTREK – entrectinib cap 200 mg | NP | PA, QL (90 capsules/30 days), SF, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|--------------------------------------|
| RUBRACA – rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent) | NP | PA, QL (120 tablets/30 days), SF, SP |
| RYDAPT – midostaurin cap 25 mg | NP | PA, QL (240 capsules/30 days), SP |
| SCEMBLIX – asciminib hcl tab 20 mg | NP | PA, QL (60 tablets/30 days), SP |
| SCEMBLIX – asciminib hcl tab 40 mg | NP | PA, QL (300 tablets/30 days), SP |
| <i>sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)</i> | P | QL (120 tablets/30 days), SF, SP |
| SPRYCEL – dasatinib tab 20 mg | NP | PA, QL (90 tablets/30 days), SF, SP |
| SPRYCEL – dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| STIVARGA – regorafenib tab 40 mg | NP | PA, QL (84 tablets/28 days), SP |
| <i>sunitinib malate cap 12.5 mg (base equivalent) (Sutent)</i> | P | QL (90 capsules/30 days), SF, SP |
| <i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)</i> | P | QL (30 capsules/30 days), SF, SP |
| SUTENT – sunitinib malate cap 12.5 mg (base equivalent) | P | QL (90 capsules/30 days), SF, SP |
| SUTENT – sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) | P | QL (30 capsules/30 days), SF, SP |
| TABRECTA – capmatinib hcl tab 150 mg, 200 mg | NP | PA, QL (112 tablets/28 days), SP |
| TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent) | NP | PA, QL (120 capsules/30 days), SP |
| TAFINLAR – dabrafenib mesylate tab for oral susp 10 mg (base equiv) | NP | PA, QL (840 tablets/28 days), SP |
| TAGRISSE – osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), SF, SP |
| TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent) | NP | PA, QL (90 capsules/30 days), SF, SP |
| TALZENNA – talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent) | NP | PA, QL (30 capsules/30 days), SF, SP |
| TARCEVA – erlotinib hcl tab 25 mg (base equivalent) | NP | PA, QL (60 tablets/30 days), SF, SP |
| TARCEVA – erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), SF, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|---------------------------------------|
| TASIGNA – nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) | NP | PA, QL (120 capsules/30 days), SF, SP |
| TAZVERIK – tazemetostat hbr tab 200 mg | NP | PA, QL (240 tablets/30 days), SP |
| TEPMETKO – tepotinib hcl tab 225 mg | NP | PA, QL (60 tablets/30 days), SF, SP |
| TIBSOVO – ivosidenib tab 250 mg | NP | PA, QL (60 tablets/30 days), SP |
| TRUQAP – capivasertib tab 160 mg, 200 mg | NP | PA, QL (64 tablets/28 days), SP |
| TUKYSA – tucatinib tab 50 mg | NP | PA, QL (300 tablets/30 days), SP |
| TUKYSA – tucatinib tab 150 mg | NP | PA, QL (120 tablets/30 days), SP |
| TURALIO – pexidartinib hcl cap 125 mg (base equivalent) | NP | PA, QL (120 capsules/30 days), SP |
| TYKERB – lapatinib ditosylate tab 250 mg (base equiv) | NP | PA, QL (180 tablets/30 days), SP |
| VANFLYTA – quizartinib dihydrochloride tab 17.7 mg | NP | PA, QL (28 tablets/28 days), SP |
| VANFLYTA – quizartinib dihydrochloride tab 26.5 mg | NP | PA, QL (56 tablets/28 days), SP |
| VERZENIO – abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg | NP | PA, QL (60 tablets/30 days), SF, SP |
| VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent) | NP | PA, QL (300 mls/30 days), SP |
| VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent) | NP | PA, QL (180 capsules/30 days), SF, SP |
| VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent) | NP | PA, QL (60 capsules/30 days), SF, SP |
| VIZIMPRO – dacomitinib tab 15 mg, 30 mg, 45 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| VONJO – pacritinib citrate cap 100 mg | NP | PA, QL (120 capsules/30 days), SF, SP |
| VOTRIENT – pazopanib hcl tab 200 mg (base equiv) | P | QL (120 tablets/30 days), SF, SP |
| XALKORI – crizotinib cap 200 mg, 250 mg | NP | PA, QL (120 capsules/30 days), SF, SP |
| XALKORI – crizotinib cap sprinkle 20 mg, 50 mg | NP | PA, QL (120 capsules/30 days), SF, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---------------------------------------|
| XALKORI – crizotinib cap sprinkle 150 mg | NP | PA, QL (180 capsules/30 days), SF, SP |
| XOSPATA – gilteritinib fumarate tablet 40 mg (base equivalent) | NP | PA, QL (90 tablets/30 days), SF, SP |
| ZEJULA – niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), SP |
| ZELBORAF – vemurafenib tab 240 mg | NP | PA, QL (240 tablets/30 days), SP |
| ZOLINZA – vorinostat cap 100 mg | NP | PA, QL (120 capsules/30 days), SF, SP |
| ZYDELIG – idelalisib tab 100 mg, 150 mg | NP | PA, QL (60 tablets/30 days), SP |
| ZYKADIA – ceritinib tab 150 mg | NP | PA, QL (90 tablets/30 days), SF, SP |

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : CHEMOTHERAPY RESCUE / ANTIDOTE AGENTS

| | | |
|---|----|----------------------------------|
| IWILFIN – eflornithine hcl tab 192 mg | NP | PA, QL (240 tablets/30 days), SP |
| <i>leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg</i> | P | |
| MESNEX – mesna tab 400 mg | P | |

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : MISC

| | | |
|---|----|-------------------------------------|
| ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml) | SC | PA, QL (12 vials/28 days), SP |
| <i>bexarotene cap 75 mg (Targretin)</i> | P | SF, SP |
| DAURISMO – glasdegib maleate tab 25 mg (base equivalent) | NP | PA, QL (60 tablets/30 days), SF, SP |
| DAURISMO – glasdegib maleate tab 100 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), SF, SP |
| ERIVEDGE – vismodegib cap 150 mg | P | QL (30 capsules/30 days), SF, SP |
| HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv) | P | SP |
| HYDREA – hydroxyurea cap 500 mg | NP | PA |
| <i>hydroxyurea cap 500 mg (Hydrea)</i> | P | |
| INQOVI – decitabine-cedazuridine tab 35-100 mg | NP | PA, QL (5 tablets/28 days), SP |
| KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tpbk | NP | PA, QL (49 tablets/28 days), SP |
| KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tpbk | NP | PA, QL (70 tablets/28 days), SP |
| KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tpbk | NP | PA, QL (91 tablets/28 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|--------------------------------------|
| LONSURF – trifluridine-tipiracil tab 15-6.14 mg | NP | PA, QL (60 tablets/28 days), SP |
| LONSURF – trifluridine-tipiracil tab 20-8.19 mg | NP | PA, QL (80 tablets/28 days), SP |
| LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 3.75 mg, 7.5 mg | SC | PA, SP |
| LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg | SC | PA, SP |
| LUPRON DEPOT (4-MONTH) – leuprolide acetate (4 month) for inj kit 30 mg | SC | PA, SP |
| LUPRON DEPOT (6-MONTH) – leuprolide acetate (6 month) for inj kit 45 mg | SC | PA, SP |
| MATULANE – procarbazine hcl cap 50 mg | P | SP |
| ODOMZO – sonidegib phosphate cap 200 mg (base equivalent) | NP | PA, QL (30 capsules/30 days), SF, SP |
| POMALYST – pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg | NP | PA, QL (21 capsules/30 days), SP |
| TARGRETIN – bexarotene cap 75 mg | NP | PA, SF, SP |
| <i>tretinoin cap 10 mg</i> | P | SP |
| VENCLEXTA – venetoclax tab 10 mg | NP | PA, QL (60 tablets/30 days), SP |
| VENCLEXTA – venetoclax tab 50 mg | NP | PA, QL (30 tablets/30 days), SP |
| VENCLEXTA – venetoclax tab 100 mg | NP | PA, QL (180 tablets/30 days), SP |
| VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg | NP | PA, QL (1 pack/180 days), SP |
| XPOVIO – selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly) | NP | PA, QL (1 box/28 days), SF, SP |
| XPOVIO 60 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (60 mg twice weekly) | NP | PA, QL (24 tablets/28 days), SF, SP |
| XPOVIO 80 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (80 mg twice weekly) | NP | PA, QL (32 tablets/28 days), SF, SP |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : MITOTIC INHIBITORS | | |
| ETOPOSIDE – etoposide cap 50 mg | P | SP |
| ANTIPARASITICS : ANTHELMINTICS | | |
| <i>albendazole tab 200 mg (Albenza)</i> | NP | PA |
| BENZNIDAZOLE – benznidazole tab 12.5 mg, 100 mg | NP | PA |
| BILTRICIDE – praziquantel tab 600 mg | NP | PA |
| EMVERM – mebendazole chew tab 100 mg | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|-----------------------------|
| <i>ivermectin tab 3 mg (Stromectol)</i> | NP | PA |
| <i>praziquantel tab 600 mg (Biltricide)</i> | P | |
| STROMECTOL – ivermectin tab 3 mg | NP | PA |
| ANTIPARASITICS : ANTIMALARIALS | | |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)</i> | P | QL (30 tablets/90 days) |
| <i>chloroquine phosphate tab 250 mg, 500 mg</i> | P | |
| COARTEM – artemether-lumefantrine tab 20-120 mg | NP | PA |
| DARAPRIM – pyrimethamine tab 25 mg | NP | PA, QL (90 tablets/30 days) |
| <i>hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg</i> | P | |
| <i>hydroxychloroquine sulfate tab 200 mg (Plaquenil)</i> | P | |
| KRINTAFEL – tafenoquine succinate tab 150 mg (base equivalent) | NP | PA |
| MALARONE – atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg | NP | PA, QL (30 tablets/90 days) |
| <i>mefloquine hcl tab 250 mg</i> | P | |
| PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base) | P | |
| <i>primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)</i> | P | |
| <i>pyrimethamine tab 25 mg (Daraprim)</i> | NP | PA, QL (90 tablets/30 days) |
| QUALAQUIN – quinine sulfate cap 324 mg | NP | PA |
| <i>quinine sulfate cap 324 mg (Qualaquin)</i> | NP | PA |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| <i>amantadine hcl cap 100 mg</i> | P | 90 |
| <i>amantadine hcl soln 50 mg/5ml</i> | P | |
| <i>amantadine hcl tab 100 mg</i> | P | 90 |
| APOKYN – apomorphine hcl soln cartridge 30 mg/3ml | NP | PA, QL (60 mls/30 days), SP |
| <i>apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)</i> | NP | PA, QL (60 mls/30 days), SP |
| AZILECT – rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) | NP | PA |
| <i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</i> | P | 90 |
| <i>bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)</i> | P | 90 |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)</i> | P | 90 |
| <i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i> | P | |
| <i>carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg (Sinemet)</i> | P | |
| <i>carbidopa tab 25 mg (Lodosyn)</i> | P | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)</i> | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)</i> | NP | PA |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)</i> | NP | PA |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)</i> | NP | PA |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)</i> | NP | PA |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)</i> | NP | PA |
| CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg | NP | PA |
| DHIVY – carbidopa & levodopa tab 25-100 mg | NP | PA |
| <i>entacapone tab 200 mg (Comtan)</i> | P | 90 |
| GOCOVRI – amantadine hcl cap er 24hr 68.5 mg (base equivalent), 137 mg (base equivalent) | NP | PA, SF, SP |
| INBRIJA – levodopa inhal powder cap 42 mg | NP | PA, SP |
| LODOSYN – carbidopa tab 25 mg | NP | PA |
| MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg | NP | PA |
| NEUPRO – rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr | NP | PA |
| NOURIANZ – istradefylline tab 20 mg, 40 mg | NP | PA, SP |
| ONGENTYS – opicapone cap 25 mg, 50 mg | NP | PA |
| OSMOLEX ER – amantadine hcl tab er 24hr 129 mg (base equivalent), 193 mg (base equivalent) | NP | PA |
| PARLODEL – bromocriptine mesylate cap 5 mg (base equivalent) | NP | PA, 90 |
| PARLODEL – bromocriptine mesylate tab 2.5 mg (base equivalent) | NP | PA, 90 |
| <i>pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)</i> | NP | PA |
| <i>pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)</i> | P | |
| <i>pramipexole dihydrochloride tab 0.25 mg</i> | P | |
| <i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)</i> | NP | PA |
| <i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 8 mg (base equivalent)</i> | NP | PA |
| <i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent), 12 mg (base equivalent) (Requip xl)</i> | NP | PA |
| <i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | P | |
| RYTARY – carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|-------------------------------------|
| <i>selegiline hcl cap 5 mg</i> | P | |
| <i>selegiline hcl tab 5 mg</i> | P | |
| SINEMET – carbidopa & levodopa tab 10-100 mg, 25-100 mg | NP | PA |
| STALEVO 150 – carbidopa-levodopa-entacapone tabs 37.5-150-200 mg | NP | PA |
| TASMAR – tolcapone tab 100 mg | NP | PA, 90 |
| <i>tolcapone tab 100 mg (Tasmar)</i> | NP | PA, 90 |
| TRIHENXYPHENIDYL HCL – trihexyphenidyl hcl oral soln 0.4 mg/ ml | P | |
| <i>trihexyphenidyl hcl tab 2 mg, 5 mg</i> | P | 90 |
| XADAGO – safinamide mesylate tab 50 mg (base equiv), 100 mg (base equiv) | NP | PA |
| ZELAPAR – selegiline hcl orally disintegrating tab 1.25 mg | NP | PA |
| ANTIPSYCHOTICS / ANTIMANIC AGENTS : BENZISOXAZOLES | | |
| FANAPT – iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg | NP | PA, QL (60 tablets/30 days), 90 |
| FANAPT TITRATION PACK – iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak | NP | PA, QL (8 tablets/180 days) |
| INVEGA – paliperidone tab er 24hr 3 mg, 9 mg | NP | PA, QL (30 tablets/30 days), 90 |
| INVEGA – paliperidone tab er 24hr 6 mg | NP | PA, QL (60 tablets/30 days), 90 |
| INVEGA HAFYERA – paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml | P | QL (1 syringe/180 days), ST |
| INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml | P | QL (1 kit/28 days), ST |
| INVEGA TRINZA – paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml | P | QL (1 syringe/84 days), ST |
| <i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>paliperidone tab er 24hr 6 mg (Invega)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| PERSERIS – risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg | P | QL (1 syringe/28 days), ST |
| RISPERDAL – risperidone soln 1 mg/ml | NP | PA, QL (480 mls/30 days), 90 |
| RISPERDAL – risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg | NP | PA, QL (120 tablets/30 days), 90 |
| RISPERDAL – risperidone tab 3 mg | NP | PA, QL (60 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|----------------------------------|
| RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg | NP | PA, QL (2 vials/28 days), ST |
| <i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)</i> | NP | PA, QL (2 vials/28 days), ST |
| RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg | NP | PA, QL (60 tablets/30 days), 90 |
| <i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i> | NP | PA, QL (60 tablets/30 days), 90 |
| <i>risperidone orally disintegrating tab 4 mg</i> | NP | PA, QL (120 tablets/30 days), 90 |
| <i>risperidone soln 1 mg/ml (Risperdal)</i> | P | QL (480 mls/30 days), 90 |
| <i>risperidone tab 0.25 mg</i> | P | QL (120 tablets/30 days), 90 |
| <i>risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg (Risperdal)</i> | P | QL (120 tablets/30 days), 90 |
| <i>risperidone tab 3 mg (Risperdal)</i> | P | QL (60 tablets/30 days), 90 |
| RYKINDO – risperidone for im extended release suspension 25 mg, 37.5 mg, 50 mg | NP | PA, QL (2 vials/28 days), ST |
| UZEDY – risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml | P | QL (1 syringe/28 days), ST |
| UZEDY – risperidone subcutaneous er susp pref syr 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml | P | QL (1 syringe/56 days), ST |
| ANTIPSYCHOTICS / ANTIMANIC AGENTS : DIBENZAPINES | | |
| ADASUVE – loxapine aerosol powder breath activated 10 mg | NP | PA |
| <i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| CLOZAPINE ODT – clozapine orally disintegrating tab 12.5 mg | NP | PA, QL (60 tablets/30 days) |
| <i>clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg</i> | NP | PA, QL (60 tablets/30 days) |
| <i>clozapine orally disintegrating tab 200 mg</i> | NP | PA, QL (120 tablets/30 days) |
| <i>clozapine tab 25 mg, 50 mg (Clozaril)</i> | P | QL (90 tablets/30 days) |
| <i>clozapine tab 100 mg (Clozaril)</i> | P | QL (270 tablets/30 days) |
| <i>clozapine tab 200 mg (Clozaril)</i> | P | QL (120 tablets/30 days) |
| CLOZARIL – clozapine tab 25 mg, 50 mg | NP | PA, QL (90 tablets/30 days) |
| CLOZARIL – clozapine tab 100 mg | NP | PA, QL (270 tablets/30 days) |
| CLOZARIL – clozapine tab 200 mg | NP | PA, QL (120 tablets/30 days) |
| <i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i> | P | 90 |
| <i>olanzapine for im inj 10 mg (Zyprexa)</i> | NP | PA, QL (90 vials/30 days) |
| <i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)</i> | P | QL (30 tablets/30 days), 90 |
| <i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)</i> | P | QL (30 tablets/30 days), 90 |
| QUETIAPINE FUMARATE – quetiapine fumarate tab 150 mg | P | QL (30 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| <i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)</i> | P | QL (60 tablets/30 days), 90 |
| <i>quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)</i> | P | QL (30 tablets/30 days), 90 |
| <i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)</i> | P | QL (90 tablets/30 days), 90 |
| <i>quetiapine fumarate tab 300 mg, 400 mg (Seroquel)</i> | P | QL (60 tablets/30 days), 90 |
| SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) | NP | PA, QL (60 tablets/30 days), 90 |
| SECUADO – asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr | NP | PA, QL (30 patches/30 days) |
| SEROQUEL – quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg | NP | PA, QL (90 tablets/30 days), 90 |
| SEROQUEL – quetiapine fumarate tab 300 mg, 400 mg | NP | PA, QL (60 tablets/30 days), 90 |
| SEROQUEL XR – quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg | NP | PA, QL (60 tablets/30 days), 90 |
| SEROQUEL XR – quetiapine fumarate tab er 24hr 150 mg, 200 mg | NP | PA, QL (30 tablets/30 days), 90 |
| VERSACLOZ – clozapine susp 50 mg/ml | NP | PA, QL (540 mls/30 days) |
| ZYPREXA – olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg | NP | PA, QL (30 tablets/30 days), 90 |
| ZYPREXA – olanzapine for im inj 10 mg | NP | PA, QL (90 vials/30 days) |
| ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 210 mg (base eq), 300 mg (base eq) | NP | PA, QL (2 vials/28 days) |
| ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 405 mg (base eq) | NP | PA, QL (1 vial/28 days) |
| ZYPREXA ZYDIS – olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg | NP | PA, QL (30 tablets/30 days), 90 |
| ANTIPSYCHOTICS / ANTIMANIC AGENTS : MISC | | |
| CAPLYTA – lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg | NP | PA, QL (30 capsules/30 days) |
| <i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i> | P | 90 |
| CHLORPROMAZINE HYDROCHLORIDE – chlorpromazine hcl conc 30 mg/ml, 100 mg/ml | P | 90 |
| EQUETRO – carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg | NP | PA, 90 |
| FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml | P | 90 |
| <i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i> | P | 90 |
| FLUPHENAZINE HYDROCHLORIDE – fluphenazine hcl elixir 2.5 mg/5ml | P | 90 |
| GEODON – ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg | NP | PA, QL (60 capsules/30 days), 90 |
| GEODON – ziprasidone mesylate for inj 20 mg (base equivalent) | NP | PA, QL (60 vials/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|----------------------------------|
| <i>haloperidol lactate oral conc 2 mg/ml</i> | P | 90 |
| <i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i> | P | 90 |
| LATUDA – lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg | NP | PA, QL (30 tablets/30 days), 90 |
| LATUDA – lurasidone hcl tab 80 mg | NP | PA, QL (60 tablets/30 days), 90 |
| LITHIUM CARBONATE – lithium carbonate cap 150 mg, 300 mg, 600 mg | P | 90 |
| <i>lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)</i> | P | 90 |
| <i>lithium carbonate cap 300 mg</i> | P | 90 |
| <i>lithium carbonate tab er 300 mg (Lithobid)</i> | P | 90 |
| <i>lithium carbonate tab er 450 mg</i> | P | 90 |
| <i>lithium carbonate tab 300 mg</i> | P | 90 |
| <i>lithium oral solution 8 meq/5ml</i> | P | 90 |
| LITHOBID – lithium carbonate tab er 300 mg | NP | PA, 90 |
| <i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)</i> | P | QL (30 tablets/30 days), 90 |
| <i>lurasidone hcl tab 80 mg (Latuda)</i> | P | QL (60 tablets/30 days), 90 |
| MOLINDONE HYDROCHLORIDE – molindone hcl tab 5 mg, 10 mg, 25 mg | NP | PA, 90 |
| NUPLAZID – pimavanserin tartrate cap 34 mg (base equivalent) | NP | PA, QL (30 capsules/30 days) |
| NUPLAZID – pimavanserin tartrate tab 10 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| <i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i> | P | 90 |
| <i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</i> | P | 90 |
| <i>prochlorperazine suppos 25 mg</i> | P | |
| <i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i> | P | 90 |
| <i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i> | P | 90 |
| <i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i> | P | 90 |
| VRAYLAR – cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6) | NP | PA, QL (1 pack/180 days) |
| VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent) | NP | PA, QL (30 capsules/30 days), 90 |
| <i>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)</i> | P | QL (60 capsules/30 days), 90 |
| <i>ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)</i> | NP | PA, QL (60 vials/30 days) |
| ANTIPSYCHOTICS / ANTIMANIC AGENTS : QUINOLINONE DERIVATIVES | | |
| ABILIFY – aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg | NP | PA, QL (30 tablets/30 days), 90 |
| ABILIFY ASIMTUFII – aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml | P | QL (1 syringe/56 days), ST |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| ABILIFY MAINTENA – aripiprazole im for extended release susp 300 mg, 400 mg | P | QL (1 syringe/28 days), ST |
| ABILIFY MAINTENA – aripiprazole im for er susp prefilled syringe 300 mg, 400 mg | P | QL (1 syringe/28 days), ST |
| ABILIFY MYCITE MAINTENANCE KIT – aripiprazole tab 2 mg with sensor&strips (for pod) maint pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT – aripiprazole tab 5 mg with sensor&strips (for pod) maint pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT – aripiprazole tab 10 mg with sensor&strips(for pod) maint pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT – aripiprazole tab 15 mg with sensor&strips(for pod) maint pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT – aripiprazole tab 20 mg with sensor&strips(for pod) maint pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE MAINTENANCE KIT – aripiprazole tab 30 mg with sensor&strips(for pod) maint pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE STARTER KIT – aripiprazole tab 2 mg with sensor, strips & pod starter pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE STARTER KIT – aripiprazole tab 5 mg with sensor, strips & pod starter pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE STARTER KIT – aripiprazole tab 10 mg with sensor, strips & pod starter pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE STARTER KIT – aripiprazole tab 15 mg with sensor, strips & pod starter pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE STARTER KIT – aripiprazole tab 20 mg with sensor, strips & pod starter pak | NP | PA, QL (30 tablets/30 days) |
| ABILIFY MYCITE STARTER KIT – aripiprazole tab 30 mg with sensor, strips & pod starter pak | NP | PA, QL (30 tablets/30 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | NP | PA, QL (150 mls/30 days), 90 |
| <i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)</i> | P | QL (30 tablets/30 days), 90 |
| ARISTADA – aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml | P | QL (1 syringe/28 days), ST |
| ARISTADA – aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml | P | QL (1 syringe/56 days), ST |
| ARISTADA INITIO – aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml | P | QL (1 kit/180 days), ST |
| REXULTI – brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg | NP | PA, QL (30 tablets/30 days), 90 |
| ANTIVIRALS : ANTIRETROVIRALS (HIV) | | |
| <i>abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)</i> | P | QL (960 mls/30 days) |
| <i>abacavir sulfate tab 300 mg (base equiv) (Ziagen)</i> | P | QL (60 tablets/30 days) |
| <i>abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)</i> | P | QL (30 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|-----------------------------|
| APRETUDE – cabotegravir im extended release susp 600 mg/3ml | P | |
| APTIVUS – tipranavir cap 250 mg | P | QL (120 capsules/30 days) |
| atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz) | P | QL (30 capsules/30 days) |
| atazanavir sulfate cap 200 mg (base equiv) (Reyataz) | P | QL (60 capsules/30 days) |
| BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg | P | QL (30 tablets/30 days) |
| CABENUVA – cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml im susp er | P | QL (1 kit/28 days) |
| CABENUVA – cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml im susp er | P | QL (1 kit/28 days) |
| CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg | NP | PA, QL (30 tablets/30 days) |
| COMPLERA – emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg | P | QL (30 tablets/30 days) |
| darunavir tab 600 mg (Prezista) | P | QL (60 tablets/30 days) |
| darunavir tab 800 mg (Prezista) | P | QL (30 tablets/30 days) |
| DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg | P | QL (30 tablets/30 days) |
| DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg | P | QL (30 tablets/30 days) |
| DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq) | P | QL (30 tablets/30 days) |
| EDURANT – rilpivirine hcl tab 25 mg (base equivalent) | P | QL (30 tablets/30 days) |
| EFAVIRENZ – efavirenz cap 50 mg | P | QL (90 tablets/30 days) |
| EFAVIRENZ – efavirenz cap 200 mg | P | QL (60 tablets/30 days) |
| efavirenz tab 600 mg (Sustiva) | P | QL (30 tablets/30 days) |
| efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla) | P | QL (30 tablets/30 days) |
| efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo) | NP | PA, QL (30 tablets/30 days) |
| efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi) | NP | PA, QL (30 tablets/30 days) |
| emtricitabine caps 200 mg (Emtriva) | P | QL (30 capsules/30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada) | P | QL (30 tablets/30 days) |
| EMTRIVA – emtricitabine caps 200 mg | P | QL (30 capsules/30 days) |
| EMTRIVA – emtricitabine soln 10 mg/ml | P | QL (720 mls/30 days) |
| EPIVIR – lamivudine oral soln 10 mg/ml | NP | PA, QL (960 mls/30 days) |
| EPIVIR – lamivudine tab 150 mg | NP | PA, QL (60 tablets/30 days) |
| EPIVIR – lamivudine tab 300 mg | NP | PA, QL (30 tablets/30 days) |
| etravirine tab 100 mg, 200 mg (Intelence) | P | QL (60 tablets/30 days) |
| EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv) | NP | PA, QL (30 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)</i> | P | QL (120 tablets/30 days) |
| FUZEON – enfuvirtide for inj 90 mg | NP | PA, QL (1 kit/30 days) |
| GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg | P | QL (30 tablets/30 days) |
| INTELENCE – etravirine tab 25 mg | P | QL (120 tablets/30 days) |
| INTELENCE – etravirine tab 100 mg, 200 mg | P | QL (60 tablets/30 days) |
| ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv) | P | QL (180 tablets/30 days) |
| ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv) | P | QL (60 packets/30 days) |
| ISENTRESS – raltegravir potassium tab 400 mg (base equiv) | P | QL (60 tablets/30 days) |
| ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv) | P | QL (60 tablets/30 days) |
| JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq) | NP | PA, QL (30 tablets/30 days) |
| KALETRA – lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) | NP | PA, QL (480 mls/30 days) |
| KALETRA – lopinavir-ritonavir tab 100-25 mg | P | QL (180 tablets/30 days) |
| KALETRA – lopinavir-ritonavir tab 200-50 mg | P | QL (120 tablets/30 days) |
| <i>lamivudine oral soln 10 mg/ml (Epivir)</i> | P | QL (4 bottles/30 days) |
| <i>lamivudine tab 150 mg (Epivir)</i> | P | QL (60 tablets/30 days) |
| <i>lamivudine tab 300 mg (Epivir)</i> | P | QL (30 tablets/30 days) |
| <i>lamivudine-zidovudine tab 150-300 mg (Combivir)</i> | P | QL (60 tablets/30 days) |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)</i> | P | QL (480 mls/30 days) |
| <i>lopinavir-ritonavir tab 100-25 mg (Kaletra)</i> | P | QL (180 tablets/30 days) |
| <i>lopinavir-ritonavir tab 200-50 mg (Kaletra)</i> | P | QL (120 tablets/30 days) |
| <i>maraviroc tab 150 mg (Selzentry)</i> | NP | PA, QL (60 tablets/30 days) |
| <i>maraviroc tab 300 mg (Selzentry)</i> | NP | PA, QL (120 tablets/30 days) |
| NEVIRAPINE – nevirapine susp 50 mg/5ml | P | QL (5 bottles/30 days) |
| <i>nevirapine tab er 24hr 400 mg (Viramune xr)</i> | P | QL (30 tablets/30 days) |
| <i>nevirapine tab 200 mg (Viramune)</i> | P | QL (60 tablets/30 days) |
| NORVIR – ritonavir tab 100 mg | P | QL (180 tablets/30 days) |
| NORVIR – ritonavir powder packet 100 mg | P | QL (180 packets/30 days) |
| ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg | P | QL (30 tablets/30 days) |
| PIFELTRO – doravirine tab 100 mg | NP | PA, QL (30 tablets/30 days) |
| PREZCOBIX – darunavir-cobicistat tab 800-150 mg | NP | PA, QL (30 tablets/30 days) |
| PREZISTA – darunavir oral susp 100 mg/ml | P | QL (2 bottles/30 days) |
| PREZISTA – darunavir tab 75 mg | P | QL (300 tablets/30 days) |
| PREZISTA – darunavir tab 150 mg | P | QL (180 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| PREZISTA – darunavir tab 600 mg | P | QL (60 tablets/30 days) |
| PREZISTA – darunavir tab 800 mg | P | QL (30 tablets/30 days) |
| RETROVIR – zidovudine cap 100 mg | NP | PA, QL (180 capsules/30 days) |
| RETROVIR – zidovudine syrup 10 mg/ml | NP | PA, QL (1920 mls/30 days) |
| REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv) | P | QL (240 packets/30 days) |
| REYATAZ – atazanavir sulfate cap 200 mg (base equiv) | P | QL (60 capsules/30 days) |
| REYATAZ – atazanavir sulfate cap 300 mg (base equiv) | P | QL (30 capsules/30 days) |
| <i>ritonavir tab 100 mg (Norvir)</i> | P | QL (180 tablets/30 days) |
| RUKOBIA – fostemsavir tromethamine tab er 12hr 600 mg | NP | PA, QL (60 tablets/30 days) |
| SELZENTRY – maraviroc oral soln 20 mg/ml | NP | PA, QL (8 bottles/30 days) |
| SELZENTRY – maraviroc tab 150 mg | NP | PA, QL (60 tablets/30 days) |
| SELZENTRY – maraviroc tab 300 mg | NP | PA, QL (120 tablets/30 days) |
| STRIBILD – elvitegrav-cobic-emtricitab-tenofovd f tab 150-150-200-300 mg | NP | PA, QL (30 tablets/30 days) |
| SUNLENCA – lenacapavir sodium subcutaneous soln 463.5 mg/1.5ml | P | QL (2 vials/180 days) |
| SUNLENCA – lenacapavir sodium tab therapy pack 4 x 300 mg | P | QL (4 tablets/365 days) |
| SUNLENCA – lenacapavir sodium tab therapy pack 5 x 300 mg | P | QL (5 tablets/365 days) |
| SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg | P | QL (30 tablets/30 days) |
| SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg | P | QL (30 tablets/30 days) |
| SYMTUZA – darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg | P | QL (30 tablets/30 days) |
| <i>tenofovir disoproxil fumarate tab 300 mg (Viread)</i> | P | QL (30 tablets/30 days) |
| TIVICAY – dolutegravir sodium tab 50 mg (base equiv) | P | QL (60 tablets/30 days) |
| TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv) | P | QL (360 tablets/30 days) |
| TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg | P | QL (30 tablets/30 days) |
| TRIUMEQ PD – abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg | P | QL (180 tablets/30 days) |
| TROGARZO – ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml) | P | PA |
| TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg | P | QL (30 tablets/30 days) |
| TYBOST – cobicistat tab 150 mg | NP | PA, QL (30 tablets/30 days) |
| VIRACEPT – nelfinavir mesylate tab 250 mg | P | QL (270 tablets/30 days) |
| VIRACEPT – nelfinavir mesylate tab 625 mg | P | QL (120 tablets/30 days) |
| VIREAD – tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg | P | QL (30 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm | P | QL (4 bottles/30 days) |
| ZIAGEN – abacavir sulfate soln 20 mg/ml (base equiv) | P | QL (4 bottles/30 days) |
| <i>zidovudine cap 100 mg (Retrovir)</i> | P | QL (180 capsules/30 days) |
| <i>zidovudine syrup 10 mg/ml (Retrovir)</i> | P | QL (8 bottles/30 days) |
| <i>zidovudine tab 300 mg</i> | P | QL (60 tablets/30 days) |
| ANTIVIRALS : HEPATITIS B AGENTS | | |
| <i>adefovir dipivoxil tab 10 mg (Hepsera)</i> | NP | PA |
| BARACLUDGE – entecavir tab 0.5 mg, 1 mg | NP | PA |
| BARACLUDGE – entecavir oral soln 0.05 mg/ml | NP | PA |
| <i>entecavir tab 0.5 mg, 1 mg (Baraclude)</i> | P | |
| <i>lamivudine tab 100 mg (hbv) (EpiVir hbv)</i> | NP | PA |
| VEMLIDY – tenofovir alafenamide fumarate tab 25 mg | NP | PA |
| ANTIVIRALS : HEPATITIS C AGENTS | | |
| EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg | NP | PA, QL (28 packets/28 days), SP |
| EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg | NP | PA, QL (28 tablets/28 days), SP |
| EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg | NP | PA, QL (30 tablets/30 days), SP |
| HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg | NP | PA, QL (28 packets/28 days), SP |
| HARVONI – ledipasvir-sofosbuvir tab 45-200 mg | NP | PA, QL (28 tablets/28 days), SP |
| HARVONI – ledipasvir-sofosbuvir tab 90-400 mg | NP | PA, QL (30 tablets/30 days), SP |
| LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg | NP | PA, QL (30 tablets/30 days), SP |
| MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg | P | QL (90 tablets/30 days), SP |
| MAVYRET – glecaprevir-pibrentasvir pellet pack 50-20 mg | P | QL (140 packets/28 days), SP |
| PEGASYS – peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml | NP | PA, SP |
| PEGASYS – peginterferon alfa-2a inj 180 mcg/ml | NP | PA, SP |
| RIBAVIRIN – ribavirin cap 200 mg | P | SP |
| RIBAVIRIN – ribavirin tab 200 mg | P | SP |
| SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg | P | QL (30 tablets/30 days), SP |
| SOVALDI – sofosbuvir tab 200 mg, 400 mg | NP | PA, QL (30 tablets/30 days), SP |
| SOVALDI – sofosbuvir pellet pack 150 mg, 200 mg | NP | PA, QL (28 packets/28 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg | NP | PA, QL (30 tablets/30 days), SP |
| ZEPATIER – elbasvir-grazoprevir tab 50-100 mg | NP | PA, QL (30 tablets/30 days), SP |
| ANTIVIRALS : MISC | | |
| <i>acyclovir cap 200 mg</i> | P | |
| <i>acyclovir susp 200 mg/5ml (Zovirax)</i> | P | |
| <i>acyclovir tab 400 mg, 800 mg</i> | P | |
| <i>famciclovir tab 125 mg, 250 mg, 500 mg</i> | NP | PA |
| LAGEVRIO – molnupiravir cap 200 mg | P | QL (40 capsules/90 days) |
| LIVTENCITY – maribavir tab 200 mg | P | PA, QL (120 tablets/30 days), SP |
| <i>oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)</i> | P | QL (20 capsules/120 days) |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)</i> | P | QL (300 mls/120 days) |
| PAXLOVID – nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak | P | QL (20 tablets/90 days) |
| PAXLOVID – nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak | P | QL (30 tablets/90 days) |
| PREVYMIS – letermovir tab 240 mg, 480 mg | P | PA, QL (200 tablets/365 days) |
| RELENZA DISKHALER – zanamivir aerosol powder breath activated 5 mg/act | P | QL (40 blisters/120 days) |
| <i>ribavirin for inhal soln 6 gm (Virazole)</i> | P | |
| RIMANTADINE HYDROCHLORIDE – rimantadine hydrochloride tab 100 mg | NP | PA |
| SITAVIG – acyclovir buccal tab 50 mg | NP | PA |
| TAMIFLU – oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) | NP | PA, QL (20 capsules/120 days) |
| TAMIFLU – oseltamivir phosphate for susp 6 mg/ml (base equiv) | NP | PA, QL (300 mls/120 days) |
| <i>valacyclovir hcl tab 500 mg, 1 gm (Valtrex)</i> | P | |
| VALCYTE – valganciclovir hcl tab 450 mg (base equivalent) | NP | PA |
| VALCYTE – valganciclovir hcl for soln 50 mg/ml (base equiv) | NP | PA |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)</i> | NP | PA |
| <i>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)</i> | P | |
| VALTREX – valacyclovir hcl tab 500 mg, 1 gm | NP | PA |
| VIRAZOLE – ribavirin for inhal soln 6 gm | NP | PA |
| XOFLUZA – baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose) | NP | PA, QL (2 tablets/120 days) |
| CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ACE INHIBITOR COMBINATIONS | | |
| ACCURETIC – quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg | NP | PA, 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg</i> | P | 90 |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)</i> | P | 90 |
| <i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> | P | 90 |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)</i> | P | 90 |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg | P | 90 |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | P | 90 |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)</i> | P | 90 |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i> | P | 90 |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)</i> | P | 90 |
| LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg | NP | PA, 90 |
| LOTREL – amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg | NP | PA, 90 |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)</i> | P | 90 |
| TRANDOLAPRIL/VERAPAMIL HCL ER – trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg | P | 90 |
| VASERETIC – enalapril maleate & hydrochlorothiazide tab 10-25 mg | NP | PA, 90 |
| ZESTORETIC – lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg | NP | PA, 90 |
| CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ACE INHIBITORS | | |
| ACCUPRIL – quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg | NP | PA, 90 |
| ALTACE – ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg | NP | PA, 90 |
| <i>benazepril hcl tab 5 mg</i> | P | 90 |
| <i>benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)</i> | P | 90 |
| <i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i> | P | 90 |
| <i>enalapril maleate oral soln 1 mg/ml (Epaned)</i> | NP | PA, QL (1200 mls/30 days), 90 |
| <i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)</i> | P | 90 |
| EPANED – enalapril maleate oral soln 1 mg/ml | NP | PA, QL (1200 mls/30 days), 90 |
| <i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i> | P | 90 |
| <i>lisinopril tab 2.5 mg, 5 mg, 30 mg, 40 mg (Zestril)</i> | P | 90 |
| <i>lisinopril tab 10 mg, 20 mg (Prinivil)</i> | P | 90 |
| LOTENSIN – benazepril hcl tab 10 mg, 20 mg, 40 mg | NP | PA, 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>moexipril hcl tab 7.5 mg, 15 mg</i> | P | 90 |
| PERINDOPRIL ERBUMINE – perindopril erbumine tab 2 mg, 8 mg | NP | PA, 90 |
| <i>perindopril erbumine tab 4 mg</i> | NP | PA, 90 |
| QBRELIS – lisinopril oral soln 1 mg/ml | NP | PA, QL (2400 mls/30 days), 90 |
| <i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)</i> | P | 90 |
| <i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)</i> | P | 90 |
| <i>trandolapril tab 1 mg, 2 mg, 4 mg</i> | P | 90 |
| VASOTEC – enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg | NP | PA, 90 |
| ZESTRIL – lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg | NP | PA, 90 |
| CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN II RECEPTOR BLOCKER COMB | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg | NP | PA, QL (30 tablets/30 days), 90 |
| AVALIDE – irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg | NP | PA, QL (30 tablets/30 days), 90 |
| AZOR – amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg | NP | PA, QL (30 tablets/30 days), 90 |
| BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| DIOVAN HCT – valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg | NP | PA, QL (30 tablets/30 days), 90 |
| EDARBYCLOR – azilsartan medoxomil-chlorthalidone tab 40-12.5 mg, 40-25 mg | NP | PA, QL (30 tablets/30 days), 90 |
| EXFORGE – amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg | NP | PA, QL (30 tablets/30 days), 90 |
| EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg | NP | PA, QL (30 tablets/30 days), 90 |
| HYZAAR – losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg | NP | PA, QL (30 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)</i> | P | QL (30 tablets/30 days), 90 |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)</i> | P | QL (30 tablets/30 days), 90 |
| MICARDIS HCT – telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg | NP | PA, QL (30 tablets/30 days), 90 |
| MICARDIS HCT – telmisartan-hydrochlorothiazide tab 80-12.5 mg | NP | PA, QL (60 tablets/30 days), 90 |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| TELMISARTAN/AMLODIPINE – telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg | NP | PA, QL (30 tablets/30 days), 90 |
| TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)</i> | P | QL (30 tablets/30 days), 90 |
| CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN II RECEPTOR BLOCKERS | | |
| ATACAND – candesartan cilexetil tab 4 mg, 8 mg, 16 mg | NP | PA, QL (60 tablets/30 days), 90 |
| ATACAND – candesartan cilexetil tab 32 mg | NP | PA, QL (30 tablets/30 days), 90 |
| AVAPRO – irbesartan tab 75 mg, 150 mg, 300 mg | NP | PA, QL (30 tablets/30 days), 90 |
| BENICAR – olmesartan medoxomil tab 5 mg | NP | PA, QL (60 tablets/30 days), 90 |
| BENICAR – olmesartan medoxomil tab 20 mg, 40 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| <i>candesartan cilexetil tab 32 mg (Atacand)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| COZAAR – losartan potassium tab 25 mg, 50 mg | NP | PA, QL (60 tablets/30 days), 90 |
| COZAAR – losartan potassium tab 100 mg | NP | PA, QL (30 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| DIOVAN – valsartan tab 40 mg, 80 mg, 160 mg | NP | PA, QL (60 tablets/30 days), 90 |
| DIOVAN – valsartan tab 320 mg | NP | PA, QL (30 tablets/30 days), 90 |
| EDARBI – azilsartan medoxomil tab 40 mg, 80 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)</i> | P | QL (30 tablets/30 days), 90 |
| <i>losartan potassium tab 25 mg, 50 mg (Cozaar)</i> | P | QL (60 tablets/30 days), 90 |
| <i>losartan potassium tab 100 mg (Cozaar)</i> | P | QL (30 tablets/30 days), 90 |
| MICARDIS – telmisartan tab 20 mg, 40 mg, 80 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>olmesartan medoxomil tab 5 mg (Benicar)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| <i>olmesartan medoxomil tab 20 mg, 40 mg (Benicar)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| VALSARTAN – valsartan oral soln 4 mg/ml | P | QL (2400 mls/30 days), 90 |
| <i>valsartan tab 40 mg, 80 mg, 160 mg (Diovan)</i> | P | QL (60 tablets/30 days), 90 |
| <i>valsartan tab 320 mg (Diovan)</i> | P | QL (30 tablets/30 days), 90 |
| CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANTIADRENERGICS | | |
| CARDURA – doxazosin mesylate tab 1 mg, 2 mg, 4 mg | NP | PA, QL (30 tablets/30 days), 90 |
| CARDURA – doxazosin mesylate tab 8 mg | NP | PA, QL (60 tablets/30 days), 90 |
| <i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)</i> | P | 90 |
| CLONIDINE HYDROCHLORIDE ER – clonidine hcl tab er 24hr 0.17 mg (base equivalent) | NP | PA, 90 |
| <i>clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)</i> | P | |
| <i>clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)</i> | P | |
| <i>clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)</i> | P | |
| <i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg (Cardura)</i> | P | QL (30 tablets/30 days), 90 |
| <i>doxazosin mesylate tab 8 mg (Cardura)</i> | P | QL (60 tablets/30 days), 90 |
| <i>guanfacine hcl tab 1 mg, 2 mg</i> | P | 90 |
| METHYLDOPA – methyldopa tab 250 mg, 500 mg | P | 90 |
| MINIPRESS – prazosin hcl cap 2 mg, 5 mg | NP | PA, 90 |
| <i>prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)</i> | P | 90 |
| <i>terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent)</i> | P | QL (30 capsules/30 days), 90 |
| <i>terazosin hcl cap 10 mg (base equivalent)</i> | P | QL (60 capsules/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---------------------------|
| CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA-BLOCKER COMBINATIONS | | |
| <i>atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)</i> | P | 90 |
| <i>atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)</i> | P | 90 |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)</i> | P | 90 |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)</i> | P | 90 |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg, 100-50 mg</i> | P | 90 |
| TENORETIC 100 – atenolol & chlorthalidone tab 100-25 mg | NP | PA, 90 |
| TENORETIC 50 – atenolol & chlorthalidone tab 50-25 mg | NP | PA, 90 |
| CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA-BLOCKERS | | |
| <i>acebutolol hcl cap 200 mg, 400 mg</i> | P | 90 |
| <i>atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)</i> | P | 90 |
| BETAPACE – sotalol hcl tab 80 mg, 120 mg, 160 mg | NP | PA, 90 |
| BETAPACE AF – sotalol hcl (afib/afib) tab 80 mg, 120 mg, 160 mg | NP | PA, 90 |
| <i>betaxolol hcl tab 10 mg, 20 mg</i> | P | 90 |
| <i>bisoprolol fumarate tab 5 mg, 10 mg</i> | P | 90 |
| BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) | NP | PA, 90 |
| <i>carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg cr)</i> | NP | PA, 90 |
| <i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)</i> | P | 90 |
| CORGARD – nadolol tab 20 mg, 40 mg | NP | PA, 90 |
| HEMANGEOL – propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv) | P | PA, 90 |
| INDERAL LA – propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg | NP | PA, 90 |
| INDERAL XL – propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg | NP | PA, 90 |
| INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg | NP | PA, 90 |
| KAPSPARGO SPRINKLE – metoprolol succ cap er 24hr sprinkle 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) | NP | PA, 90 |
| <i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i> | P | 90 |
| LOPRESSOR – metoprolol tartrate tab 50 mg, 100 mg | NP | PA, 90 |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)</i> | P | 90 |
| <i>metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg</i> | P | 90 |
| <i>metoprolol tartrate tab 50 mg, 100 mg (Lopressor)</i> | P | 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| <i>nadolol tab 20 mg, 40 mg, 80 mg (Corgard)</i> | P | 90 |
| <i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)</i> | NP | PA, 90 |
| <i>pindolol tab 5 mg, 10 mg</i> | P | 90 |
| PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml | P | 90 |
| <i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)</i> | P | 90 |
| <i>propranolol hcl oral soln 20 mg/5ml</i> | P | 90 |
| <i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | P | 90 |
| <i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg (Betapace af)</i> | NP | PA, 90 |
| <i>sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)</i> | P | 90 |
| <i>sotalol hcl tab 240 mg</i> | P | 90 |
| SOTYLIZE – sotalol hcl oral solution 5 mg/ml | NP | PA, QL (1920 mls/30 days), 90 |
| TENORMIN – atenolol tab 25 mg, 50 mg, 100 mg | NP | PA, 90 |
| <i>timolol maleate tab 5 mg, 10 mg, 20 mg</i> | P | 90 |
| TOPROL XL – metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) | NP | PA, 90 |

CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : CALCIUM CHANNELBLOCKERS

| | | |
|--|----|--------------------------|
| <i>amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)</i> | P | 90 |
| CARDIZEM – diltiazem hcl tab 30 mg, 60 mg, 120 mg | NP | PA, 90 |
| CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg | NP | PA, 90 |
| CARDIZEM LA – diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | NP | PA |
| <i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i> | P | 90 |
| <i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i> | P | 90 |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)</i> | P | 90 |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)</i> | P | 90 |
| <i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Cardizem la)</i> | P | |
| <i>diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)</i> | P | 90 |
| <i>diltiazem hcl tab 90 mg</i> | P | 90 |
| <i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i> | P | 90 |
| <i>isradipine cap 2.5 mg, 5 mg</i> | NP | PA, 90 |
| KATERZIA – amlodipine benzoate oral susp 1 mg/ml (base equivalent) | NP | PA, QL (300 mls/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| LEVAMLODIPINE – levamlodipine maleate tab 2.5 mg, 5 mg | NP | PA, 90 |
| <i>nicardipine hcl cap 20 mg, 30 mg</i> | NP | PA, 90 |
| <i>nifedipine cap 10 mg (Procardia)</i> | P | 90 |
| <i>nifedipine cap 20 mg</i> | P | 90 |
| <i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i> | P | 90 |
| <i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)</i> | P | 90 |
| <i>nimodipine cap 30 mg</i> | P | |
| NISOLDIPINE ER – nisoldipine tab er 24hr 20 mg, 25.5 mg, 30 mg, 40 mg | NP | PA, 90 |
| <i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)</i> | NP | PA, 90 |
| NORLIQVA – amlodipine besylate oral soln 1 mg/ml (base equivalent) | NP | PA, QL (300 mls/30 days) |
| NORVASC – amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) | NP | PA, 90 |
| NYMALIZE – nimodipine oral soln 6 mg/ml | NP | PA |
| PROCARDIA XL – nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg | NP | PA, 90 |
| SULAR – nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg | NP | PA, 90 |
| TIAZAC – diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | NP | PA, 90 |
| <i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)</i> | P | 90 |
| VERAPAMIL HCL ER – verapamil hcl cap er 24hr 300 mg | P | 90 |
| VERAPAMIL HCL SR – verapamil hcl cap er 24hr 360 mg | P | 90 |
| <i>verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)</i> | P | 90 |
| <i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i> | P | 90 |
| VERAPAMIL HYDROCHLORIDE ER – verapamil hcl cap er 24hr 100 mg, 200 mg | P | 90 |
| VERELAN – verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg, 360 mg | NP | PA, 90 |
| VERELAN PM – verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg | NP | PA, 90 |
| CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : MISC | | |
| <i>aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| DEMSEER – metyrosine cap 250 mg | P | |
| <i>eplerenone tab 25 mg, 50 mg (Inspra)</i> | NP | PA, 90 |
| <i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i> | P | 90 |
| INSPIRA – eplerenone tab 25 mg, 50 mg | NP | PA, 90 |
| <i>metyrosine cap 250 mg (Demser)</i> | P | |
| <i>minoxidil tab 2.5 mg, 10 mg</i> | P | 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---------------------------------|
| <i>phenoxybenzamine hcl cap 10 mg (Dibenzyline)</i> | NP | PA |
| TEKTURNA – aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) | NP | PA, QL (30 tablets/30 days), 90 |
| CARDIOVASCULAR AGENTS - CARDIOTONICS : CARDIAC GLYCOSIDES | | |
| DIGOXIN – digoxin oral soln 0.05 mg/ml | P | 90 |
| <i>digoxin oral soln 0.05 mg/ml (Digoxin)</i> | P | 90 |
| <i>digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)</i> | NP | PA, 90 |
| <i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)</i> | P | 90 |
| CARDIOVASCULAR AGENTS : ANTIANGINAL AGENTS | | |
| ASPRUZYO SPRINKLE – ranolazine er granules packet 500 mg, 1000 mg | NP | PA, QL (60 packets/30 days), 90 |
| ISORDIL TITRADOSE – isosorbide dinitrate tab 5 mg, 40 mg | NP | PA, 90 |
| <i>isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose)</i> | P | 90 |
| <i>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg</i> | P | 90 |
| ISOSORBIDE MONONITRATE – isosorbide mononitrate tab 10 mg, 20 mg | P | 90 |
| <i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</i> | P | 90 |
| NITRO-BID – nitroglycerin oint 2% | P | |
| NITRO-DUR – nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.3 mg/hr, 0.4 mg/hr, 0.6 mg/hr, 0.8 mg/hr | NP | PA, 90 |
| NITRO-TIME – nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg | SC | 90 |
| <i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</i> | P | |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)</i> | P | 90 |
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspray)</i> | NP | PA |
| NITROLINGUAL – nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) | NP | PA |
| NITROSTAT – nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg | NP | PA |
| <i>ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)</i> | NP | PA, 90 |
| CARDIOVASCULAR AGENTS : ANTIARRHYTHMICS | | |
| <i>amiodarone hcl tab 100 mg, 200 mg, 400 mg</i> | P | 90 |
| <i>disopyramide phosphate cap 100 mg, 150 mg (Norpace)</i> | P | 90 |
| <i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)</i> | P | |
| <i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i> | P | 90 |
| <i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i> | P | 90 |
| MULTAQ – dronedarone hcl tab 400 mg (base equivalent) | NP | PA, 90 |
| NORPACE – disopyramide phosphate cap 100 mg, 150 mg | NP | PA, 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| NORPACE CR – disopyramide phosphate cap er 12hr 100 mg, 150 mg | P | 90 |
| <i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)</i> | NP | PA, 90 |
| <i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i> | P | 90 |
| <i>quinidine gluconate tab er 324 mg</i> | P | 90 |
| QUINIDINE SULFATE – quinidine sulfate tab 200 mg, 300 mg | P | 90 |
| TIKOSYN – dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) | NP | PA |
| CARDIOVASCULAR AGENTS : DIURETICS | | |
| <i>acetazolamide cap er 12hr 500 mg</i> | P | 90 |
| <i>acetazolamide tab 125 mg, 250 mg</i> | P | 90 |
| ALDACTONE – spironolactone tab 25 mg, 50 mg, 100 mg | NP | PA, 90 |
| <i>amiloride hcl tab 5 mg</i> | P | 90 |
| AMILORIDE/HYDROCHLOROTHIAZIDE – amiloride & hydrochlorothiazide tab 5-50 mg | P | 90 |
| <i>bumetanide tab 0.5 mg, 1 mg, 2 mg (Bumex)</i> | P | 90 |
| BUMEX – bumetanide tab 0.5 mg | NP | PA, 90 |
| CAROSPIR – spironolactone susp 25 mg/5ml | NP | PA |
| <i>chlorthalidone tab 25 mg, 50 mg</i> | P | 90 |
| <i>dichlorphenamide tab 50 mg (Keveyis)</i> | NP | PA |
| DIURIL – chlorothiazide susp 250 mg/5ml | P | 90 |
| EDECRIN – ethacrynic acid tab 25 mg | NP | PA, 90 |
| <i>ethacrynic acid tab 25 mg (Edecrin)</i> | P | 90 |
| FUROSEMIDE – furosemide oral soln 8 mg/ml | P | 90 |
| <i>furosemide oral soln 10 mg/ml</i> | P | 90 |
| <i>furosemide tab 20 mg, 40 mg, 80 mg (Lasix)</i> | P | 90 |
| <i>hydrochlorothiazide cap 12.5 mg</i> | P | 90 |
| <i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i> | P | 90 |
| <i>indapamide tab 1.25 mg, 2.5 mg</i> | P | 90 |
| KEVEYIS – dichlorphenamide tab 50 mg | NP | PA, QL (120 tablets/30 days) |
| LASIX – furosemide tab 20 mg, 40 mg, 80 mg | NP | PA, 90 |
| <i>methazolamide tab 25 mg, 50 mg</i> | P | 90 |
| <i>metolazone tab 2.5 mg, 5 mg, 10 mg</i> | P | 90 |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)</i> | P | 90 |
| <i>spironolactone susp 25 mg/5ml (Carospir)</i> | NP | PA |
| <i>spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)</i> | P | 90 |
| THALITONE – chlorthalidone tab 15 mg | NP | PA, 90 |
| <i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i> | P | 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|-----------------------------------|
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)</i> | P | 90 |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)</i> | P | 90 |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)</i> | P | 90 |
| <i>triamterene cap 50 mg, 100 mg (Dyrenium)</i> | P | 90 |
| CARDIOVASCULAR AGENTS : MISC | | |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i> | NP | PA, 90 |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Caduet)</i> | NP | PA, 90 |
| BIDIL – <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> | P | 90 |
| CADUET – <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> | NP | PA, 90 |
| CAMZYOS – <i>mavacamten cap 2.5 mg, 10 mg, 15 mg</i> | NP | PA, QL (30 capsules/30 days), SP |
| CAMZYOS – <i>mavacamten cap 5 mg</i> | NP | PA, QL (30 capsule/30 days), SP |
| CIALIS – <i>tadalafil tab 5 mg</i> | NP | PA |
| CORLANOR – <i>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)</i> | NP | PA, QL (60 tablets/30 days) |
| CORLANOR – <i>ivabradine hcl oral soln 5 mg/5ml (base equiv)</i> | NP | PA, QL (600 mls/30 days) |
| <i>droxidopa cap 100 mg (Nothera)</i> | NP | PA, QL (450 capsules/30 days) |
| <i>droxidopa cap 200 mg, 300 mg (Nothera)</i> | NP | PA, QL (180 capsules/30 days) |
| ENTRESTO – <i>sacubitril-valsartan tab 24-26 mg</i> | P | QL (180 tablets/30 days), 90 |
| ENTRESTO – <i>sacubitril-valsartan tab 49-51 mg, 97-103 mg</i> | P | QL (60 tablets/30 days), 90 |
| <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)</i> | P | 90 |
| <i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i> | P | |
| NORTHERA – <i>droxidopa cap 100 mg</i> | NP | PA, QL (450 capsules/30 days) |
| NORTHERA – <i>droxidopa cap 200 mg, 300 mg</i> | NP | PA, QL (180 capsules/30 days) |
| <i>tadalafil tab 5 mg (Cialis)</i> | NP | PA |
| VERQUVO – <i>vericiguat tab 2.5 mg, 5 mg, 10 mg</i> | P | PA, QL (30 tablets/30 days) |
| VYNDAMAX – <i>tafamidis cap 61 mg</i> | NP | PA, QL (30 capsules/30 days), SP |
| VYNDALOG – <i>tafamidis meglumine (cardiac) cap 20 mg</i> | NP | PA, QL (120 capsules/30 days), SP |
| CARDIOVASCULAR AGENTS : PULMONARY HYPERTENSION | | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| ADCIRCA – tadalafil tab 20 mg (pah) | P | PA, QL (60 tablets/30 days), SP |
| ADEMPAS – riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg | NP | PA, QL (90 tablets/30 days), SP |
| <i>ambrisentan tab 5 mg, 10 mg (Letairis)</i> | NP | PA, QL (30 tablets/30 days), SP |
| <i>bosentan tab 62.5 mg, 125 mg (Tracleer)</i> | NP | PA, QL (60 tablets/30 days), SP |
| <i>epoprostenol sodium for inj 0.5 mg, 1.5 mg (Flolan)</i> | P | PA, SP |
| FLOLAN – epoprostenol sodium for inj 0.5 mg, 1.5 mg | P | PA, SP |
| LETAIRIS – ambrisentan tab 5 mg, 10 mg | P | PA, QL (30 tablets/30 days), SP |
| LIQREV – sildenafil citrate oral susp 10 mg/ml | NP | PA, QL (2 bottles/30 days), SP |
| OPSUMIT – macitentan tab 10 mg | NP | PA, QL (30 tablets/30 days), SP |
| ORENITRAM – treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv) | NP | PA, QL (300 tablets/30 days), SP |
| ORENITRAM TITRATION KIT MONTH 1 – treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg | NP | PA, QL (1 package/180 days), SP |
| ORENITRAM TITRATION KIT MONTH 2 – treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg | NP | PA, QL (1 package/180 days), SP |
| ORENITRAM TITRATION KIT MONTH 3 – treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg | NP | PA, QL (1 package/180 days), SP |
| REMODULIN – treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) | NP | PA, SP |
| REVATIO – sildenafil citrate tab 20 mg | NP | PA, QL (90 tablets/30 days), SP |
| REVATIO – sildenafil citrate for suspension 10 mg/ml | P | PA, QL (2 bottles/30 days), SP |
| REVATIO – sildenafil citrate iv soln 10 mg/12.5ml (base equivalent) | NP | PA, SP |
| <i>sildenafil citrate for suspension 10 mg/ml (Revatio)</i> | NP | PA, QL (2 bottles/30 days), SP |
| <i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent) (Revatio)</i> | NP | PA, SP |
| <i>sildenafil citrate tab 20 mg (Revatio)</i> | P | PA, QL (90 tablets/30 days), SP |
| <i>tadalafil tab 20 mg (pah) (Adcirca)</i> | P | PA, QL (60 tablets/30 days), SP |
| TADLIQ – tadalafil oral susp 20 mg/5ml (pah) | NP | PA, QL (300 mls/30 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|---|
| TRACLEER – bosentan tab 62.5 mg, 125 mg | P | PA, QL (60 tablets/30 days), SP |
| TRACLEER – bosentan tab for oral susp 32 mg | P | PA, QL (120 tablets/30 days), SP |
| <i>treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)</i> | NP | PA, SP |
| TYVASO – treprostinil inhalation solution 0.6 mg/ml | NP | PA, QL (81.2 mls/28 days), SP |
| TYVASO DPI MAINTENANCE KIT – treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge | NP | PA, QL (112 cartridges/28 days), SP |
| TYVASO DPI TITRATION KIT – treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg | NP | PA, QL (252 cartridges/180 days), SP |
| TYVASO REFILL – treprostinil inhalation solution 0.6 mg/ml | NP | PA, QL (81.2 mls/28 days), SP |
| TYVASO STARTER – treprostinil inhalation solution 0.6 mg/ml | NP | PA, QL (1 kit/180 days), SP |
| UPTRAVI – selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg | NP | PA, QL (60 tablets/30 days), SP |
| UPTRAVI – selexipag for iv soln 1800 mcg | NP | PA, SP |
| UPTRAVI TITRATION PACK – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60) | NP | PA, QL (200 tablets/180 days), SP |
| VELETRI – epoprostenol sodium for inj 0.5 mg, 1.5 mg | NP | PA, SP |
| VENTAVIS – iloprost inhalation solution 10 mcg/ml, 20 mcg/ml | NP | PA, QL (270 cartridges/30 days), SF, SP |
| CENTRAL NERVOUS SYSTEM AGENTS : MISC | | |
| <i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i> | SC | |
| CONTRACEPTIVES : COMBINATION CONTRACEPTIVES | | |
| ANNOVERA – segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr | P | QL (1 ring/365 days) |
| BALCOLTRA – levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) | P | QL (28 tablets/21 days), 90 |
| BEYAZ – drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg | P | QL (28 tablets/21 days), 90 |
| <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)</i> | P | QL (28 tablets/21 days), 90 |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | P | QL (28 tablets/21 days), 90 |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)</i> | P | QL (28 tablets/21 days), 90 |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)</i> | P | QL (28 tablets/21 days), 90 |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)</i> | P | QL (28 tablets/21 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)</i> | P | QL (28 tablets/21 days), 90 |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i> | P | QL (28 tablets/21 days), 90 |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Nuvaring)</i> | P | QL (1 ring/21 days), 90 |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)</i> | P | QL (28 tablets/21 days), 90 |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)</i> | P | QL (28 tablets/21 days), 90 |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)</i> | P | QL (84 tablets/63 days), 90 |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | P | QL (28 tablets/21 days), 90 |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i> | P | QL (28 tablets/21 days), 90 |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | P | QL (28 tablets/21 days), 90 |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> | P | QL (28 tablets/21 days), 90 |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)</i> | P | QL (28 tablets/21 days), 90 |
| LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2) | P | QL (28 tablets/21 days), 90 |
| NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg | P | QL (28 tablets/21 days), 90 |
| NEXTSTELLIS – drospirenone-estetrol tab 3-14.2 mg | P | QL (28 tablets/21 days), 90 |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> | P | QL (3 patches/21 days), 90 |
| <i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg</i> | P | QL (28 tablets/21 days), 90 |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | P | QL (28 tablets/21 days), 90 |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)</i> | P | QL (28 tablets/21 days), 90 |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)</i> | P | QL (28 tablets/21 days), 90 |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)</i> | P | QL (28 tablets/21 days), 90 |
| <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)</i> | P | QL (28 tablets/21 days), 90 |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)</i> | P | QL (28 tablets/21 days), 90 |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)</i> | P | QL (28 tablets/21 days), 90 |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)</i> | P | QL (28 tablets/21 days), 90 |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)</i> | P | QL (28 capsules/21 days), 90 |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> | P | QL (28 tablets/21 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|------------------------------|
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)</i> | P | QL (28 tablets/21 days), 90 |
| <i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> | P | QL (28 tablets/21 days), 90 |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | P | QL (28 tablets/21 days), 90 |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)</i> | P | QL (28 tablets/21 days), 90 |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | P | QL (28 tablets/21 days), 90 |
| <i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> | P | QL (28 tablets/21 days), 90 |
| NUVARING – etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr | P | QL (1 ring/21 days), 90 |
| SAFYRAL – drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg | P | QL (28 tablets/21 days), 90 |
| TAYTULLA – norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) | P | QL (28 capsules/21 days), 90 |
| TWIRLA – levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr | P | QL (3 patches/21 days), 90 |
| TYBLUME – levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg | P | QL (28 tablets/21 days), 90 |
| VELIVET – desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg | P | QL (28 tablets/21 days), 90 |
| YASMIN 28 – drospirenone-ethinyl estradiol tab 3-0.03 mg | P | QL (28 tablets/21 days), 90 |
| YAZ – drospirenone-ethinyl estradiol tab 3-0.02 mg | P | QL (28 tablets/21 days), 90 |
| CONTRACEPTIVES : EMERGENCY CONTRACEPTIVES | | |
| ELLA – ulipristal acetate tab 30 mg | P | |
| <i>levonorgestrel tab 1.5 mg</i> | P | |
| CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES | | |
| DEPO-PROVERA CONTRACEPTIVE – medroxyprogesterone acetate im susp 150 mg/ml | P | 90 |
| DEPO-PROVERA CONTRACEPTIVE – medroxyprogesterone acetate im susp prefilled syr 150 mg/ml | P | 90 |
| DEPO-SUBQ PROVERA 104 – medroxyprogesterone acetate susp pref syr 104 mg/0.65ml | P | 90 |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contraceptive)</i> | P | 90 |
| <i>medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contraceptive)</i> | P | 90 |
| <i>norethindrone tab 0.35 mg (Ortho micronor)</i> | P | QL (28 tablets/21 days), 90 |
| SLYND – drospirenone tab 4 mg | P | QL (28 tablets/21 days), 90 |
| CORTICOSTEROIDS | | |
| AGAMREE – vamorolone oral susp 40 mg/ml | NP | PA, QL (300 mls/30 days), SP |
| ALKINDI SPRINKLE – hydrocortisone cap sprinkle 0.5 mg, 1 mg, 2 mg, 5 mg | NP | PA, SP |

P = Preferred Drug

NP = Non-Preferred Drug

SC = Supplemental Coverage

AL = Age Limit

PA = Prior Authorization

SF = Split Fill

ME = Morphine Equivalent

QL = Quantity Limits

90 = 90 days at mail order

SP = Specialty Drug

ST = Step Therapy

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>budesonide delayed release particles cap 3 mg (Entocort ec)</i> | NP | PA |
| <i>budesonide tab er 24hr 9 mg (Uceris)</i> | NP | PA |
| CORTEF – hydrocortisone tab 5 mg, 10 mg, 20 mg | NP | PA |
| CORTISONE ACETATE – cortisone acetate tab 25 mg | NP | PA |
| DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml | P | |
| <i>dexamethasone elixir 0.5 mg/5ml</i> | P | |
| DEXAMETHASONE INTENSOL – dexamethasone conc 1 mg/ml | P | |
| <i>dexamethasone tab therapy pack 1.5 mg (21)</i> | P | |
| <i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | P | |
| DEXAMETHASONE 10-DAY DOSE PACK – dexamethasone tab therapy pack 1.5 mg (35) | P | |
| DEXAMETHASONE 13-DAY DOSE PACK – dexamethasone tab therapy pack 1.5 mg (51) | P | |
| EMFLAZA – deflazacort susp 22.75 mg/ml | NP | PA, SP |
| EMFLAZA – deflazacort tab 6 mg | NP | PA, QL (60 tablets/30 days), SP |
| EMFLAZA – deflazacort tab 18 mg | NP | PA, QL (30 tablets/30 days), SP |
| EMFLAZA – deflazacort tab 30 mg, 36 mg | NP | PA, SP |
| <i>fludrocortisone acetate tab 0.1 mg</i> | P | 90 |
| HEMADY – dexamethasone tab 20 mg | NP | PA |
| <i>hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)</i> | P | |
| MEDROL – methylprednisolone tab 2 mg, 4 mg, 8 mg, 16 mg | NP | PA |
| MEDROL DOSEPAK – methylprednisolone tab therapy pack 4 mg (21) | NP | PA |
| <i>methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)</i> | P | |
| <i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)</i> | P | |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)</i> | P | |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> | P | |
| <i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i> | P | QL (900 mls/30 days) |
| <i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> | P | QL (450 mls/30 days) |
| PREDNISOLONE SODIUM PHOSPHATE ODT – prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq) | NP | PA |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> | P | |
| <i>prednisolone soln 15 mg/5ml</i> | P | |
| <i>prednisolone tab 5 mg</i> | P | |
| PREDNISONONE – prednisone oral soln 5 mg/5ml | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| PREDNISONONE INTENSOL – prednisone conc 5 mg/ml | P | |
| <i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i> | P | |
| <i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i> | P | |
| RAYOS – prednisone tab delayed release 1 mg, 2 mg, 5 mg | NP | PA, QL (30 tablets/30 days) |
| TAPERDEX 12-DAY – dexamethasone tab therapy pack 1.5 mg (49) | NP | PA |
| TAPERDEX 7-DAY – dexamethasone tab therapy pack 1.5 mg (27) | NP | PA |
| <i>taperdex 6-day</i> | NP | PA |
| TARPEYO – budesonide delayed release cap 4 mg | NP | PA, QL (120 capsules/30 days) |
| UCERIS – budesonide tab er 24hr 9 mg | NP | PA |
| DERMATOLOGICALS : ACNE PRODUCTS | | |
| ABSORICA – isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg | NP | PA (>=25 yr) |
| ABSORICA LD – isotretinoin micronized cap 8 mg, 16 mg, 24 mg, 32 mg | NP | PA (>=25 yr) |
| ACANYA – clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% | NP | PA (>=25 yr) |
| <i>adapalene cream 0.1% (Differin)</i> | NP | PA (>=25 yr) |
| <i>adapalene gel 0.3% (Differin)</i> | NP | PA (>=25 yr) |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)</i> | NP | PA (>=25 yr) |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5% (Epiduo forte)</i> | NP | PA (>=25 yr) |
| ADAPALENE/BENZOYL PEROXIDE – adapalene-benzoyl peroxide pad 0.1-2.5% | NP | PA (>=25 yr) |
| ALTRENO – tretinoin lotion 0.05% | NP | PA (>=25 yr) |
| ARAZLO – tazarotene (acne) lotion 0.045% | NP | PA (>=25 yr) |
| ATRALIN – tretinoin gel 0.05% | NP | PA (>=25 yr) |
| BENZAMYCIN – benzoyl peroxide-erythromycin gel 5-3% | NP | PA (>=25 yr) |
| <i>benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)</i> | P | PA (>=25 yr) |
| CABTREO – adapalene-benzoyl peroxide-clindamycin gel 0.15-3.1-1.2% | NP | PA (>=25 yr) |
| CLEOCIN-T – clindamycin phosphate lotion 1% | NP | PA (>=25 yr) |
| CLINDACIN ETZ – clindamycin phosphate swab 1% & cleanser kit | NP | PA (>=25 yr) |
| CLINDAGEL – clindamycin phosphate gel 1% | NP | PA (>=25 yr) |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | NP | PA (>=25 yr) |
| <i>clindamycin phosphate foam 1% (Evoclin)</i> | NP | PA (>=25 yr) |
| <i>clindamycin phosphate gel 1%</i> | P | PA (>=25 yr) |
| <i>clindamycin phosphate lotion 1% (Cleocin-t)</i> | P | PA (>=25 yr) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|--------------------------------------|
| <i>clindamycin phosphate soln 1%</i> | P | PA (>=25 yr), QL (180 mls/30 days) |
| <i>clindamycin phosphate swab 1%</i> | P | PA (>=25 yr) |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)</i> | NP | PA (>=25 yr) |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya)</i> | NP | PA (>=25 yr) |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (Onexton)</i> | NP | PA (>=25 yr) |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)</i> | NP | PA (>=25 yr) |
| <i>dapsone gel 5%, 7.5% (Aczone)</i> | NP | PA (>=25 yr) |
| ERY – erythromycin pads 2% | NP | PA (>=25 yr) |
| ERYGEL – erythromycin gel 2% | NP | PA (>=25 yr), QL (180 grams/30 days) |
| <i>erythromycin gel 2% (Erygel)</i> | P | PA (>=25 yr), QL (180 grams/30 days) |
| <i>erythromycin soln 2%</i> | P | PA (>=25 yr), QL (180 mls/30 days) |
| FABIOR – tazarotene (acne) foam 0.1% | NP | PA (>=25 yr) |
| <i>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i> | NP | PA (>=25 yr) |
| <i>isotretinoin cap 25 mg, 35 mg (Absorica)</i> | NP | PA (>=25 yr) |
| KLARON – sulfacetamide sodium lotion 10% (acne) | NP | PA (>=25 yr) |
| ONEXTON – clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% | NP | PA (>=25 yr) |
| RETIN-A – tretinoin cream 0.025%, 0.05%, 0.1% | NP | PA (>=25 yr) |
| RETIN-A – tretinoin gel 0.01%, 0.025% | NP | PA (>=25 yr) |
| RETIN-A MICRO – tretinoin microsphere gel 0.04%, 0.06%, 0.1% | NP | PA (>=25 yr) |
| RETIN-A MICRO PUMP – tretinoin microsphere gel 0.04%, 0.08%, 0.1% | NP | PA (>=25 yr) |
| SSS 10-5 – sulfacetamide sodium w/ sulfur foam 10-5% | NP | PA (>=25 yr) |
| <i>sulfacetamide sodium lotion 10% (Klaron)</i> | NP | PA (>=25 yr) |
| <i>sulfacetamide sodium w/ sulfur cleanser 9-4% (Sumaxin wash)</i> | NP | PA (>=25 yr) |
| <i>sulfacetamide sodium w/ sulfur cleanser 9-4.5% (Sumadan wash)</i> | NP | PA (>=25 yr) |
| <i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Plexion cleanser)</i> | NP | PA (>=25 yr) |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-2% (Avar Is cleanser)</i> | NP | PA (>=25 yr) |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> | NP | PA (>=25 yr) |
| <i>sulfacetamide sodium w/ sulfur cream 10-2% (Avar-e Is)</i> | NP | PA (>=25 yr) |
| <i>sulfacetamide sodium w/ sulfur cream 10-5%</i> | NP | PA (>=25 yr) |
| <i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> | NP | PA (>=25 yr) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|----------------------------|
| <i>sulfacetamide sodium w/ sulfur susp 8-4%</i> | NP | PA (>=25 yr) |
| <i>sulfacetamide sodium w/ sulfur susp 10-5%</i> | NP | PA |
| SUMADAN KIT – sulfacetamide sod-sulfur wash 9-4.5% & skin cleanser kit | NP | PA (>=25 yr) |
| SUMADAN WASH – sulfacetamide sodium w/ sulfur cleanser 9-4.5% | NP | PA (>=25 yr) |
| SUMAXIN – sulfacetamide sodium w/ sulfur cleansing pad 10-4% | NP | PA (>=25 yr) |
| SUMAXIN CP KIT – sulfacetamide sod-sulfur pad 10-4% & skin cleanser kit | NP | PA (>=25 yr) |
| TAZAROTENE – tazarotene (acne) foam 0.1% | NP | PA (>=25 yr) |
| <i>tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)</i> | P | PA (>=25 yr) |
| <i>tretinoin gel 0.01%, 0.025% (Retin-a)</i> | P | PA (>=25 yr) |
| <i>tretinoin gel 0.05% (Atralin)</i> | P | PA (>=25 yr) |
| <i>tretinoin microsphere gel 0.04%, 0.1% (Retin-a micro)</i> | NP | PA (>=25 yr) |
| <i>tretinoin microsphere gel 0.08% (Retin-a micro pump)</i> | NP | PA (>=25 yr) |
| WINLEVI – clascoterone cream 1% | NP | PA (>=25 yr) |
| ZIANA – clindamycin phosphate-tretinoin gel 1.2-0.025% | NP | PA (>=25 yr) |
| DERMATOLOGICALS : ANTIBIOTICS | | |
| <i>gentamicin sulfate cream 0.1%</i> | P | QL (120 grams/90 days) |
| <i>gentamicin sulfate oint 0.1%</i> | P | QL (120 grams/90 days) |
| <i>mupirocin calcium cream 2%</i> | NP | PA |
| <i>mupirocin oint 2%</i> | P | |
| NEO-SYNALAR – neomycin sulfate-fluocinolone acetonide cream 0.5-0.025% | NP | PA |
| XEPI – ozenoxacin cream 1% | NP | PA |
| DERMATOLOGICALS : ANTIFUNGALS | | |
| <i>ciclopirox gel 0.77%</i> | NP | PA, QL (180 grams/30 days) |
| <i>ciclopirox olamine cream 0.77% (base equiv) (Loprox)</i> | NP | PA, QL (180 grams/30 days) |
| <i>ciclopirox olamine susp 0.77% (base equiv) (Loprox)</i> | NP | PA, QL (180 mls/30 days) |
| <i>ciclopirox shampoo 1% (Loprox shampoo)</i> | NP | PA |
| <i>ciclopirox solution 8% (Penlac Nail Lacquer)</i> | NP | PA, QL (6.6 mls/30 days) |
| CICLOPIROX TREATMENT – ciclopirox solution kit 8% | NP | PA |
| <i>clotrimazole cream 1%</i> | P | |
| <i>clotrimazole soln 1%</i> | NP | PA |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | NP | PA |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> | NP | PA |
| <i>econazole nitrate cream 1%</i> | P | QL (170 grams/30 days) |
| ERTACZO – sertaconazole nitrate cream 2% | NP | PA |
| JUBLIA – efinaconazole soln 10% | NP | PA, QL (4 mls/30 days) |

P = Preferred Drug AL = Age Limit ME = Morphine Equivalent SP = Specialty Drug
 NP = Non-Preferred Drug PA = Prior Authorization QL = Quantity Limits ST = Step Therapy
 SC = Supplemental Coverage SF = Split Fill 90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|------------------------------------|
| <i>ketoconazole cream 2%</i> | P | QL (180 grams/30 days) |
| <i>ketoconazole foam 2% (Extina)</i> | NP | PA, QL (100 grams/30 days) |
| <i>ketoconazole shampoo 2% (Nizoral)</i> | P | |
| LULICONAZOLE – luliconazole cream 1% | NP | PA |
| LUZU – luliconazole cream 1% | NP | PA |
| MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM – miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% | NP | PA |
| MYCOZYL HC – tolnaftate-hydrocortisone liquid 1-0.667% | NP | PA |
| NAFTIFINE HCL – naftifine hcl cream 1% | NP | PA |
| <i>naftifine hcl cream 2% (Naftin)</i> | NP | PA |
| <i>naftifine hcl gel 2% (Naftin)</i> | NP | PA |
| NAFTIN – naftifine hcl gel 1%, 2% | NP | PA |
| <i>nystatin cream 100000 unit/gm</i> | P | |
| <i>nystatin oint 100000 unit/gm</i> | P | |
| <i>nystatin topical powder 100000 unit/gm</i> | P | |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | NP | PA |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> | NP | PA |
| <i>oxiconazole nitrate cream 1% (Oxistat)</i> | NP | PA |
| OXISTAT – oxiconazole nitrate lotion 1% | NP | PA |
| <i>tavorole soln 5% (Kerydin)</i> | NP | PA, QL (4 mls/30 days) |
| VUSION – miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% | NP | PA |
| DERMATOLOGICALS : ANTIPSORIATICS | | |
| <i>acitretin cap 10 mg, 25 mg (Soriatane)</i> | NP | PA |
| <i>acitretin cap 17.5 mg</i> | NP | PA |
| BIMZELX – bimekizumab-bkzx subcutaneous soln auto-injector 160 mg/ml | NP | PA, QL (2 pens/56 days), SP |
| BIMZELX – bimekizumab-bkzx subcutaneous soln prefilled syr 160 mg/ml | NP | PA, QL (2 syringes/56 days), SP |
| CALCIPOTRIENE – calcipotriene foam 0.005% | NP | PA |
| <i>calcipotriene cream 0.005% (Dovonex)</i> | P | |
| <i>calcipotriene oint 0.005%</i> | P | |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | P | |
| CALCITRIOL – calcitriol oint 3 mcg/gm | NP | PA |
| COSENTYX – secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml | P | PA, QL (1 syringe/28 days), SP |
| COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose) | P | PA, QL (2 syringes/28 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|----------------------------------|
| COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml | P | PA, QL (1 syringe/28 days), SP |
| COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose) | P | PA, QL (2 syringes/28 days), SP |
| COSENTYX UNOREADY – secukinumab subcutaneous soln auto-injector 300 mg/2ml | P | PA, QL (1 pen/28 days), SP |
| ILUMYA – tildrakizumab-asmn subcutaneous soln pref syringe 100 mg/ml | NP | PA, QL (1 syringe/84 days), SP |
| METHOXSALLEN – methoxsalen rapid cap 10 mg | NP | PA |
| SILIQ – brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml | NP | PA, QL (2 syringes/28 days), SP |
| SKYRIZI – risankizumab-rzaa soln prefilled syringe 150 mg/ml | NP | PA, QL (1 syringe/84 days), SP |
| SKYRIZI PEN – risankizumab-rzaa soln auto-injector 150 mg/ml | NP | PA, QL (1 pen/84 days), SP |
| SORILUX – calcipotriene foam 0.005% | NP | PA |
| SOTYKTU – deucravacitinib tab 6 mg | NP | PA, QL (30 tablets/30 days), SP |
| STELARA – ustekinumab inj 45 mg/0.5ml | NP | PA, QL (1 vial/84 days), SP |
| STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml | NP | PA, QL (1 syringe/84 days), SP |
| STELARA – ustekinumab soln prefilled syringe 90 mg/ml | NP | PA, QL (1 syringe/56 days), SP |
| TALTZ – ixekizumab subcutaneous soln auto-injector 80 mg/ml | NP | PA, QL (1 syringe/28 days), SP |
| TALTZ – ixekizumab subcutaneous soln prefilled syringe 80 mg/ml | NP | PA, QL (1 syringe/28 days), SP |
| <i>tazarotene cream 0.1% (Tazorac)</i> | NP | PA (>=25 yr) |
| <i>tazarotene gel 0.05%, 0.1% (Tazorac)</i> | NP | PA (>=25 yr) |
| TREMFYA – guselkumab soln pen-injector 100 mg/ml | NP | PA, QL (1 injection/56 days), SP |
| TREMFYA – guselkumab soln prefilled syringe 100 mg/ml | NP | PA, QL (1 syringe/56 days), SP |
| VTAMA – tapinarof cream 1% | NP | PA |
| ZORYVE – roflumilast cream 0.3% | NP | PA |
| DERMATOLOGICALS : CORTICOSTEROIDS - TOPICAL | | |
| <i>alclometasone dipropionate cream 0.05%</i> | P | |
| <i>alclometasone dipropionate oint 0.05%</i> | P | |
| APEXICON E – diflorasone diacetate emollient base cream 0.05% | NP | PA, QL (100 grams/30 days) |
| BETAMETHASONE DIPROPIONATE – betamethasone dipropionate augmented gel 0.05% | NP | PA, QL (180 grams/90 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>betamethasone dipropionate augmented cream 0.05% (Diprolene af)</i> | NP | PA, QL (100 grams/30 days) |
| <i>betamethasone dipropionate augmented lotion 0.05%</i> | NP | PA, QL (180 mls/90 days) |
| <i>betamethasone dipropionate augmented oint 0.05% (Diprolene)</i> | NP | PA, QL (180 grams/90 days) |
| <i>betamethasone dipropionate cream 0.05%</i> | NP | PA, QL (100 grams/30 days) |
| <i>betamethasone dipropionate lotion 0.05%</i> | NP | PA, QL (100 mls/30 days) |
| <i>betamethasone dipropionate oint 0.05%</i> | NP | PA, QL (100 grams/30 days) |
| <i>betamethasone valerate aerosol foam 0.12% (Luxiq)</i> | NP | PA |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i> | P | |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | P | |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i> | P | |
| BRYHALI – halobetasol propionate lotion 0.01% | NP | PA, QL (100 grams/30 days) |
| <i>calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)</i> | NP | PA, QL (120 grams/30 days) |
| <i>calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)</i> | NP | PA, QL (120 grams/30 days) |
| <i>clobetasol propionate cream 0.05% (Temovate)</i> | P | QL (180 grams/90 days) |
| <i>clobetasol propionate emollient base cream 0.05%</i> | P | |
| <i>clobetasol propionate emulsion foam 0.05% (Olux-e)</i> | NP | PA, QL (180 grams/90 days) |
| <i>clobetasol propionate foam 0.05% (Olux)</i> | NP | PA, QL (180 grams/90 days) |
| <i>clobetasol propionate gel 0.05%</i> | P | |
| <i>clobetasol propionate lotion 0.05% (Clobex)</i> | NP | PA, QL (180 mls/90 days) |
| <i>clobetasol propionate oint 0.05% (Temovate)</i> | P | QL (180 grams/90 days) |
| <i>clobetasol propionate shampoo 0.05% (Clobex)</i> | NP | PA |
| <i>clobetasol propionate soln 0.05%</i> | P | QL (180 mls/90 days) |
| <i>clobetasol propionate spray 0.05% (Clobex)</i> | NP | PA, QL (180 mls/90 days) |
| <i>clodermolone pivalate cream 0.1% (Cloderm)</i> | NP | PA |
| CLODERM – clodermolone pivalate cream 0.1% | NP | PA |
| DERMA-SMOOTH/FS BODY – fluocinolone acetonide oil 0.01% (body oil) | NP | PA |
| DERMA-SMOOTH/FS SCALP – fluocinolone acetonide oil 0.01% (scalp oil) | NP | PA |
| <i>desonide cream 0.05% (Desowen)</i> | P | |
| <i>desonide lotion 0.05%</i> | NP | PA |
| <i>desonide oint 0.05%</i> | P | |
| <i>desoximetasone cream 0.05%, 0.25% (Topicort)</i> | NP | PA, QL (100 grams/30 days) |
| <i>desoximetasone gel 0.05% (Topicort)</i> | NP | PA, QL (100 grams/30 days) |
| <i>desoximetasone oint 0.05%, 0.25% (Topicort)</i> | NP | PA, QL (100 grams/30 days) |
| <i>desoximetasone spray 0.25% (Topicort)</i> | NP | PA, QL (100 mls/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| DIFLORASONE DIACETATE – diflorasone diacetate cream 0.05% | P | QL (100 grams/30 days) |
| <i>diflorasone diacetate oint 0.05%</i> | P | QL (100 grams/30 days) |
| DIPROLENE – betamethasone dipropionate augmented oint 0.05% | NP | PA, QL (180 grams/90 days) |
| DUOBRII – halobetasol propionate-tazarotene lotion 0.01-0.045% | NP | PA, QL (100 grams/30 days) |
| ENSTILAR – calcipotriene-betamethasone dipropionate foam 0.005-0.064% | NP | PA, QL (120 grams/30 days) |
| EPIFOAM – pramoxine-hc aerosol foam 1-1% | NP | PA |
| FLUOCINOLONE ACETONIDE – fluocinolone acetonide cream 0.01% | P | |
| <i>fluocinolone acetonide cream 0.025% (Synalar)</i> | P | |
| <i>fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs body)</i> | P | |
| <i>fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs scalp)</i> | P | |
| <i>fluocinolone acetonide oint 0.025% (Synalar)</i> | P | |
| <i>fluocinolone acetonide soln 0.01% (Synalar)</i> | P | |
| <i>fluocinonide cream 0.05%</i> | P | QL (100 grams/30 days) |
| <i>fluocinonide cream 0.1% (Vanos)</i> | P | QL (120 grams/90 days) |
| <i>fluocinonide emulsified base cream 0.05%</i> | P | QL (100 grams/30 days) |
| <i>fluocinonide gel 0.05%</i> | P | QL (100 grams/30 days) |
| <i>fluocinonide oint 0.05%</i> | P | QL (100 grams/30 days) |
| <i>fluocinonide soln 0.05%</i> | P | QL (100 mls/30 days) |
| FLURANDRENOLIDE – flurandrenolide cream 0.05% | NP | PA |
| FLURANDRENOLIDE – flurandrenolide lotion 0.05% | NP | PA |
| FLUTICASONE PROPIONATE – fluticasone propionate lotion 0.05% | NP | PA |
| <i>fluticasone propionate cream 0.05%</i> | P | |
| <i>fluticasone propionate oint 0.005%</i> | P | |
| <i>halcinonide cream 0.1% (Halog)</i> | NP | PA, QL (100 grams/30 days) |
| <i>halobetasol propionate cream 0.05%</i> | P | QL (180 grams/90 days) |
| <i>halobetasol propionate foam 0.05% (Lexette)</i> | NP | PA, QL (180 grams/90 days) |
| <i>halobetasol propionate oint 0.05%</i> | P | QL (180 grams/90 days) |
| HALOG – halcinonide soln 0.1% | NP | PA, QL (120 mls/30 days) |
| HALOG – halcinonide cream 0.1% | NP | PA, QL (100 grams/30 days) |
| HALOG – halcinonide oint 0.1% | NP | PA, QL (100 grams/30 days) |
| HYDROCORTISONE BUTYRATE – hydrocortisone butyrate soln 0.1% | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| HYDROCORTISONE BUTYRATE – hydrocortisone butyrate cream 0.1% | NP | PA |
| <i>hydrocortisone butyrate lotion 0.1% (Locoid)</i> | NP | PA |
| <i>hydrocortisone butyrate oint 0.1%</i> | NP | PA |
| HYDROCORTISONE COMPLETE KIT – hydrocortisone lotion 2% & cleanser liq therapy pack | NP | PA |
| <i>hydrocortisone cream 1%, 2.5%</i> | P | |
| <i>hydrocortisone lotion 2.5%</i> | P | |
| <i>hydrocortisone oint 1%, 2.5%</i> | P | |
| <i>hydrocortisone valerate cream 0.2%</i> | P | |
| <i>hydrocortisone valerate oint 0.2%</i> | P | |
| HYDROXYM – hydrocortisone gel 2% | NP | PA |
| LEXETTE – halobetasol propionate foam 0.05% | NP | PA, QL (180 grams/90 days) |
| LOCOID – hydrocortisone butyrate lotion 0.1% | NP | PA |
| LOCOID LIPOCREAM – hydrocortisone butyrate hydrophilic lipo base cream 0.1% | NP | PA |
| <i>mometasone furoate cream 0.1%</i> | P | |
| <i>mometasone furoate oint 0.1%</i> | P | QL (100 grams/30 days) |
| <i>mometasone furoate solution 0.1% (lotion)</i> | P | |
| PANDEL – hydrocortisone probutate cream 0.1% | NP | PA |
| RADIAURA – lidocaine-hydrocortisone acetate cream 3-0.5% | NP | PA |
| SYNALAR – fluocinolone acetonide oint 0.025% | NP | PA |
| SYNALAR – fluocinolone acetonide cream 0.025% | NP | PA |
| TACLONEX – calcipotriene-betamethasone dipropionate susp 0.005-0.064% | NP | PA, QL (120 grams/30 days) |
| TEXACORT – hydrocortisone soln 2.5% | NP | PA |
| TOPICORT – desoximetasone cream 0.05%, 0.25% | NP | PA, QL (100 grams/30 days) |
| TOPICORT – desoximetasone gel 0.05% | NP | PA, QL (100 grams/30 days) |
| <i>triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)</i> | NP | PA |
| <i>triamcinolone acetonide cream 0.025%, 0.1%</i> | P | |
| <i>triamcinolone acetonide cream 0.5%</i> | P | QL (100 grams/30 days) |
| <i>triamcinolone acetonide lotion 0.025%, 0.1%</i> | P | |
| <i>triamcinolone acetonide oint 0.025%, 0.1%</i> | P | |
| <i>triamcinolone acetonide oint 0.05%</i> | NP | PA |
| <i>triamcinolone acetonide oint 0.5%</i> | P | QL (100 grams/30 days) |
| ULTRAVATE – halobetasol propionate lotion 0.05% | NP | PA, QL (180 mls/90 days) |
| VANOS – fluocinonide cream 0.1% | NP | PA, QL (120 grams/90 days) |
| DERMATOLOGICALS : MISC | | |
| <i>acyclovir cream 5% (Zovirax)</i> | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|----------------------------------|
| <i>acyclovir oint 5% (Zovirax)</i> | NP | PA |
| ALADERM PLUS – dermatological products misc - emulsion | NP | PA |
| AMELUZ – aminolevulinic acid hcl gel 10% | NP | PA |
| <i>azelaic acid gel 15% (Finacea)</i> | NP | PA (>=25 yr) |
| BENSAL HP – salicylic acid oint 3% | NP | PA |
| <i>bexarotene gel 1% (Targretin)</i> | NP | PA, SP |
| <i>brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)</i> | NP | PA |
| CARAC – fluorouracil cream 0.5% | NP | PA, QL (30 grams/180 days) |
| CONDYLOX – podofilox gel 0.5% | P | |
| DENAVIR – penciclovir cream 1% | NP | PA |
| DERMACINRX LIDOGELE – lidocaine hcl gel 2.8% | NP | PA, QL (120 grams/30 days) |
| DICLOFENAC EPOLAMINE – diclofenac epolamine patch 1.3% | NP | PA, QL (60 patches/30 days) |
| <i>diclofenac sod soln 1.5% & capsaicin cream 0.025% ther pack (Dermacinrx lextral)</i> | NP | PA |
| <i>diclofenac sodium (actinic keratoses) gel 3%</i> | NP | PA, QL (2 tubes/180 days) |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv) (Voltaren)</i> | NP | PA, QL (200 grams/30 days) |
| <i>diclofenac sodium soln 1.5%</i> | NP | PA, QL (150 mls/30 days) |
| <i>diclofenac sodium soln 2% (Pennsaid)</i> | NP | PA, QL (112 grams/28 days) |
| <i>doxepin hcl cream 5% (Prudoxin)</i> | NP | PA, QL (45 grams/180 days) |
| <i>doxycycline (rosacea) cap delayed release 40 mg (Oracea)</i> | NP | PA |
| EFUDEX – fluorouracil cream 5% | NP | PA, QL (240 grams/180 days) |
| ELIDEL – pimecrolimus cream 1% | P | QL (60 days supply/120 days), ST |
| EUCRISA – crisaborole oint 2% | P | QL (60 days supply/120 days), ST |
| FINACEA – azelaic acid foam 15% | NP | PA (>=25 yr) |
| FLECTOR – diclofenac epolamine patch 1.3% | NP | PA, QL (60 patches/30 days) |
| FLUOROURACIL – fluorouracil soln 2% | NP | PA |
| FLUOROURACIL – fluorouracil cream 0.5% | NP | PA, QL (30 grams/180 days) |
| <i>fluorouracil cream 5% (Efudex)</i> | NP | PA, QL (240 grams/180 days) |
| <i>fluorouracil soln 5%</i> | NP | PA |
| HYCLODEX – hypochlorous acid soln 0.012% | NP | PA |
| HYFTOR – sirolimus gel 0.2% | NP | PA, QL (7 tubes/84 days) |
| HYLATOPIC PLUS – dermatological products misc - cream | NP | PA |
| <i>imiquimod cream 3.75% (Zyclara Pump)</i> | NP | PA, QL (15 grams/180 days) |
| <i>imiquimod cream 3.75% (Zyclara Pump)</i> | NP | PA, QL (56 packets/180 days) |
| <i>imiquimod cream 5% (Aldara)</i> | P | QL (48 packets/180 days) |
| <i>ivermectin cream 1%</i> | NP | PA, QL (45 grams/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>lactic acid (ammonium lactate) cream 12%</i> | NP | PA |
| <i>lactic acid (ammonium lactate) lotion 12%</i> | P | |
| LEVULAN KERASTICK – aminolevulinic acid hcl for soln 20% (stick applicator) | P | |
| LICART – diclofenac epolamine patch 24hr 1.3% | NP | PA, QL (30 patches/30 days) |
| <i>lidocaine hcl cream 3%</i> | P | QL (120 grams/30 days) |
| <i>lidocaine hcl soln 4%</i> | P | QL (120 mls/30 days) |
| <i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> | P | QL (120 grams/30 days) |
| LIDOCAINE HYDROCHLORIDE – lidocaine hcl cream 4.12% | NP | PA, QL (120 grams/30 days) |
| <i>lidocaine oint 5%</i> | P | QL (71 grams/25 days) |
| <i>lidocaine patch 5% (Lidoderm)</i> | P | QL (90 patches/30 days) |
| <i>lidocaine-prilocaine cream kit 2.5-2.5%</i> | NP | PA |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | NP | PA, QL (30 grams/60 days) |
| LIDODERM – lidocaine patch 5% | NP | PA, QL (90 patches/30 days) |
| LIDOREX – lidocaine hcl gel 2.8% | NP | PA, QL (120 grams/30 days) |
| LIDOTRAL – lidocaine hcl cream 3.88% | NP | PA, QL (120 grams/30 days) |
| LIDOTRAL/MENTHOL – lidocaine-menthol liquid spray 5-3% | NP | PA |
| LIDOTRAN – lidocaine hcl cream 3.88% | NP | PA, QL (120 grams/30 days) |
| LYDEXA – lidocaine hcl cream 4.12% | NP | PA, QL (120 grams/30 days) |
| <i>mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)</i> | P | |
| <i>metronidazole cream 0.75% (Metrocream)</i> | P | |
| <i>metronidazole gel 0.75%</i> | P | |
| <i>metronidazole gel 1% (Metrogel)</i> | P | QL (60 grams/30 days) |
| <i>metronidazole lotion 0.75% (Metrolotion)</i> | P | |
| NORITATE – metronidazole cream 1% | NP | PA (>=25 yr) |
| NUVAIL – dermatological products misc - solution | NP | PA |
| OVACE PLUS – sulfacetamide sodium lotion 9.8% | NP | PA |
| <i>penciclovir cream 1% (Denavir)</i> | NP | PA |
| PENNSAID – diclofenac sodium soln 2% | NP | PA, QL (112 grams/28 days) |
| <i>pimecrolimus cream 1% (Elidel)</i> | P | QL (60 days supply/120 days), ST |
| PODOCON-25 – podophyllum resin soln 25% | NP | PA |
| PODOFILOX – podofilox soln 0.5% | P | |
| <i>podofilox gel 0.5% (Condylox)</i> | P | |
| PRUDOXIN – doxepin hcl cream 5% | NP | PA, QL (45 grams/180 days) |
| QUTENZA – capsaicin patch 8% & cleansing gel kit | NP | PA |
| RHOFADE – oxymetazoline hcl cream 1% | NP | PA |
| SALICATE – salicylic acid liquid 10% | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|----------------------------------|
| SALICYLIC ACID – salicylic acid oint 3% | P | |
| <i>salicylic acid film forming liquid 27.5% (Virasal)</i> | P | |
| <i>salicylic acid foam 6% (Salvax)</i> | NP | PA |
| <i>salicylic acid gel 6% (Keralyt)</i> | P | |
| SALYCIM – salicylic acid cream 6% | NP | PA |
| <i>selenium sulfide lotion 2.5%</i> | P | |
| <i>selenium sulfide shampoo 2.25%</i> | NP | PA |
| SILVADENE – silver sulfadiazine cream 1% | NP | PA |
| SILVER NITRATE – silver nitrate soln 0.5% | NP | PA |
| <i>silver sulfadiazine cream 1% (Silvadene)</i> | P | |
| <i>sulfacetamide sodium cleansing gel 10% (Ovace plus wash)</i> | NP | PA |
| <i>sulfacetamide sodium liquid 10% (Ovace wash)</i> | NP | PA |
| SULFAMYLON – mafenide acetate cream 85 mg/gm | P | |
| <i>tacrolimus oint 0.03%, 0.1% (Protopic)</i> | P | QL (60 days supply/120 days), ST |
| TARGRETIN – bexarotene gel 1% | P | SP |
| UREA – urea cream 39.5% | P | |
| <i>urea cream 20%, 39%, 40%</i> | P | |
| <i>urea cream 41% (Utopic)</i> | P | |
| UREA HYDRATING – urea in lactic acid vehicle foam 35% | NP | PA |
| <i>urea lotion 40%</i> | P | |
| UREA/SALICYLIC ACID – salicylic acid & urea cream 2-39.5% | NP | PA |
| VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent) | NP | PA, SP |
| VEREGEN – sinecatechins oint 15% | NP | PA |
| VYJUVEK – beremagene geperpavec-svdt gel 5,000,000,000 pfu/2.5ml | NP | PA, SP |
| XERAC AC – aluminum chloride in alcohol solution 6.25% | NP | PA |
| XERESE – acyclovir-hydrocortisone cream 5-1% | NP | PA |
| XYLIDERM – lidocaine patch 5% & adhesive sheet kit | NP | PA |
| YCANTH – cantharidin soln 0.7% | NP | PA |
| ZONALON – doxepin hcl cream 5% | NP | PA, QL (45 grams/180 days) |
| ZORYVE – roflumilast foam 0.3% | NP | PA |
| ZOVIRAX – acyclovir cream 5% | NP | PA |
| ZOVIRAX – acyclovir oint 5% | NP | PA |
| ZTLIDO – lidocaine patch 1.8% (36 mg) | NP | PA, QL (90 systems/30 days) |
| ZYCLARA – imiquimod cream 3.75% | NP | PA, QL (56 packets/180 days) |
| ZYCLARA PUMP – imiquimod cream 2.5%, 3.75% | NP | PA, QL (15 grams/180 days) |

DERMATOLOGICALS : SCABICIDES & PEDICULICIDES

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---------------------------------|
| CROTAN – crotamiton lotion 10% | NP | PA |
| <i>malathion lotion 0.5% (Ovide)</i> | NP | PA |
| NATROBA – spinosad susp 0.9% | P | |
| <i>permethrin cream 5% (Elimite)</i> | P | |
| <i>permethrin creme rinse 1%</i> | P | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | P | |
| SPINOSAD – spinosad susp 0.9% | NP | PA |
| DIGESTIVE ENZYMES | | |
| CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit | P | |
| PERTZYE – pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit, 8000-28750-30250 unit, 16000-57500-60500 unit, 24000-86250-90750 unit | NP | PA |
| VIOKACE – pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit, 20880-78300-78300 unit | NP | PA |
| ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit | P | |
| ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS | | |
| ACTONEL – risedronate sodium tab 35 mg | NP | PA, QL (4 tablets/28 days), 90 |
| ACTONEL – risedronate sodium tab 150 mg | NP | PA, QL (1 tablets/30 days), 90 |
| ALENDRONATE SODIUM – alendronate sodium tab 5 mg | P | QL (30 tablets/30 days), 90 |
| <i>alendronate sodium oral soln 70 mg/75ml</i> | P | QL (300 mls/28 days), 90 |
| <i>alendronate sodium tab 10 mg</i> | P | QL (30 tablets/30 days), 90 |
| <i>alendronate sodium tab 35 mg</i> | P | QL (4 tablets/28 days), 90 |
| <i>alendronate sodium tab 70 mg (Fosamax)</i> | P | QL (4 tablets/28 days), 90 |
| ATELVIA – risedronate sodium tab delayed release 35 mg | NP | PA, QL (4 tablets/28 days), 90 |
| BINOSTO – alendronate sodium effervescent tab 70 mg | NP | PA, QL (4 tablets/28 days), 90 |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> | P | 90 |
| FOSAMAX – alendronate sodium tab 70 mg | NP | PA, QL (4 tablets/28 days), 90 |
| FOSAMAX PLUS D – alendronate sodium-cholecalciferol tab 70-2800 mg-unit, 70-5600 mg-unit | NP | PA, QL (4 tablets/28 days), 90 |
| <i>ibandronate sodium tab 150 mg (base equivalent) (Boniva)</i> | NP | PA, QL (1 tablet/30 days), 90 |
| <i>risedronate sodium tab delayed release 35 mg (Atelvia)</i> | NP | PA, QL (4 tablets/28 days), 90 |
| <i>risedronate sodium tab 5 mg, 30 mg (Actonel)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>risedronate sodium tab 35 mg (Actonel)</i> | NP | PA, QL (4 tablets/28 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|-----------------------------------|
| <i>risedronate sodium tab 150 mg (Actonel)</i> | NP | PA, QL (1 tablets/30 days), 90 |
| ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONES | | |
| GENOTROPIN – somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit) | P | PA, SP |
| GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg | P | PA, SP |
| HUMATROPE – somatropin for inj cartridge 6 mg (18 unit), 12 mg (36 unit), 24 mg | NP | PA, SP |
| MYCAPSSA – octreotide acetate cap delayed release 20 mg | NP | PA, QL (120 capsules/30 days), SP |
| NGENLA – somatrogon-ghla solution pen-injector 24 mg/1.2ml (20 mg/ml), 60 mg/1.2ml (50 mg/ml) | NP | PA, SP |
| NORDITROPIN FLEXPLO – somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml | NP | PA, SP |
| NUTROPIN AQ NUSPIN 10 – somatropin solution pen-injector 10 mg/2ml | NP | PA, SP |
| NUTROPIN AQ NUSPIN 20 – somatropin solution pen-injector 20 mg/2ml | NP | PA, SP |
| NUTROPIN AQ NUSPIN 5 – somatropin solution pen-injector 5 mg/2ml | NP | PA, SP |
| OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml | NP | PA, QL (90 syringes/30 days), SP |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml) (Sandostatin)</i> | NP | PA, QL (90 mls/30 days), SP |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | NP | PA, QL (90 mls/30 days), SP |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)</i> | NP | PA, QL (90 vials/30 days), SP |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> | NP | PA, QL (30 vials/30 days), SP |
| OMNITROPE – somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml | NP | PA, SP |
| OMNITROPE – somatropin for inj 5.8 mg | NP | PA, SP |
| SAIZEN – somatropin (non-refrigerated) for inj 5 mg | NP | PA, SP |
| SANDOSTATIN – octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml) | NP | PA, QL (90 mls/30 days), SP |
| SANDOSTATIN – octreotide acetate inj 500 mcg/ml (0.5 mg/ml) | NP | PA, QL (90 vials/30 days), SP |
| SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 10 mg, 20 mg, 30 mg | NP | PA, QL (1 kit/28 days), SP |
| SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 4 mg, 5 mg, 6 mg | NP | PA, SP |
| SKYTROFA – lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg | NP | PA, SP |
| SKYTROFA – lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg | NP | PA, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|----------------------------------|
| SOGROYA – somapacitan-beco solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml | NP | PA, SP |
| ZOMACTON – somatropin for subcutaneous inj 5 mg | NP | PA, SP |
| ZOMACTON – somatropin for inj 10 mg | NP | PA, SP |
| ENDOCRINE AND METABOLIC AGENTS : MISC | | |
| <i>betaine powder for oral solution (Cystadane)</i> | NP | PA, QL (180 grams/30 days), SP |
| BUPHENYL – sodium phenylbutyrate tab 500 mg | NP | PA, SP |
| BUPHENYL – sodium phenylbutyrate oral powder 3 gm/ teaspoonful | NP | PA, SP |
| <i>cabergoline tab 0.5 mg</i> | P | |
| CARBAGLU – carglumic acid soluble tab 200 mg | NP | PA, SP |
| <i>carglumic acid soluble tab 200 mg manufacturer Burel Pharma (Carbaglu)</i> | NP | PA, SP |
| <i>carglumic acid soluble tab 200 mg manufacturer Eton Pharma (Carbaglu)</i> | P | PA, SP |
| CARNITOR – levocarnitine tab 330 mg | NP | PA, 90 |
| CARNITOR – levocarnitine oral soln 1 gm/10ml (10%) | NP | PA, 90 |
| CARNITOR SF – levocarnitine oral soln 1 gm/10ml (10%) | NP | PA, 90 |
| <i>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)</i> | NP | PA |
| CYSTADANE – betaine powder for oral solution | NP | PA, QL (180 grams/30 days), SP |
| DDAVP – desmopressin acetate tab 0.1 mg, 0.2 mg | NP | PA, 90 |
| <i>desmopressin acetate nasal spray soln 0.01% (Ddavp)</i> | P | |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> | P | |
| <i>desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)</i> | P | 90 |
| EGRIFTA SV – tesamorelin acetate for inj 2 mg (base equiv) | NP | PA, SP |
| EVISTA – raloxifene hcl tab 60 mg | NP | PA, 90 |
| GALAFOLD – migalastat hcl cap 123 mg (base equivalent) | NP | PA, QL (14 capsules/28 days), SP |
| INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml) | NP | PA, SP |
| ISTURISA – osilodrostat phosphate tab 1 mg | NP | PA, QL (240 tablets/30 days), SP |
| ISTURISA – osilodrostat phosphate tab 5 mg | NP | PA, QL (360 tablets/30 days), SP |
| JYNARQUE – tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg | NP | PA, QL (56 tablets/28 days), SP |
| JYNARQUE – tolvaptan tab 15 mg | NP | PA, QL (60 tablets/30 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| JYNARQUE – tolvaptan tab 30 mg | NP | PA, QL (30 tablets/30 days), SP |
| KERENDIA – finerenone tab 10 mg, 20 mg | P | PA, QL (30 tablets/30 days) |
| KUVAN – sapropterin dihydrochloride tab 100 mg | NP | PA, SF, SP |
| KUVAN – sapropterin dihydrochloride powder packet 100 mg, 500 mg | NP | PA, SF, SP |
| LANREOTIDE ACETATE – lanreotide acetate extended release inj 120 mg/0.5ml | NP | PA, QL (1 syringe/28 days), SP |
| <i>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)</i> | NP | PA, 90 |
| <i>levocarnitine tab 330 mg (Carnitor)</i> | NP | PA, 90 |
| LUPRON DEPOT-PED (1-MONTH) – leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg | SC | PA, SP |
| LUPRON DEPOT-PED (3-MONTH) – leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg | SC | PA, SP |
| <i>methylergonovine maleate tab 0.2 mg</i> | SC | |
| <i>mifepristone tab 200 mg (Mifeprex)</i> | P | |
| <i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)</i> | P | SP |
| NITYR – nitisinone tab 2 mg, 5 mg, 10 mg | NP | PA, SP |
| NOCDURNA – desmopressin acetate sublingual tab 27.7 mcg, 55.3 mcg | NP | PA, QL (30 tablets/30 days) |
| OLPRUVA – sodium phenylbutyrate packet for susp 2 gm therapy pack | NP | PA, SP |
| OLPRUVA – sodium phenylbutyrate packet for susp 3 gm therapy pack | NP | PA, SP |
| OLPRUVA – sodium phenylbutyrate packet for susp 4 gm therapy pack | NP | PA, SP |
| OLPRUVA – sodium phenylbutyrate packet for susp 5 gm therapy pack | NP | PA, SP |
| OLPRUVA – sodium phenylbutyrate packet for susp 6 gm therapy pack | NP | PA, SP |
| OLPRUVA – sodium phenylbutyrate packet for susp 6.67 gm therapy pack | NP | PA, SP |
| ORFADIN – nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg | P | SP |
| ORFADIN – nitisinone susp 4 mg/ml | NP | PA, SP |
| ORLISSA – elagolix sodium tab 150 mg (base equiv) | P | PA, QL (30 tablets/30 days) |
| ORLISSA – elagolix sodium tab 200 mg (base equiv) | P | PA, QL (60 tablets/30 days) |
| OSPHENA – ospemifene tab 60 mg | NP | PA, 90 |
| PHEBURANE – sodium phenylbutyrate oral pellets 483 mg/gm | NP | PA, SP |
| <i>raloxifene hcl tab 60 mg (Evista)</i> | NP | PA, 90 |
| RAVICTI – glycerol phenylbutyrate liquid 1.1 gm/ml | NP | PA, SP |
| RECORLEV – levoketoconazole tab 150 mg | NP | PA, QL (240 tablets/30 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| SAMSCA – tolvaptan tab 15 mg | NP | PA, QL (30 tablets/365 days), SP |
| SAMSCA – tolvaptan tab 30 mg | NP | PA, QL (60 tablets/365 days), SP |
| <i>sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)</i> | NP | PA, SF, SP |
| <i>sapropterin dihydrochloride tab 100 mg (Kuvan)</i> | NP | PA, SF, SP |
| SENSIPAR – cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) | NP | PA |
| SIGNIFOR – pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv) | NP | PA, QL (60 mls/30 days), SP |
| SIGNIFOR LAR – pasireotide pamoate for im er susp 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv) | NP | PA, QL (1 kit/28 days) |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)</i> | NP | PA, SP |
| <i>sodium phenylbutyrate tab 500 mg (Buphenyl)</i> | NP | PA, SP |
| SOMATULINE DEPOT – lanreotide acetate extended release inj 60 mg/0.2ml, 90 mg/0.3ml, 120 mg/0.5ml | NP | PA, QL (1 syringe/28 days), SP |
| STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml | SC | PA, SP |
| SYNAREL – nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq) | NP | PA, SP |
| <i>tolvaptan tab 15 mg (Samsca)</i> | NP | PA, QL (30 tablets/365 days), SP |
| <i>tolvaptan tab 30 mg (Samsca)</i> | NP | PA, QL (60 tablets/365 days), SP |
| TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml | SC | PA, QL (1 pen/30 days), SP |
| ENDOCRINE AND METABOLIC AGENTS : VITAMIN D ANALOGS | | |
| <i>calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)</i> | P | 90 |
| <i>calcitriol oral soln 1 mcg/ml (Rocaltrol)</i> | P | 90 |
| <i>doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg</i> | P | 90 |
| <i>paricalcitol cap 1 mcg, 2 mcg (Zemplar)</i> | NP | PA, 90 |
| <i>paricalcitol cap 4 mcg</i> | NP | PA, 90 |
| RAYALDEE – calcifediol cap er 30 mcg | NP | PA, QL (60 capsules/30 days), 90 |
| ROCALTROL – calcitriol cap 0.25 mcg, 0.5 mcg | NP | PA, 90 |
| ROCALTROL – calcitriol oral soln 1 mcg/ml | NP | PA, 90 |
| ZEMPLAR – paricalcitol cap 1 mcg, 2 mcg | NP | PA, 90 |
| ESTROGENS | | |
| ACTIVEVELLA – estradiol & norethindrone acetate tab 1-0.5 mg | NP | PA, 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| ANGELIQ – drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg | NP | PA, 90 |
| BIJUVA – estradiol-progesterone cap 0.5-100 mg, 1-100 mg | NP | PA, 90 |
| CLIMARA – estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr | NP | PA, QL (4 patches/28 days), 90 |
| CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day | NP | PA, 90 |
| COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day | P | 90 |
| DELESTROGEN – estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml | NP | PA |
| DEPO-ESTRADIOL – estradiol cypionate im in oil 5 mg/ml | NP | PA |
| DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) | NP | PA, 90 |
| DUAVEE – conjugated estrogens-bazedoxifene tab 0.45-20 mg | NP | PA, 90 |
| ELESTRIN – estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump) | NP | PA, 90 |
| ESTRACE – estradiol tab 0.5 mg, 1 mg, 2 mg | NP | PA, 90 |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | P | 90 |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg (Activella)</i> | P | 90 |
| <i>estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)</i> | P | 90 |
| <i>estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)</i> | NP | PA, 90 |
| <i>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)</i> | P | QL (8 patches/28 days), 90 |
| <i>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)</i> | P | QL (4 patches/28 days), 90 |
| <i>estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)</i> | NP | PA |
| EVAMIST – estradiol transdermal spray 1.53 mg/spray | NP | PA, 90 |
| MENEST – esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg | P | 90 |
| MENOSTAR – estradiol td patch weekly 14 mcg/24hr | NP | PA, QL (4 patches/28 days), 90 |
| MINIVELLE – estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr | NP | PA, QL (8 patches/28 days), 90 |
| MYFEMBREE – relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg | P | PA, QL (30 tablets/30 days) |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)</i> | NP | PA, 90 |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | NP | PA, 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|--------------------------------|
| ORIAHNN – elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack | P | PA, QL (1 box/28 days) |
| PREMARIN – estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg | P | 90 |
| PREMPHASE – conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14) | P | 90 |
| PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg | P | 90 |
| VIVELLE-DOT – estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr | NP | PA, QL (8 patches/28 days), 90 |

GASTROINTESTINAL AGENTS : INFLAMMATORY BOWEL AGENTS

| | | |
|--|----|--------|
| APRISO – mesalamine cap er 24hr 0.375 gm | NP | PA, 90 |
| AZULFIDINE – sulfasalazine tab 500 mg | NP | PA, 90 |
| AZULFIDINE EN-TABS – sulfasalazine tab delayed release 500 mg | NP | PA, 90 |
| <i>balsalazide disodium cap 750 mg (Colazal)</i> | P | |
| CANASA – mesalamine suppos 1000 mg | NP | PA |
| COLAZAL – balsalazide disodium cap 750 mg | NP | PA |
| DELZICOL – mesalamine cap dr 400 mg | NP | PA, 90 |
| DIPENTUM – olsalazine sodium cap 250 mg | NP | PA, 90 |
| LIALDA – mesalamine tab delayed release 1.2 gm | NP | PA, 90 |
| <i>mesalamine cap dr 400 mg (Delzicol)</i> | NP | PA, 90 |
| <i>mesalamine cap er 24hr 0.375 gm (Apriso)</i> | NP | PA, 90 |
| <i>mesalamine cap er 500 mg (Pentasa)</i> | P | 90 |
| MESALAMINE DR – mesalamine tab delayed release 800 mg | NP | PA |
| <i>mesalamine enema 4 gm</i> | P | |
| <i>mesalamine rectal enema 4 gm & cleanser wipe kit (Rowasa)</i> | NP | PA |
| <i>mesalamine suppos 1000 mg (Canasa)</i> | P | |
| <i>mesalamine tab delayed release 1.2 gm (Lialda)</i> | NP | PA, 90 |
| PENTASA – mesalamine cap er 250 mg, 500 mg | P | 90 |
| ROWASA – mesalamine rectal enema 4 gm & cleanser wipe kit | NP | PA |
| SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml | P | |
| <i>sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)</i> | P | 90 |
| <i>sulfasalazine tab 500 mg (Azulfidine)</i> | P | 90 |

GASTROINTESTINAL AGENTS : MISC

| | | |
|---|----|----------------------------------|
| <i>alosectron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)</i> | NP | PA, QL (60 tablets/30 days) |
| AMITIZA – lubiprostone cap 8 mcg, 24 mcg | NP | PA, QL (60 capsules/30 days), 90 |
| CHENODAL – chenodiol tab 250 mg | NP | PA, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|-------------------------------------|
| CHOLBAM – cholic acid cap 50 mg, 250 mg | NP | PA, SP |
| <i>cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)</i> | P | 90 |
| GASTROCROM – cromolyn sodium oral conc 100 mg/5ml | NP | PA, 90 |
| GATTEX – teduglutide (rdna) for inj kit 5 mg | NP | PA, SP |
| GIMOTI – metoclopramide hcl nasal spray 15 mg/act | NP | PA |
| IBSRELA – tenapanor hcl tab 50 mg | NP | PA, QL (60 tablets/30 days), 90 |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i> | P | 90 |
| LINZESS – linaclotide cap 72 mcg, 145 mcg, 290 mcg | NP | PA, QL (30 capsules/30 days) |
| LOTRONEX – alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) | NP | PA, QL (60 tablets/30 days) |
| <i>lubiprostone cap 8 mcg, 24 mcg (Amitiza)</i> | NP | PA, QL (60 capsules/30 days), 90 |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | P | |
| <i>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)</i> | P | |
| METOCLOPRAMIDE ODT – metoclopramide hcl orally disintegrating tab 5 mg (base eq) | NP | PA |
| MOTEGRITY – prucalopride succinate tab 1 mg (base equivalent), 2 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| OALIVA – obeticholic acid tab 5 mg, 10 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| REGLAN – metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) | NP | PA |
| RELISTOR – methylnaltrexone bromide tab 150 mg | NP | PA, QL (90 tablets/30 days) |
| RELISTOR – methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml), 12 mg/0.6ml (20 mg/ml) | NP | PA, QL (30 syringes/30 days) |
| RELISTOR – methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml) | NP | PA, QL (60 vials/30 days) |
| RELTONE – ursodiol cap 200 mg, 400 mg | NP | PA |
| SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent) | NP | PA, QL (30 tablets/30 days) |
| TRULANCE – plecanatide tab 3 mg | NP | PA, QL (30 tablets/30 days) |
| URSO FORTE – ursodiol tab 500 mg | NP | PA, 90 |
| URSO 250 – ursodiol tab 250 mg | NP | PA, 90 |
| <i>ursodiol cap 300 mg (Actigall)</i> | P | 90 |
| <i>ursodiol tab 250 mg (Urso 250)</i> | NP | PA, 90 |
| <i>ursodiol tab 500 mg (Urso forte)</i> | NP | PA, 90 |
| VIBERZI – eluxadoline tab 75 mg, 100 mg | NP | PA, QL (60 tablets/30 days) |

GASTROINTESTINAL AGENTS : PHOSPHATE BINDER AGENTS

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|---------------------------|
| AURYXIA – ferric citrate tab 1 gm (210 mg ferric iron) | NP | PA, 90 |
| calcium acetate (phosphate binder) cap 667 mg (169 mg ca) | P | 90 |
| calcium acetate (phosphate binder) tab 667 mg | P | 90 |
| FOSRENOL – lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) | NP | PA, 90 |
| FOSRENOL – lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental) | P | 90 |
| lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol) | P | 90 |
| RENVELA – sevelamer carbonate tab 800 mg | NP | PA, 90 |
| RENVELA – sevelamer carbonate packet 0.8 gm, 2.4 gm | NP | PA, 90 |
| sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela) | NP | PA, 90 |
| sevelamer carbonate tab 800 mg (Renvela) | P | 90 |
| sevelamer hcl tab 400 mg | P | 90 |
| sevelamer hcl tab 800 mg (Renagel) | P | 90 |
| VELPHORO – sucroferric oxyhydroxide chew tab 500 mg | NP | PA, 90 |
| GENITOURINARY AGENTS : MISC | | |
| CYSTAGON – cysteamine bitartrate cap 50 mg | P | SP |
| ELMIRON – pentosan polysulfate sodium caps 100 mg | NP | PA |
| K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg | NP | PA |
| LITHOSTAT – acetohydroxamic acid tab 250 mg | NP | PA |
| ORACIT – sodium citrate & citric acid soln 490-640 mg/5ml | P | |
| phenazopyridine hcl tab 100 mg, 200 mg (Pyridium) | P | |
| pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml | NP | PA |
| potassium citrate & citric acid soln 1100-334 mg/5ml | NP | PA |
| potassium citrate tab er 5 meq (540 mg) (Urocit-k 5) | NP | PA |
| potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10) | NP | PA |
| potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15) | NP | PA |
| PROCYSBI – cysteamine bitartrate delayed release granules packet 75 mg, 300 mg | NP | PA, SP |
| PROCYSBI – cysteamine bitartrate cap delayed release 25 mg (base equiv), 75 mg (base equiv) | NP | PA, SP |
| PYRIDIDIUM – phenazopyridine hcl tab 100 mg, 200 mg | NP | PA |
| sodium chloride irrigation soln 0.9% | SC | |
| sodium citrate & citric acid soln 500-334 mg/5ml | P | |
| THIOLA – tiopronin tab 100 mg | NP | PA |
| THIOLA EC – tiopronin tab delayed release 100 mg, 300 mg | NP | PA |
| tiopronin tab 100 mg (Thiola) | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| UROCIT-K 10 – potassium citrate tab er 10 meq (1080 mg) | NP | PA |
| UROCIT-K 15 – potassium citrate tab er 15 meq (1620 mg) | NP | PA |
| UROCIT-K 5 – potassium citrate tab er 5 meq (540 mg) | NP | PA |
| GENITOURINARY AGENTS : PROSTATIC HYPERTROPHY AGENTS | | |
| <i>alfuzosin hcl tab er 24hr 10 mg (Uroxatral)</i> | P | QL (30 tablets/30 days), 90 |
| CARDURA XL – doxazosin mesylate tab er 24 hr 4 mg (base equiv), 8 mg (base equiv) | NP | PA, QL (30 tablets/30 days), 90 |
| <i>dutasteride cap 0.5 mg (Avodart)</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>finasteride tab 5 mg (Proscar)</i> | P | QL (30 tablets/30 days), 90 |
| FLOMAX – tamsulosin hcl cap 0.4 mg | NP | PA, QL (60 capsules/30 days), 90 |
| JALYN – dutasteride-tamsulosin hcl cap 0.5-0.4 mg | NP | PA, QL (30 capsules/30 days), 90 |
| PROSCAR – finasteride tab 5 mg | NP | PA, QL (30 tablets/30 days), 90 |
| RAPAFLO – silodosin cap 4 mg, 8 mg | NP | PA, QL (30 capsules/30 days), 90 |
| <i>silodosin cap 4 mg, 8 mg (Rapaflo)</i> | NP | PA, QL (60 capsules/30 days), 90 |
| <i>tamsulosin hcl cap 0.4 mg (Flomax)</i> | P | QL (60 capsules/30 days), 90 |
| GLUCOSE MONITORING SUPPLIES : CGMs | | |
| DEXCOM G6 RECEIVER – continuous glucose system receiver | P | PA, QL (1 receiver/365 days) |
| DEXCOM G6 SENSOR – continuous glucose system sensor | P | PA, QL (3 sensors/30 days) |
| DEXCOM G6 TRANSMITTER – continuous glucose system transmitter | P | PA, QL (1 transmitter/90 days) |
| DEXCOM G7 RECEIVER – continuous glucose system receiver | P | PA, QL (1 receiver/365 days) |
| DEXCOM G7 SENSOR – continuous glucose system sensor | P | PA, QL (3 sensors/30 days) |
| ENLITE GLUCOSE SENSOR – continuous glucose system sensor | NP | PA, QL (5 sensors/30 days) |
| EVERSENSE E3 SENSOR/HOLDER – continuous glucose system sensor | NP | PA, QL (1 sensor/90 days) |
| EVERSENSE E3 SMART TRANSMITTER – continuous glucose system transmitter | NP | PA, QL (1 transmitter/90 days) |
| EVERSENSE SENSOR/HOLDER KIT – continuous glucose system sensor | NP | PA, QL (1 sensor/90 days) |
| EVERSENSE SMART TRANSMITTER – continuous glucose system transmitter | NP | PA, QL (1 transmitter/90 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM – continuous glucose system receiver | P | PA, QL (1 receiver/365 days) |
| FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM – continuous glucose system sensor | P | PA, QL (2 sensors/28 days) |
| FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM – continuous glucose system receiver | P | PA, QL (1 receiver/365 days) |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM – continuous glucose system sensor | P | PA, QL (2 sensors/28 days) |
| FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM – continuous glucose system receiver | P | PA, QL (1 receiver/365 days) |
| FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM – continuous glucose system sensor | P | PA, QL (2 sensors/28 days) |
| FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM – continuous glucose system receiver | NP | PA, QL (1 receiver/365 days) |
| GUARDIAN CONNECT TRANSMITTER – continuous glucose system transmitter | NP | PA, QL (1 transmitter/90 days) |
| GUARDIAN LINK 3 TRANSMITTER KIT – continuous glucose system transmitter | NP | PA, QL (1 transmitter/90 days) |
| GUARDIAN REAL-TIME CHARGER REPLACEMENT – continuous glucose monitor supplies | NP | PA |
| GUARDIAN REAL-TIME REPLACEMENT MONITOR – continuous glucose system receiver | NP | PA, QL (1 receiver/365 days) |
| GUARDIAN REAL-TIME TEST PLUG REPLACEMENT – continuous glucose monitor supplies | NP | PA |
| GUARDIAN SENSOR (3) – continuous glucose system sensor | NP | PA, QL (5 sensors/30 days) |
| GUARDIAN 4 GLUCOSE SENSOR – continuous glucose system sensor | NP | PA, QL (5 sensors/30 days) |
| GUARDIAN 4 TRANSMITTER KIT – continuous glucose system transmitter | NP | PA, QL (1 transmitter/90 days) |
| MINILINK REAL-TIME TRANSMITTER – continuous glucose system transmitter | NP | PA, QL (1 transmitter/90 days) |
| MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT – continuous glucose system transmitter | NP | PA, QL (1 transmitter/90 days) |
| OVAL TAPE – continuous glucose monitor supplies | NP | PA |
| PARADIGM REAL-TIME TRANSMITTER – continuous glucose system transmitter | NP | PA, QL (1 transmitter/90 days) |
| GLUCOSE MONITORING SUPPLIES : INSULIN INFUSION DISPOSABLE PUMP | | |
| OMNIPOD CLASSIC PODS (GEN 3) – insulin infusion disposable pump reservoir | P | PA, QL (30 pods/30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) – insulin infusion disposable pump kit | P | PA, QL (1 kit/720 days) |
| OMNIPOD DASH PDM KIT (GEN 4) – insulin infusion disposable pump kit | P | PA, QL (1 kit/720 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| OMNIPOD DASH PODS (GEN 4) – insulin infusion disposable pump reservoir | P | PA, QL (30 pods/30 days) |
| OMNIPOD GO 10 UNITS/DAY – insulin infusion disposable pump kit 10 unit/24hr | NP | PA, QL (10 kits/30 days) |
| OMNIPOD GO 15 UNITS/DAY – insulin infusion disposable pump kit 15 unit/24hr | NP | PA, QL (10 kits/30 days) |
| OMNIPOD GO 20 UNITS/DAY – insulin infusion disposable pump kit 20 unit/24hr | NP | PA, QL (10 kits/30 days) |
| OMNIPOD GO 25 UNITS/DAY – insulin infusion disposable pump kit 25 unit/24hr | NP | PA, QL (10 kits/30 days) |
| OMNIPOD GO 30 UNITS/DAY – insulin infusion disposable pump kit 30 unit/24hr | NP | PA, QL (10 kits/30 days) |
| OMNIPOD GO 35 UNITS/DAY – insulin infusion disposable pump kit 35 unit/24hr | NP | PA, QL (10 kits/30 days) |
| OMNIPOD GO 40 UNITS/DAY – insulin infusion disposable pump kit 40 unit/24hr | NP | PA, QL (10 kits/30 days) |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) – insulin infusion disposable pump kit | P | PA, QL (1 kit/720 days) |
| OMNIPOD 5 G6 PODS (GEN 5) – insulin infusion disposable pump reservoir | P | PA, QL (30 pods/30 days) |
| OMNIPOD 5 G7 INTRO KIT (GEN 5) – insulin infusion disposable pump kit | P | PA, QL (1 kit/720 days) |
| OMNIPOD 5 G7 PODS (GEN 5) – insulin infusion disposable pump reservoir | P | PA, QL (30 pods/30 days) |
| V-GO 20 – insulin infusion disposable pump kit 20 unit/24hr | NP | PA, QL (30 systems/30 days) |
| V-GO 30 – insulin infusion disposable pump kit 30 unit/24hr | NP | PA, QL (30 systems/30 days) |
| V-GO 40 – insulin infusion disposable pump kit 40 unit/24hr | NP | PA, QL (30 systems/30 days) |
| GOUT AGENTS | | |
| ALLOPURINOL – allopurinol tab 200 mg | P | 90 |
| <i>allopurinol tab 100 mg, 300 mg (Zyloprim)</i> | P | 90 |
| <i>colchicine cap 0.6 mg (Mitigare)</i> | NP | PA |
| <i>colchicine tab 0.6 mg (Colcris)</i> | NP | PA |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | P | 90 |
| <i>febuxostat tab 40 mg, 80 mg (Uloric)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| MITIGARE – colchicine cap 0.6 mg | NP | PA |
| <i>probenecid tab 500 mg</i> | P | 90 |
| ULORIC – febuxostat tab 40 mg, 80 mg | NP | PA, QL (30 tablets/30 days), 90 |
| HEMATOLOGICAL AGENTS : ANTIHEMOPHILIC PRODUCTS | | |
| ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit | P | PA, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit | P | PA, SP |
| AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit | P | PA, SP |
| ALPHANATE – antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit | P | PA, SP |
| ALPHANINE SD – coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit | P | PA, SP |
| ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit | P | PA, SP |
| BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit | P | PA, SP |
| COAGADEX – coagulation factor x (human) for inj 250 unit, 500 unit | P | PA, SP |
| CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit | P | PA, SP |
| ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit | P | PA, SP |
| ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit | P | PA, SP |
| FEIBA – antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit | P | PA, SP |
| HEMLIBRA – emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml) | P | PA, SP |
| HEMOFIL M – antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit | P | PA, SP |
| HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit | P | PA, SP |
| IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit | P | PA, SP |
| IXINITY – coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit | P | PA, SP |
| JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit | P | PA, SP |
| JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit | P | PA, SP |
| KOATE – antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit | P | PA, SP |
| KOATE-DVI – antihemophilic factor (human) for inj 500 unit, 1000 unit | P | PA, SP |
| KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit | P | PA, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|---------------------------|
| KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit | P | PA, SP |
| NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit | P | PA, SP |
| NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg) | P | PA, SP |
| NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit | P | PA, SP |
| NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit | P | PA, SP |
| NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit | P | PA, SP |
| NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit | P | PA, SP |
| OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit | P | PA, SP |
| PROFILNINE – factor ix complex for inj 500 unit, 1000 unit, 1500 unit | P | PA, SP |
| REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt | P | PA, SP |
| RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit | P | PA, SP |
| RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit | P | PA, SP |
| SEVENFACT – coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg) | P | PA, SP |
| TRETTEN – coagulation factor xiii a-subunit for inj 2500 unit | P | PA, SP |
| VONVENDI – von willebrand factor (recombinant) for inj 650 unit, 1300 unit | P | PA, SP |
| WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit | P | PA, SP |
| WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit | P | PA, SP |
| XYNTHA – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit | P | PA, SP |
| XYNTHA – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit | P | PA, SP |
| XYNTHA SOLOFUSE – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit | P | PA, SP |
| XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit | P | PA, SP |
| HEMATOLOGICAL AGENTS : MISC | | |
| ADZYNMA – adamts13 recombinant-krhn for inj kit 500 unit, 1500 unit | NP | PA, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|-----------------------------------|
| BERINERT – c1 esterase inhibitor (human) for iv inj kit 500 unit | P | PA, QL (10 vials/30 days), SP |
| CINRYZE – c1 esterase inhibitor (human) for iv inj 500 unit | NP | PA, QL (20 vials/30 days), SP |
| EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml) | NP | PA, QL (8 vials/28 days), SP |
| ENJAYMO – sutimlimab-jome iv soln 1100 mg/22ml (50 mg/ml) | NP | PA, SP |
| FABHALTA – iptacopan hcl cap 200 mg | NP | PA, QL (60 capsules/30 days), SP |
| FIRAZYR – icatibant acetate subcutaneous soln pref syr 30 mg/3ml | NP | PA, QL (6 syringes/30 days), SP |
| HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit | NP | PA, QL (27 vials/28 days), SP |
| HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit | NP | PA, QL (18 vials/28 days), SP |
| <i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)</i> | NP | PA, QL (6 syringes/30 days), SP |
| KALBITOR – ecallantide inj 10 mg/ml | NP | PA, QL (4 boxes/30 days), SP |
| ORLADEYO – berotralstat hcl cap 110 mg, 150 mg | NP | PA, QL (30 capsules/30 days), SP |
| <i>pentoxifylline tab er 400 mg</i> | P | |
| RUCONEST – c1 esterase inhibitor (recombinant) for iv inj 2100 unit | NP | PA, QL (8 vials/30 days), SP |
| SOLIRIS – eculizumab iv soln 300 mg/30ml (10 mg/ml) (for infusion) | NP | PA, SP |
| TAKHZYRO – lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml) | NP | PA, QL (2 syringes/28 days), SP |
| TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml) | NP | PA, QL (2 vials/28 days), SP |
| TAVALISSE – fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent) | NP | PA, QL (60 tablets/30 days), SP |
| TAVNEOS – avacopan cap 10 mg | NP | PA, QL (180 capsules/30 days), SP |
| <i>tranexamic acid tab 650 mg (Lysteda)</i> | SC | |
| ULTOMIRIS – ravulizumab-cwvz iv soln 300 mg/3ml (100 mg/ml), 1100 mg/11ml (100 mg/ml) | NP | PA, SP |
| VEOPOZ – pozelimab-bbfg inj soln 400 mg/2ml | NP | PA, SP |
| ZILBRYSQ – zilucoplan sodium subcutaneous soln pref syr 16.6 mg/0.416ml, 23 mg/0.574ml, 32.4 mg/0.81ml | NP | PA, SP |
| HEMATOLOGICAL AGENTS : PLATELET AGGREGATION INHIBITORS | | |
| AGRYLIN – anagrelide hcl cap 0.5 mg | NP | PA |
| <i>anagrelide hcl cap 0.5 mg (Agrylin)</i> | P | |
| <i>anagrelide hcl cap 1 mg</i> | P | |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)</i> | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---------------------------------|
| BRILINTA – ticagrelor tab 60 mg, 90 mg | P | |
| <i>cilostazol tab 50 mg, 100 mg</i> | NP | PA |
| <i>clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)</i> | P | |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i> | P | |
| <i>dipyridamole tab 25 mg, 50 mg, 75 mg</i> | P | |
| EFFIENT – prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) | NP | PA |
| PLAVIX – clopidogrel bisulfate tab 75 mg (base equiv) | NP | PA |
| <i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)</i> | NP | PA |
| HEMATOPOIETIC AGENTS : HEMATOPOIETIC GROWTH FACTORS | | |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml | NP | PA, SP |
| ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml | NP | PA, SP |
| DOPTELET – avatrombopag maleate tab 20 mg (base equiv) | NP | PA, QL (60 tablets/30 days), SP |
| EPOGEN – epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml | P | PA, SP |
| FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml | NP | PA, SP |
| FYLNETRA – pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml | NP | PA, SP |
| GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml | NP | PA, SP |
| GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml) | NP | PA, SP |
| JESDUVROQ – daprodustat tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg | NP | PA, SP |
| LEUKINE – sargramostim lyophilized for inj 250 mcg | P | SP |
| MIRCERA – methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml | NP | PA |
| MULPLETA – lusutrombopag tab 3 mg | NP | PA, QL (7 tablets/7 days), SP |
| NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml | NP | PA, SP |
| NEULASTA ONPRO KIT – pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml | NP | PA, SP |
| NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml (600 mcg/ml) | P | SP |
| NEUPOGEN – filgrastim inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml) | P | SP |
| NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml | NP | PA, SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| NIVESTYM – filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml) | NP | PA, SP |
| NPLATE – romiplostim for inj 125 mcg, 250 mcg, 500 mcg | NP | PA, SP |
| NYVEPRIA – pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml | NP | PA, SP |
| PROCRIT – epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml | P | PA, SP |
| PROMACTA – eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) | NP | PA, QL (30 packets/30 days), SP |
| PROMACTA – eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv) | NP | PA, QL (30 tablets/30 days), SP |
| PROMACTA – eltrombopag olamine tab 50 mg (base equiv), 75 mg (base equiv) | NP | PA, QL (60 tablets/30 days), SP |
| REBLOZYL – luspatercept-aamt for subcutaneous inj 25 mg, 75 mg | NP | PA, SP |
| RELEUKO – filgrastim-ayow soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml | NP | PA, SP |
| RETACRIT – epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml | NP | PA, SP |
| ROLVEDON – eflapegrastim-xnst soln prefilled syringe 13.2 mg/0.6ml | NP | PA, SP |
| STIMUFEND – pegfilgrastim-fpgk soln prefilled syringe 6 mg/0.6ml | NP | PA, SP |
| UDENYCA – pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml | NP | PA, SP |
| UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml | NP | PA, SP |
| UDENYCA ONBODY – pegfilgrastim-cbqv soln prefill syr/infusion dev 6 mg/0.6ml | NP | PA, SP |
| ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml | NP | PA, SP |
| ZIEXTENZO – pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml | NP | PA, SP |

HEMATOPOIETIC AGENTS : MISC

| | | |
|---------------------------------------|----|--|
| <i>cyanocobalamin inj 1000 mcg/ml</i> | SC | |
| <i>folic acid tab 1 mg</i> | SC | |

HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BENZODIAZEPINE HYPNOTICS

| | | |
|--|----|------------------------------|
| DORAL – quazepam tab 15 mg | NP | PA, QL (30 tablets/30 days) |
| <i>estazolam tab 1 mg, 2 mg</i> | P | QL (30 tablets/30 days) |
| FLURAZEPAM HYDROCHLORIDE – flurazepam hcl cap 15 mg, 30 mg | NP | PA, QL (30 capsules/30 days) |
| HALCION – triazolam tab 0.25 mg | NP | PA, QL (60 tablets/30 days) |
| <i>midazolam hcl syrup 2 mg/ml (base equivalent)</i> | NP | PA, QL (10 mls/30 days) |
| QUAZEPAM – quazepam tab 15 mg | P | QL (30 tablets/30 days) |
| RESTORIL – temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg | NP | PA, QL (30 capsules/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|----------------------------------|
| <i>temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg (Restoril)</i> | P | QL (30 capsules/30 days) |
| <i>triazolam tab 0.125 mg</i> | P | QL (60 tablets/30 days) |
| <i>triazolam tab 0.25 mg (Halcion)</i> | P | QL (60 tablets/30 days) |
| HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : MISC | | |
| BELSOMRA – suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg | NP | PA, QL (30 tablets/30 days) |
| DAYVIGO – lemborexant tab 5 mg, 10 mg | NP | PA, QL (30 tablets/30 days) |
| <i>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)</i> | NP | PA, QL (30 tablets/30 days) |
| HETLIOZ – tasimelteon capsule 20 mg | NP | PA, QL (30 capsules/30 days), SP |
| HETLIOZ LQ – tasimelteon oral susp 4 mg/ml | NP | PA, QL (158 mls/30 days), SP |
| <i>phenobarbital elixir 20 mg/5ml</i> | P | 90 |
| <i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg</i> | P | 90 |
| QUVIVIQ – daridorexant hcl tab 25 mg, 50 mg | NP | PA, QL (30 tablets/30 days) |
| <i>ramelteon tab 8 mg (Rozerem)</i> | NP | PA, QL (30 tablets/30 days) |
| ROZEREM – ramelteon tab 8 mg | NP | PA, QL (30 tablets/30 days) |
| <i>tasimelteon capsule 20 mg (Hetlioz)</i> | NP | PA, QL (30 capsules/30 days), SP |
| HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : NON - BENZODIAZEPINE HYPNOTICS | | |
| AMBIEN – zolpidem tartrate tab 5 mg, 10 mg | NP | PA, QL (30 tablets/30 days) |
| AMBIEN CR – zolpidem tartrate tab er 6.25 mg, 12.5 mg | NP | PA, QL (30 tablets/30 days) |
| EDLUAR – zolpidem tartrate sl tab 5 mg, 10 mg | NP | PA, QL (30 tablets/30 days) |
| <i>eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)</i> | NP | PA, QL (30 tablets/30 days) |
| <i>zaleplon cap 5 mg, 10 mg</i> | NP | PA, QL (30 capsules/30 days) |
| ZOLPIDEM TARTRATE – zolpidem tartrate cap 7.5 mg | NP | PA, QL (30 capsules/30 days) |
| ZOLPIDEM TARTRATE – zolpidem tartrate sl tab 1.75 mg, 3.5 mg | NP | PA, QL (30 tablets/30 days) |
| <i>zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)</i> | NP | PA, QL (30 tablets/30 days) |
| <i>zolpidem tartrate tab 5 mg, 10 mg (Ambien)</i> | P | QL (30 tablets/30 days) |
| IMMUNIZING AGENTS | | |
| ABRYSVO – rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml | SC | PA (<=59 yr) |
| ACAM2000 – smallpox vaccine for percutaneous inj | SC | |
| ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj | SC | |
| ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml | SC | |
| AREXVY – rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml | SC | AL (>=60 yr) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|---------------------------|
| BCG VACCINE – bcg vaccine for inj soln 50 mg | SC | |
| BEXSERO – meningococcal vac b (recomb omv adjuv) inj prefilled syringe | SC | |
| BIOTHRAX – anthrax vaccine adsorbed inj | SC | |
| BOOSTRIX – tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml | SC | |
| BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml | SC | |
| COMIRNATY 2023-24 – covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml | SC | |
| COMIRNATY 2023-24 – covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml | SC | |
| DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml | SC | |
| DENGVAXIA – dengue virus vaccine live tetravalent for subcutaneous susp | SC | |
| ENGERIX-B – hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml | SC | |
| ENGERIX-B – hepatitis b vaccine (recombinant) susp 20 mcg/ml | SC | |
| GARDASIL 9 – human papillomavirus (hvp) 9-valent recomb vac susp pref syr | SC | |
| GARDASIL 9 – human papillomavirus (hvp) 9-valent recomb vac im susp | SC | |
| HAVRIX – hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml | SC | |
| HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml | SC | |
| HIBERIX – haemophilus b polysaccharide conjugate vac for inj 10 mcg | SC | |
| IMOVAX RABIES (H.D.C.V.) – rabies virus vaccine, hdc for inj susp | SC | |
| INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml | SC | |
| IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection | SC | |
| IXCHIQ – chikungunya virus vaccine live for im solution | SC | |
| IXIARO – japanese encephalitis vaccine inactivated adsorbed inj | SC | |
| JYNNEOS – smallpox & monkeypox vac, live, non-replicating inj 0.5 ml | SC | |
| KINRIX – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml | SC | |
| M-M-R II – measles-mumps-rubella virus vaccines for inj soln | SC | |
| MENQUADFI – meningococcal (a, c, y, and w-135) tetanus conjugate vaccine | SC | |
| MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac im soln | SC | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|--|
| MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj | SC | |
| PEDIARIX – diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr | SC | |
| PEDVAX HIB – haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml | SC | |
| PENBRAYA – meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj | SC | |
| PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp | SC | |
| PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml | SC | |
| PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml | SC | |
| PREHEVBRIO – hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml | SC | |
| PREVNAR 20 – pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml | SC | |
| PRIORIX – measles-mumps-rubella virus vaccines for subcutaneous susp | SC | |
| PROQUAD – measles-mumps-rubella-varicella virus vaccines for susp | SC | |
| QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj | SC | |
| QUADRACEL – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml | SC | |
| RABAVERT – rabies vaccine, pcec for inj | SC | |
| RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml | SC | |
| RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml | SC | |
| ROTARIX – rotavirus vaccine, live oral susp | SC | |
| ROTATEQ – rotavirus vaccine, live oral pentavalent soln | SC | |
| SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml | SC | AL (>=50 yr), QL (2 vaccines/1 lifetime) |
| SPIKEVAX COVID-19 VACCINE /2023-24 – covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml | SC | |
| SPIKEVAX COVID-19 VACCINE /2023-24 – covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml | SC | |
| SYNAGIS – palivizumab im soln 50 mg/0.5ml, 100 mg/ml | SC | PA, SP |
| TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml | SC | |
| TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lfu | SC | |
| TICOVAC – tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml | SC | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---------------------------|
| TRUMENBA – meningococcal group b vac (recomb) im susp prefilled syr | SC | |
| TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml | SC | |
| TYPHIM VI – typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml | SC | |
| TYPHIM VI – typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml | SC | |
| VAQTA – hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml | SC | |
| VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml | SC | |
| VAXCHORA – cholera vaccine live attenuated for oral susp | SC | |
| VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr | SC | |
| VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recomb susp | SC | |
| VAXNEUVANCE – pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml | SC | |
| VIVOTIF – typhoid vaccine cap delayed release | SC | |
| YF-VAX – yellow fever vaccine subcutaneous inj | SC | |

IMMUNOSUPPRESSIVE AGENTS

| | | |
|--|----|-----------------------------------|
| ASTAGRAF XL – tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg | NP | PA |
| <i>azathioprine tab 50 mg (Imuran)</i> | P | |
| <i>azathioprine tab 75 mg, 100 mg</i> | NP | PA |
| CELLCEPT – mycophenolate mofetil cap 250 mg | NP | PA |
| CELLCEPT – mycophenolate mofetil tab 500 mg | NP | PA |
| CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml | NP | PA |
| <i>cyclosporine cap 25 mg, 100 mg (Sandimmune)</i> | P | |
| <i>cyclosporine modified cap 25 mg, 100 mg (Neoral)</i> | P | |
| <i>cyclosporine modified cap 50 mg</i> | P | |
| <i>cyclosporine modified oral soln 100 mg/ml (Neoral)</i> | P | |
| ENVARUSUS XR – tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg | NP | PA |
| <i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)</i> | NP | PA |
| IMURAN – azathioprine tab 50 mg | NP | PA |
| LUPKYNIS – voclosporin cap 7.9 mg | NP | PA, QL (180 capsules/30 days), SP |
| <i>mycophenolate mofetil cap 250 mg (Cellcept)</i> | P | |
| <i>mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)</i> | P | |
| <i>mycophenolate mofetil tab 500 mg (Cellcept)</i> | P | |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)</i> | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) | NP | PA |
| NEORAL – cyclosporine modified cap 25 mg, 100 mg | NP | PA |
| NEORAL – cyclosporine modified oral soln 100 mg/ml | NP | PA |
| PROGRAF – tacrolimus cap 0.5 mg, 1 mg, 5 mg | NP | PA |
| PROGRAF – tacrolimus packet for susp 0.2 mg, 1 mg | NP | PA |
| RAPAMUNE – sirolimus tab 0.5 mg, 1 mg, 2 mg | NP | PA |
| RAPAMUNE – sirolimus oral soln 1 mg/ml | NP | PA |
| SANDIMMUNE – cyclosporine cap 25 mg, 100 mg | NP | PA |
| SANDIMMUNE – cyclosporine oral soln 100 mg/ml | P | |
| <i>sirolimus oral soln 1 mg/ml (Rapamune)</i> | P | |
| <i>sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)</i> | P | |
| <i>tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)</i> | P | |
| ZORTRESS – everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | NP | PA |
| LAXATIVES | | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)</i> | SC | |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)</i> | SC | |
| MALE HORMONES | | |
| <i>danazol cap 50 mg, 100 mg, 200 mg</i> | SC | PA |
| <i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml (Depo-testosterone)</i> | SC | PA, QL (10 mls/28 days), 90 |
| TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml | SC | PA, QL (1 vial/28 days), 90 |
| MIGRAINE PRODUCTS : MISC | | |
| <i>diclofenac potassium (migraine) packet 50 mg (Cambia)</i> | NP | PA, QL (9 packets/30 days) |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)</i> | NP | PA, QL (8 mls/28 days) |
| ELYXYB – celecoxib oral soln 120 mg/4.8ml (25 mg/ml) | NP | PA, QL (6 bottles/30 days) |
| MIGERGOT – ergotamine w/ caffeine suppos 2-100 mg | P | |
| MIGRANAL – dihydroergotamine mesylate nasal spray 4 mg/ml | NP | PA, QL (8 mls/28 days) |
| <i>sumatriptan-naproxen sodium tab 85-500 mg (Treximet)</i> | NP | PA, QL (18 tablets/30 days) |
| TRUDHESA – dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act | NP | PA, QL (12 mls/28 days) |
| MIGRAINE PRODUCTS : CALCITONIN GENE-RELATED PEPTIDE (CGRP) R | | |
| AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml | P | PA, QL (1 syringe/28 days), 90 |
| AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml | P | PA, QL (3 syringes/84 days), 90 |
| AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml | P | PA, QL (3 syringes/84 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|----------------------------------|
| EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml | P | PA, QL (1 syringe/28 days), 90 |
| EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml | P | PA, QL (9 syringes/180 days), 90 |
| EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml | P | PA, QL (1 syringe/28 days), 90 |
| NURTEC – rimegepant sulfate tab disint 75 mg | P | PA, QL (54 tablets/90 days) |
| QULIPTA – atogepant tab 10 mg, 30 mg, 60 mg | P | PA, QL (30 tablets/30 days) |
| UBRELVY – ubrogepant tab 50 mg, 100 mg | P | PA, QL (16 tablets/30 days) |
| VYEPTI – eptinezumab-ijmr iv soln 100 mg/ml | NP | PA, QL (3 vials/90 days) |
| ZAVZPRET – zavegepant hcl nasal spray 10 mg/act | NP | PA, QL (8 devices/30 days) |
| MIGRAINE PRODUCTS : SELECTIVE SEROTONIN AGONISTS 5-HT(1F) | | |
| <i>almotriptan malate tab 6.25 mg, 12.5 mg</i> | NP | PA, QL (18 tablets/30 days) |
| <i>eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)</i> | NP | PA, QL (18 tablets/30 days) |
| FROVA – frovatriptan succinate tab 2.5 mg (base equivalent) | NP | PA, QL (18 tablets/30 days) |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)</i> | NP | PA, QL (18 tablets/30 days) |
| IMITREX – sumatriptan succinate tab 25 mg, 50 mg, 100 mg | NP | PA, QL (18 tablets/30 days) |
| IMITREX STATDOSE REFILL – sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml | NP | PA, QL (12 doses/30 days) |
| IMITREX STATDOSE SYSTEM – sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | NP | PA, QL (12 doses/30 days) |
| MAXALT – rizatriptan benzoate tab 10 mg (base equivalent) | NP | PA, QL (18 tablets/30 days) |
| MAXALT-MLT – rizatriptan benzoate oral disintegrating tab 10 mg (base eq) | NP | PA, QL (18 tablets/30 days) |
| <i>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)</i> | NP | PA, QL (18 tablets/30 days) |
| RELPAK – eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) | NP | PA, QL (18 tablets/30 days) |
| REYVOW – lasmiditan succinate tab 50 mg | NP | PA, QL (4 tablets/30 days) |
| REYVOW – lasmiditan succinate tab 100 mg | NP | PA, QL (8 tablets/30 days) |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> | P | QL (18 tablets/30 days) |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)</i> | P | QL (18 tablets/30 days) |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i> | P | QL (18 tablets/30 days) |
| <i>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)</i> | P | QL (18 tablets/30 days) |
| <i>sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)</i> | P | QL (12 units/30 days) |
| <i>sumatriptan succinate inj 6 mg/0.5ml (Imitrex)</i> | P | QL (12 vials/30 days) |
| SUMATRIPTAN SUCCINATE REFILL – sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml | P | QL (12 doses/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose system)</i> | P | QL (12 doses/30 days) |
| <i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)</i> | P | QL (18 tablets/30 days) |
| TOSYMRA – sumatriptan nasal spray 10 mg/act | NP | PA, QL (18 sprays/30 days) |
| ZEMBRACE SYMTOUCH – sumatriptan succinate solution auto-injector 3 mg/0.5ml | NP | PA, QL (24 doses/30 days) |
| <i>zolmitriptan nasal spray 5 mg/spray unit (Zomig)</i> | NP | PA, QL (12 units/30 days) |
| <i>zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt)</i> | NP | PA, QL (18 tablets/30 days) |
| <i>zolmitriptan tab 2.5 mg, 5 mg (Zomig)</i> | NP | PA, QL (18 tablets/30 days) |
| ZOMIG – zolmitriptan nasal spray 5 mg/spray unit | NP | PA, QL (12 units/30 days) |
| MINERALS AND ELECTROLYTES | | |
| <i>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap</i> | SC | |
| <i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> | SC | |
| <i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i> | SC | |
| <i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg</i> | SC | |
| <i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg, 2.5-25-1 mg</i> | SC | |
| <i>iron combination cap</i> | SC | |
| <i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg (Corvite 150)</i> | SC | |
| K-PHOS – potassium phosphate monobasic tab 500 mg | SC | |
| <i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)</i> | SC | |
| <i>potassium bicarbonate effer tab 25 meq</i> | SC | |
| <i>potassium chloride cap er 8 meq, 10 meq</i> | SC | |
| <i>potassium chloride microencapsulated crys er tab 10 meq, 20 meq</i> | SC | |
| <i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i> | SC | |
| <i>potassium chloride powder packet 20 meq</i> | SC | |
| <i>potassium chloride tab er 10 meq (K-tab)</i> | SC | |
| <i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)</i> | SC | |
| <i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i> | SC | |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| BENLYSTA – belimumab subcutaneous solution auto-injector 200 mg/ml | NP | PA, QL (4 syringes/28 days), SP |
| BENLYSTA – belimumab subcutaneous solution prefilled syringe 200 mg/ml | NP | PA, QL (4 syringes/28 days), SP |
| JOENJA – leniolisib phosphate tab 70 mg | NP | PA, QL (60 tablets/30 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|-----------------------------------|
| <i>lactated ringer's for irrigation</i> | SC | |
| <i>lenalidomide cap 2.5 mg, 5 mg, 10 mg (Revlimid)</i> | NP | PA, QL (30 capsules/30 days), SP |
| <i>lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid)</i> | NP | PA, QL (21 capsules/28 days), SP |
| LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm | NP | PA |
| REVLIMID – lenalidomide cap 2.5 mg, 5 mg, 10 mg | NP | PA, QL (30 capsules/30 days), SP |
| REVLIMID – lenalidomide cap 15 mg, 20 mg, 25 mg | NP | PA, QL (21 capsules/28 days), SP |
| REZUROCK – belumosudil mesylate tab 200 mg | NP | PA, QL (60 tablets/30 days), SP |
| <i>ringer's solution for irrigation</i> | SC | |
| RYSTIGGO – rozanolixizumab-noli subcutaneous soln 280 mg/2ml | NP | PA, SP |
| <i>sodium polystyrene sulfonate powder</i> | P | |
| SPS – sodium polystyrene sulfonate oral susp 15 gm/60ml | NP | PA |
| THALOMID – thalidomide cap 50 mg | NP | PA, QL (90 capsules/30 days), SP |
| THALOMID – thalidomide cap 100 mg | NP | PA, QL (120 capsules/30 days), SP |
| VELTASSA – patiromer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq) | NP | PA |
| VYVGART – efgartigimod alfa-fcab iv soln 400 mg/20ml | NP | PA, SP |
| VYVGART HYTRULO – efgartigimod alf-hyaluronidase-qvfc sol 180-2000 mg-unit/ml | NP | PA, SP |
| MOUTH / THROAT / DENTAL AGENTS | | |
| AQUORAL – artificial saliva - solution | NP | PA |
| <i>cevimeline hcl cap 30 mg (Evoxac)</i> | NP | PA |
| <i>chlorhexidine gluconate soln 0.12% (Peridex)</i> | P | |
| <i>clotrimazole troche 10 mg</i> | P | |
| EVOXAC – cevimeline hcl cap 30 mg | NP | PA |
| GELX – oral wound care products - gel | NP | PA |
| LIDOCAINE HCL – lidocaine hcl laryngotracheal soln 4% | P | |
| <i>lidocaine hcl viscous soln 2%</i> | P | |
| <i>nystatin susp 100000 unit/ml</i> | P | |
| ORAVIG – miconazole buccal tab 50 mg (mouth-throat) | NP | PA |
| <i>pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)</i> | P | |
| <i>sodium fluoride cream 1.1% (Prevident 5000 plus)</i> | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---------------------------|
| <i>sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)</i> | NP | PA |
| <i>sodium fluoride paste 1.1% (Prevident 5000 boost)</i> | NP | PA |
| <i>triamcinolone acetonide dental paste 0.1%</i> | P | |
| MULTIVITAMINS : MISC | | |
| <i>b-complex w/ c & folic acid cap 1 mg</i> | SC | |
| <i>b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx)</i> | SC | |
| <i>b-complex w/ c & folic acid tab 5 mg</i> | SC | |
| CORVITA – multiple vitamins w/ minerals tab | SC | |
| FOLBEE PLUS CZ – b-complex w/ c-biotin-minerals & folic acid tab 5 mg | SC | |
| <i>multiple vitamins w/ minerals tab (Strovite forte)</i> | SC | |
| MULTIVITAMINS : PRENATAL VITAMINS | | |
| CITRANATAL ASSURE – prenat w/o a w/febn-fegl-dss-fa tab & dha cap 300 mg pack | NP | PA |
| CITRANATAL B-CALM – prenat w/o a w/febn-feglu-fa tab 20-1 mg & vit b6 tab pak | NP | PA |
| CITRANATAL HARMONY – prenat w/o a w/fe fum-fe cbn-dss-fa-dha cap 27-1-260 mg | NP | PA |
| CITRANATAL MEDLEY – prenat w/o a w/fe fum-fe cbn-fa-dha cap 27-1-200 mg | NP | PA |
| CITRANATAL 90 DHA – prenat w/o a w/febn-fegl-dss-fa tab 90 &dha cap 300mg pak | NP | PA |
| COMPLETE NATAL DHA – prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk | NP | PA |
| COMPLETENATE – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg | P | |
| DERMACINRX PRETRATE – prenatal multivitamins & minerals w/ iron & fa tab 1 mg | NP | PA |
| ELITE-OB – prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg | P | |
| ENBRACE HR – prenatal vit w/ fe gly cys-fa-omega 3 fatty acids cap | NP | PA |
| FOLIVANE-OB – prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg | NP | PA |
| M-NATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg | P | |
| NATAL PNV – prenatal vit w/ fe gluconate-fa tab 6-0.5 mg | NP | PA |
| NESTABS – prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg | NP | PA |
| NESTABS DHA – prenat w/o a w/ fe bisglyc-fa tab 32-1 mg & omega cap pack | NP | PA |
| NESTABS ONE – prenat w/o a w/febn-bisg-methylf-dha cap 38-1-225 mg | NP | PA |
| NIVA-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg | P | |
| OB COMPLETE – prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| OB COMPLETE ONE – prenatal w/o a w/fecbn-fe asp glyc-fa-fish cap 50-1-476 mg | NP | PA |
| OB COMPLETE PETITE – prenatal w/o a w/fecbn-feasp glyc-fa-omega cap 35-5-1-200 mg | NP | PA |
| OB COMPLETE PREMIER – prenatal vit w/ fe cbn-fe asp glyc-fa tab 30-20-1 mg | NP | PA |
| OB COMPLETE/DHA – prenatal w/ iron cbn-fe asp glyc-fa-omega cap 30-10-1-200 mg | NP | PA |
| PNV-DHA – prenatal w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg | NP | PA |
| PNV-DHA+DOCUSATE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg | NP | PA |
| PNV-OMEGA – prenatal w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap | NP | PA |
| PNV-SELECT – prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg | NP | PA |
| PREMESISRX – prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg | NP | PA |
| PRENAISSANCE – prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg | NP | PA |
| PRENAISSANCE PLUS – prenatal w/o a w/fe cbn-dss-fa-dha cap 28-1-250 mg | NP | PA |
| PRENATAL PLUS VITAMIN AND MINERAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg | P | |
| PRENATE – prenatal mv & min w/ l-methylfolate-fa chew tab 0.6-0.4 mg | NP | PA |
| PRENATE AM – prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg | NP | PA |
| PRENATE DHA – prenatal w/o a w/feasp-methfol-fa-dha cap 18-0.6-0.4-300 mg | NP | PA |
| PRENATE ELITE – prenatal w/ fe asp gly-l methylfol-fa tab 20-0.6-0.4 mg | NP | PA |
| PRENATE ENHANCE – prenatal w/o a w/fefum-methfol-fa-dha cap 28-0.6-0.4-400 mg | NP | PA |
| PRENATE ESSENTIAL – prenatal w/o a w/feasp-methfol-fa-dha cap 18-0.6-0.4-300 mg | NP | PA |
| PRENATE MINI – prenatal w/oa w/fecb-feasp-meth-fa-dha cap 18-0.6-0.4-350 mg | NP | PA |
| PRENATE PIXIE – prenatal w/o a w/feasp-methfol-fa-dha cap 10-0.6-0.4-200 mg | NP | PA |
| PRENATE RESTORE – prenatal w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-400 mg | NP | PA |
| PRENATRIX – prenatal vit w/ fe fumarate-fa tab 27-1 mg | NP | PA |
| PRENATRYL – prenatal vit w/ fe fumarate-fa tab 27-1 mg | NP | PA |
| PRIMACARE – prenatal w/o a w/feasp-methlf-fa-omeg cap 30-0.75-0.25-470mg | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|---------------------------|
| RELNATE DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg | NP | PA |
| SE-NATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg | P | |
| SE-NATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg | P | |
| SELECT-OB – prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg | NP | PA |
| SELECT-OB – prenat w/ fepolycmplx-methylfol-fa chew tab 29-0.6-0.4 mg | NP | PA |
| SELECT-OB+DHA – prenatal mv w/fe poly-fa chw 29-1 mg & dha cap 250 mg pak | NP | PA |
| TARON-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg | NP | PA |
| THRIVITE RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg | P | |
| TRICARE – prenatal vit w/ fe fumarate-fa tab 27-1 mg | P | |
| TRINATAL RX 1 – prenatal vit w/ fe fumarate-fa tab 60-1 mg | P | |
| TRISTART DHA – prenat w/o a w/febn-methylf-fa-dha cap 31-0.6-0.4-200 mg | NP | PA |
| VINATE DHA RF – prenat w/o a w/feum-methylfol-omegas cap 27-1.13 mg | NP | PA |
| VITAFOL FE+ – prenat w/fe poly-methylfol-fa-dha cap 90-0.6-0.4-200 mg | NP | PA |
| VITAFOL GUMMIES – prenat vit w/ fe phos-fa-omega chew tab 3.33-0.333-34.8 mg | NP | PA |
| VITAFOL STRIPS – prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg | NP | PA |
| VITAFOL ULTRA – prenat w/fe poly-methylfol-fa-dha cap 29-0.6-0.4-200 mg | NP | PA |
| VITAFOL-NANO – prenatal w/o a w/ fefum-l methylfol-fa tab 18-0.6-0.4 mg | NP | PA |
| VITAFOL-OB – prenatal vit w/ fe fumarate-fa tab 65-1 mg | P | |
| VITAFOL-OB+DHA – prenatal mv w/fe fum-fa tab 65-1 mg & dha cap 250 mg pack | NP | PA |
| VITAFOL-ONE – prenatal mv w/ fe polysac cmplx-fa-dha cap 29-1-200 mg | NP | PA |
| VITAMEDMD ONE RX/QUATREFOLIC – prenat w/o a w/feum-methfol-fa-dha cap 30-0.6-0.4-200 mg | NP | PA |
| VITAPEARL – prenat w/oa w/feum-na fered-fa-dha cap er 30-1.4-200 mg | NP | PA |
| WESCAP-C DHA – prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg | NP | PA |
| WESCAP-PN DHA – prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg | NP | PA |
| WESNATAL DHA COMPLETE – prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| WESNATE DHA – prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg | NP | PA |
| WESTAB PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg | P | |
| WESTGEL DHA – prenat w/o a w/fecbn-methylf-fa-dha cap 31-0.6-0.4-200 mg | NP | PA |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| AMRIX – cyclobenzaprine hcl cap er 24hr 15 mg, 30 mg | NP | PA |
| BACLOFEN – baclofen oral soln 5 mg/5ml | NP | PA, QL (2400 mls/30 days) |
| BACLOFEN – baclofen oral soln 10 mg/5ml | NP | PA, QL (1200 mls/30 days) |
| <i>baclofen susp 25 mg/5ml (Fleqsuvy)</i> | P | QL (480 mls/30 days) |
| <i>baclofen tab 5 mg, 10 mg, 20 mg</i> | P | |
| <i>carisoprodol tab 250 mg, 350 mg (Soma)</i> | NP | PA |
| <i>chlorzoxazone tab 250 mg, 375 mg, 500 mg, 750 mg</i> | P | |
| <i>cyclobenzaprine hcl cap er 24hr 15 mg, 30 mg (Amrix)</i> | NP | PA |
| <i>cyclobenzaprine hcl tab 5 mg, 10 mg</i> | P | |
| <i>cyclobenzaprine hcl tab 7.5 mg (Fexmid)</i> | P | |
| DANTRIUM – dantrolene sodium cap 25 mg | NP | PA |
| <i>dantrolene sodium cap 25 mg, 50 mg (Dantrium)</i> | P | |
| <i>dantrolene sodium cap 100 mg</i> | P | |
| FLEQSUVY – baclofen susp 25 mg/5ml | NP | PA, QL (480 mls/30 days) |
| LYVISPAH – baclofen granules packet 5 mg, 10 mg, 20 mg | NP | PA, QL (120 packets/30 days) |
| <i>metaxalone tab 400 mg</i> | NP | PA |
| <i>metaxalone tab 800 mg (Skelaxin)</i> | NP | PA |
| <i>methocarbamol tab 500 mg</i> | P | |
| <i>methocarbamol tab 750 mg (Robaxin-750)</i> | P | |
| NORGESIC FORTE – orphenadrine w/ aspirin & caffeine tab 50-770-60 mg | NP | PA |
| <i>orphenadrine citrate tab er 12hr 100 mg</i> | P | |
| <i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i> | P | |
| <i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Norgesic forte)</i> | P | |
| SOHONOS – palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg | NP | PA, SP |
| SOMA – carisoprodol tab 250 mg, 350 mg | NP | PA |
| <i>tizanidine hcl cap 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent) (Zanaflex)</i> | NP | PA, QL (180 capsules/30 days) |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i> | P | QL (180 tablets/30 days) |
| <i>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)</i> | P | QL (180 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|--------------------------------|
| ZANAFLEX – tizanidine hcl cap 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent) | NP | PA, QL (180 capsules/30 days) |
| ZANAFLEX – tizanidine hcl tab 4 mg (base equivalent) | NP | PA, QL (180 tablets/30 days) |
| NASAL AGENTS - SYSTEMIC AND TOPICAL : MISC | | |
| azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray) | P | QL (2 bottles/30 days) |
| azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista) | NP | PA, QL (1 bottle/30 days) |
| DYMISTA – azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act | NP | PA, QL (1 bottle/30 days) |
| flunisolide nasal soln 25 mcg/act (0.025%) | P | QL (3 bottles/30 days) |
| fluticasone propionate nasal susp 50 mcg/act | P | QL (1 bottle/30 days) |
| ipratropium bromide nasal soln 0.03% (21 mcg/spray) | NP | PA, QL (2 bottles/30 days), 90 |
| ipratropium bromide nasal soln 0.06% (42 mcg/spray) | NP | PA, QL (3 bottles/30 days), 90 |
| mometasone furoate nasal susp 50 mcg/act (Nasonex) | NP | PA, QL (2 inhalers/30 days) |
| olopatadine hcl nasal soln 0.6% (Patanase) | P | QL (1 inhaler/30 days) |
| OMNARIS – ciclesonide nasal susp 50 mcg/act | NP | PA, QL (1 inhaler/30 days) |
| PROPEL MINI/STRAIGHT DELIVERY SYSTEM – mometasone furoate nasal implant 370 mcg | NP | PA |
| QNASL – beclomethasone dipropionate nasal aerosol 80 mcg/act | NP | PA, QL (1 inhaler/30 days) |
| QNASL CHILDRENS – beclomethasone dipropionate nasal aerosol 40 mcg/act | NP | PA, QL (1 inhaler/30 days) |
| RYALTRIS – olopatadine hcl-mometasone furoate nasal susp 665-25 mcg/act | NP | PA, QL (1 bottle/30 days) |
| SINUVA – mometasone furoate sinus implant 1350 mcg | NP | PA |
| XHANCE – fluticasone propionate nasal exhaler susp 93 mcg/act | NP | PA, QL (32 mls/30 days) |
| ZETONNA – ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve) | NP | PA, QL (1 bottle/30 days) |
| NEUROMUSCULAR AGENTS | | |
| DAYBUE – trofinetide oral soln 200 mg/ml | NP | PA, QL (8 bottles/30 days), SP |
| EXSERVAN – riluzole oral film 50 mg | NP | PA |
| RADICAVA ORS – edaravone oral susp 105 mg/5ml | NP | PA, QL (50 mls/28 days), SP |
| RADICAVA ORS STARTER KIT – edaravone oral susp 105 mg/5ml | NP | PA, QL (70 mls/180 days), SP |
| RELYVRIO – sodium phenylbutyrate-taurursodiol powd pack 3-1 gm | NP | PA, QL (1 box/28 days), SP |
| RILUTEK – riluzole tab 50 mg | NP | PA |
| <i>riluzole tab 50 mg (Rilutek)</i> | P | |
| TEGLUTIK – riluzole susp 50 mg/10ml | NP | PA, QL (600 mls/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---------------------------|
| OPHTHALMIC AGENTS : BETA-BLOCKERS - OPHTHALMIC | | |
| BETAXOLOL HCL – betaxolol hcl ophth soln 0.5% | P | |
| BETIMOL – timolol ophth soln 0.25%, 0.5% | NP | PA |
| BETOPTIC-S – betaxolol hcl ophth susp 0.25% | NP | PA |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)</i> | NP | PA |
| CARTEOLOL HCL – carteolol hcl ophth soln 1% | P | |
| COMBIGAN – brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% | NP | PA |
| COSOPT – dorzolamide hcl-timolol maleate ophth soln 2-0.5% | NP | PA |
| COSOPT PF – dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% | NP | PA |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)</i> | P | |
| <i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)</i> | NP | PA |
| ISTALOL – timolol maleate ophth soln 0.5% (once-daily) | NP | PA |
| LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5% | P | |
| <i>timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)</i> | P | |
| <i>timolol maleate ophth soln 0.25%, 0.5% (Timoptic)</i> | P | |
| <i>timolol maleate ophth soln 0.5% (once-daily) (Istalol)</i> | P | |
| <i>timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)</i> | NP | PA |
| TIMOPTIC OCUDOSE – timolol maleate preservative free ophth soln 0.25%, 0.5% | NP | PA |
| OPHTHALMIC AGENTS : MISC | | |
| ACULAR – ketorolac tromethamine ophth soln 0.5% | NP | PA |
| ACULAR LS – ketorolac tromethamine ophth soln 0.4% | NP | PA |
| ACUVAIL – ketorolac tromethamine (pf) ophth soln 0.45% | NP | PA |
| AKTEN – lidocaine hcl ophth gel 3.5% | NP | PA |
| ALCAINE – proparacaine hcl ophth soln 0.5% | NP | PA |
| ALPHAGAN P – brimonidine tartrate ophth soln 0.1%, 0.15% | P | |
| APRACLONIDINE – apraclonidine hcl ophth soln 0.5% (base equivalent) | NP | PA |
| ATROPINE SULFATE – atropine sulfate ophth soln 1% | P | |
| ATROPINE SULFATE – atropine sulfate ophth oint 1% | P | |
| <i>atropine sulfate ophth soln 1% (Atropine sulfate)</i> | P | |
| AZOPT – brinzolamide ophth susp 1% | NP | PA |
| <i>bimatoprost ophth soln 0.03%</i> | NP | PA, QL (2.5 mls/30 days) |
| <i>brimonidine tartrate ophth soln 0.1%, 0.15% (Alphagan p)</i> | P | |
| <i>brimonidine tartrate ophth soln 0.2%</i> | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| <i>brinzolamide ophth susp 1% (Azopt)</i> | NP | PA |
| <i>bromfenac sodium ophth soln 0.07% (base equivalent) (Prolensa)</i> | NP | PA |
| <i>bromfenac sodium ophth soln 0.075% (base equivalent) (Bromsite)</i> | NP | PA |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | NP | PA |
| BROMSITE – bromfenac sodium ophth soln 0.075% (base equivalent) | NP | PA |
| CEQUA – cyclosporine (ophth) soln 0.09% (pf) | NP | PA, QL (60 vials/30 days) |
| CYCLOGYL – cyclopentolate hcl ophth soln 0.5%, 1%, 2% | NP | PA |
| CYCLOMYDRIL – cyclopentolate w/ phenylephrine ophth soln 0.2-1% | P | |
| <i>cyclopentolate hcl ophth soln 1% (Cyclogyl)</i> | P | |
| <i>cyclosporine (ophth) emulsion 0.05% (Restasis)</i> | NP | PA, QL (60 vials/30 days) |
| CYSTARANS – cysteamine hcl ophth soln 0.37% (base equivalent) | NP | PA, QL (4 bottles/28 days), SP |
| CYSTARAN – cysteamine hcl ophth soln 0.44% (base equivalent) | NP | PA, QL (4 bottles/30 days), SP |
| <i>diclofenac sodium ophth soln 0.1%</i> | P | |
| <i>dorzolamide hcl ophth soln 2% (Trusopt)</i> | P | |
| FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE – fluorescein w/ benoxinate ophth soln 0.3-0.4% | NP | PA |
| FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03% | P | |
| GLOSTRIPS – fluorescein sodium ophth strips 1 mg | NP | PA |
| IHEEZO – chloroprocaine hcl ophth gel 3% | NP | PA |
| ILEVRO – nepafenac ophth susp 0.3% | NP | PA |
| IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent) | NP | PA |
| IYUZEH – latanoprost (pf) ophth soln 0.005% | NP | PA, QL (30 containers/30 days) |
| <i>ketorolac tromethamine ophth soln 0.4% (Acular Is)</i> | P | |
| <i>ketorolac tromethamine ophth soln 0.5% (Acular)</i> | P | |
| LACRISERT – artificial tear ophth insert | P | |
| <i>latanoprost ophth soln 0.005% (Xalatan)</i> | P | QL (1 bottle/30 days) |
| LUMIGAN – bimatoprost ophth soln 0.01% | NP | PA, QL (1 bottle/30 days) |
| MYDRIACYL – tropicamide ophth soln 1% | NP | PA |
| NEVANAC – nepafenac ophth susp 0.1% | NP | PA |
| OXERVATE – cenegermin-bkbj ophth soln 0.002% (20 mcg/ml) | NP | PA, QL (56 vials/56 days), SP |
| <i>phenylephrine hcl ophth soln 2.5%, 10%</i> | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|---|
| PHOSPHOLINE IODIDE – echothiophate iodide ophth for soln 0.125% | NP | PA |
| <i>pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)</i> | P | |
| PROLENSA – bromfenac sodium ophth soln 0.07% (base equivalent) | NP | PA |
| <i>proparacaine hcl ophth soln 0.5% (Alcaine)</i> | NP | PA |
| RESTASIS – cyclosporine (ophth) emulsion 0.05% | NP | PA, QL (60 vials/30 days) |
| RESTASIS MULTIDOSE – cyclosporine (ophth) emulsion 0.05% | NP | PA, QL (5.5 mls/30 days) |
| RHOPRESSA – netarsudil dimesylate ophth soln 0.02% | NP | PA, QL (1 bottle/30 days) |
| ROCKLATAN – netarsudil dimesylate-latanoprost ophth soln 0.02-0.005% | NP | PA, QL (1 bottle/30 days) |
| SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2% | NP | PA |
| <i>tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)</i> | NP | PA, QL (30 units/30 days) |
| <i>tetracaine hcl ophth soln 0.5%</i> | NP | PA |
| TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free) | NP | PA, QL (2.5 mls/30 days) |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)</i> | NP | PA, QL (2.5 mls/30 days) |
| <i>tropicamide ophth soln 0.5%</i> | P | |
| <i>tropicamide ophth soln 1% (Mydracil)</i> | P | |
| VERKAZIA – cyclosporine (ophth) emulsion 0.1% | NP | PA, QL (120 vials/30 days) |
| VEVYE – cyclosporine (ophth) soln 0.1% | NP | PA, QL (1 bottle/30 days) |
| VUITY – pilocarpine hcl ophth soln 1.25% | NP | PA, QL (5 mls/30 days) |
| VYZULTA – latanoprostene bunod ophth soln 0.024% | NP | PA, QL (2.5 mls/30 days) |
| XALATAN – latanoprost ophth soln 0.005% | NP | PA, QL (1 bottle/30 days) |
| XELPROS – latanoprost ophth emulsion 0.005% | NP | PA, QL (2.5 mls/30 days) |
| XIIDRA – lifitegrast ophth soln 5% | NP | PA, QL (60 single-use container(s)/30 days) |
| ZIOPTAN – tafluprost preservative free (pf) ophth soln 0.0015% | NP | PA, QL (30 units/30 days) |
| OPHTHALMIC AGENTS : OPHTHALMIC ANTI-INFECTIVES | | |
| AZASITE – azithromycin ophth soln 1% | NP | PA |
| BACITRACIN – bacitracin ophth oint 500 unit/gm | P | |
| <i>bacitracin-polymyxin b ophth oint</i> | P | |
| BESIVANCE – besifloxacin hcl ophth susp 0.6% (base equiv) | NP | PA |
| BETADINE OPHTHALMIC PREP – povidone-iodine ophth soln 5% | NP | PA |
| CILOXAN – ciprofloxacin hcl ophth oint 0.3% | P | |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)</i> | P | |
| ERYTHROMYCIN – erythromycin ophth oint 5 mg/gm | P | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|---------------------------|
| <i>erythromycin ophth oint 5 mg/gm</i> | P | |
| <i>gatifloxacin ophth soln 0.5% (Zymaxid)</i> | NP | PA |
| <i>gentamicin sulfate ophth soln 0.3%</i> | P | |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)</i> | NP | PA |
| MOXIFLOXACIN HYDROCHLORIDE – moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) | NP | PA |
| NATACYN – natamycin ophth susp 5% | NP | PA |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | P | |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN – neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml | P | |
| OCUFLOX – ofloxacin ophth soln 0.3% | NP | PA |
| <i>ofloxacin ophth soln 0.3% (Ocuflox)</i> | P | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)</i> | P | |
| SULFACETAMIDE SODIUM – sulfacetamide sodium ophth oint 10% | P | |
| <i>sulfacetamide sodium ophth soln 10% (Bleph-10)</i> | P | |
| <i>tobramycin ophth soln 0.3% (Tobrex)</i> | P | QL (15 mls/30 days) |
| TOBREX – tobramycin ophth oint 0.3% | P | |
| TRIFLURIDINE – trifluridine ophth soln 1% | P | |
| VIGAMOX – moxifloxacin hcl ophth soln 0.5% (base equiv) | NP | PA |
| XDEMVIY – lotilaner ophth soln 0.25% | NP | PA, QL (1 bottle/50 days) |
| ZIRGAN – ganciclovir ophth gel 0.15% | P | |
| OPHTHALMIC AGENTS : OPHTHALMIC ANTIALLERGIC | | |
| ALOMIDE – Iodoxamide tromethamine ophth soln 0.1% | NP | PA |
| <i>azelastine hcl ophth soln 0.05%</i> | P | |
| <i>bepotastine besilate ophth soln 1.5% (Bepreve)</i> | NP | PA |
| BEPREVE – bepotastine besilate ophth soln 1.5% | NP | PA |
| CROMOLYN SODIUM – cromolyn sodium ophth soln 4% | P | |
| <i>epinastine hcl ophth soln 0.05%</i> | NP | PA |
| <i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> | NP | PA |
| ZERVIAE – cetirizine hcl ophth soln 0.24% (base equiv) | NP | PA |
| OPHTHALMIC AGENTS : OPHTHALMIC STEROIDS | | |
| ALREX – loteprednol etabonate ophth susp 0.2% | P | |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | P | |
| DEXAMETHASONE SODIUM PHOSPHATE – dexamethasone sodium phosphate ophth soln 0.1% | P | |
| DEXTENZA – dexamethasone (ophth) insert 0.4 mg | NP | PA |
| <i>difluprednate ophth emulsion 0.05% (Durezol)</i> | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| DUREZOL – difluprednate ophth emulsion 0.05% | NP | PA |
| EYSUVIS – loteprednol etabonate ophth susp 0.25% | NP | PA, QL (2 bottles/90 days) |
| FLAREX – fluorometholone acetate ophth susp 0.1% | P | |
| <i>fluorometholone ophth susp 0.1% (Fml liquifilm)</i> | P | |
| FML FORTE – fluorometholone ophth susp 0.25% | P | |
| FML LIQUIFILM – fluorometholone ophth susp 0.1% | NP | PA |
| INVELTYS – loteprednol etabonate ophth susp 1% | NP | PA |
| LOTEMAX – loteprednol etabonate ophth oint 0.5% | NP | PA |
| LOTEMAX – loteprednol etabonate ophth susp 0.5% | NP | PA |
| LOTEMAX – loteprednol etabonate ophth gel 0.5% | NP | PA |
| LOTEMAX SM – loteprednol etabonate ophth gel 0.38% | NP | PA |
| <i>loteprednol etabonate ophth gel 0.5% (Lotemax)</i> | NP | PA |
| <i>loteprednol etabonate ophth susp 0.2% (Alrex)</i> | P | |
| <i>loteprednol etabonate ophth susp 0.5% (Lotemax)</i> | P | |
| MAXIDEX – dexamethasone ophth susp 0.1% | P | |
| MAXITROL – neomycin-polymyxin-dexamethasone ophth susp 0.1% | NP | PA |
| MAXITROL – neomycin-polymyxin-dexamethasone ophth oint 0.1% | NP | PA |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</i> | P | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</i> | P | |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE – neomycin-polymyxin-hc ophth susp | P | |
| PRED FORTE – prednisolone acetate ophth susp 1% | NP | PA |
| PRED MILD – prednisolone acetate ophth susp 0.12% | P | |
| PREDNISOLONE ACETATE – prednisolone acetate ophth susp 1% | P | |
| PREDNISOLONE SODIUM PHOSPHATE – prednisolone sodium phosphate ophth soln 1% | P | |
| SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% | NP | PA |
| TOBRADEX – tobramycin-dexamethasone ophth oint 0.3-0.1% | NP | PA |
| TOBRADEX ST – tobramycin-dexamethasone ophth susp 0.3-0.05% | NP | PA |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)</i> | P | |
| ZYLET – loteprednol etabonate-tobramycin ophth susp 0.5-0.3% | NP | PA |
| OTIC AGENTS | | |
| <i>acetic acid otic soln 2%</i> | P | |
| CIPROFLOXACIN – ciprofloxacin hcl otic soln 0.2% (base equivalent) | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|----------------------------------|
| DERMOTIC – fluocinolone acetonide (otic) oil 0.01% | NP | PA |
| <i>fluocinolone acetonide (otic) oil 0.01% (Dermotic)</i> | NP | PA |
| <i>hydrocortisone w/ acetic acid otic soln 1-2% (Hydrocortisone/ aceti)</i> | NP | PA |
| HYDROCORTISONE/ACETIC ACID – hydrocortisone w/ acetic acid otic soln 1-2% | NP | PA |
| <i>ofloxacin otic soln 0.3%</i> | P | |
| OTIC AGENTS : OTIC COMBINATIONS | | |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)</i> | P | |
| CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF – ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025% | NP | PA |
| CORTISPORIN-TC – neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml | NP | PA |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | P | |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | P | |
| PROGESTINS | | |
| <i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)</i> | P | 90 |
| <i>megestrol acetate susp 625 mg/5ml (Megace es)</i> | NP | PA, 90 |
| <i>norethindrone acetate tab 5 mg (Aygestin)</i> | NP | PA, 90 |
| <i>progesterone cap 100 mg, 200 mg (Prometrium)</i> | P | 90 |
| <i>progesterone im in oil 50 mg/ml</i> | P | |
| PROMETRIUM – progesterone cap 100 mg, 200 mg | NP | PA, 90 |
| PROVERA – medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg | NP | PA, 90 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS : ANTIDEMENTIA AGENTS | | |
| ADLARITY – donepezil hydrochloride td patch weekly 5 mg/day, 10 mg/day | NP | PA, QL (4 patches/28 days), 90 |
| ADUHELM – aducanumab-avwa iv soln 170 mg/1.7ml (100 mg/ml), 300 mg/3ml (100 mg/ml) | NP | PA, SP |
| ARICEPT – donepezil hydrochloride tab 5 mg, 10 mg, 23 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i> | P | QL (30 tablets/30 days), 90 |
| <i>donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)</i> | P | QL (30 tablets/30 days), 90 |
| EXELON – rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr | NP | PA, QL (30 patches/30 days), 90 |
| GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml | NP | PA, QL (200 mls/30 days), 90 |
| <i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>galantamine hydrobromide tab 4 mg (Razadyne)</i> | NP | PA, QL (60 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| <i>galantamine hydrobromide tab 8 mg, 12 mg</i> | NP | PA, QL (60 tablets/30 days), 90 |
| LEQEMBI – lecanemab-irmb iv soln 200 mg/2ml (100 mg/ml), 500 mg/5ml (100 mg/ml) | NP | PA, SP |
| <i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg (Namenda xr)</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>memantine hcl oral solution 2 mg/ml</i> | NP | PA, QL (360 mls/30 days), 90 |
| <i>memantine hcl tab 5 mg, 10 mg (Namenda)</i> | P | QL (60 tablets/30 days), 90 |
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pack)</i> | NP | PA, QL (49 tablets/180 days) |
| NAMENDA TITRATION PAK – memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack | NP | PA, QL (49 tablets/180 days) |
| NAMENDA XR – memantine hcl cap er 24hr 14 mg, 21 mg, 28 mg | NP | PA, QL (30 capsules/30 days), 90 |
| NAMZARIC – memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack | NP | PA, QL (28 capsules/180 days) |
| NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 7-10 mg, 14-10 mg, 21-10 mg, 28-10 mg | NP | PA, QL (30 capsules/30 days), 90 |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i> | NP | PA, QL (60 capsules/30 days), 90 |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)</i> | NP | PA, QL (30 patches/30 days), 90 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS : MISC | | |
| AMVUTTRA – vutrisiran sodium soln prefilled syringe 25 mg/0.5ml | NP | PA, QL (1 syringe/90 days), SP |
| AUSTEDO – deutetrabenazine tab 6 mg, 9 mg, 12 mg | P | PA, QL (120 tablets/30 days), SP |
| AUSTEDO XR – deutetrabenazine tab er 24hr 6 mg, 12 mg, 24 mg | P | PA, QL (90 tablets/30 days), SP |
| AUSTEDO XR PATIENT TITRATION KIT – deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg | P | PA, QL (1 pack/180 days), SP |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE – chlordiazepoxide-amitriptyline tab 5-12.5 mg | P | QL (120 tablets/30 days), 90 |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE – chlordiazepoxide-amitriptyline tab 10-25 mg | P | QL (180 tablets/30 days), 90 |
| ERGOLOID MESYLATES – ergoloid mesylates tab 1 mg | P | 90 |
| FLUOXETINE HYDROCHLORIDE – fluoxetine hcl (pmd) tab 10 mg, 20 mg | NP | PA, 90 |
| <i>gabapentin (once-daily) tab 300 mg (Gralise)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>gabapentin (once-daily) tab 600 mg (Gralise)</i> | NP | PA, QL (90 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|-----------------------------------|
| GRALISE – gabapentin (once-daily) tab 300 mg, 450 mg, 750 mg | NP | PA, QL (30 tablets/30 days), 90 |
| GRALISE – gabapentin (once-daily) tab 600 mg | NP | PA, QL (90 tablets/30 days), 90 |
| GRALISE – gabapentin (once-daily) tab 900 mg | NP | PA, QL (60 tablets/30 days), 90 |
| HORIZANT – gabapentin enacarbil tab er 300 mg, 600 mg | NP | PA, QL (60 tablets/30 days), 90 |
| INGREZZA – valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21) | P | PA, QL (28 capsules/180 days), SP |
| INGREZZA – valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv) | P | PA, QL (30 capsules/30 days), SP |
| LYBALVI – olanzapine-samidorphane l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg | NP | PA, QL (30 tablets/30 days), 90 |
| LYRICA CR – pregabalin tab er 24hr 82.5 mg, 165 mg | NP | PA, QL (30 tablets/30 days) |
| LYRICA CR – pregabalin tab er 24hr 330 mg | NP | PA, QL (60 tablets/30 days) |
| NUDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg | NP | PA, QL (60 capsules/30 days), 90 |
| <i>olanzapine-fluoxetine hcl cap 3-25 mg, 6-25 mg, 6-50 mg, 12-50 mg (Symbyax)</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>olanzapine-fluoxetine hcl cap 12-25 mg</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)</i> | NP | PA, 90 |
| PERPHENAZINE/AMITRIPTYLINE – perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg | P | 90 |
| PIMOZIDE – pimozone tab 1 mg, 2 mg | P | 90 |
| <i>pregabalin tab er 24hr 82.5 mg, 165 mg (Lyrica cr)</i> | NP | PA, QL (30 tablets/30 days) |
| <i>pregabalin tab er 24hr 330 mg (Lyrica cr)</i> | NP | PA, QL (60 tablets/30 days) |
| SAVELLA – milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg | NP | PA, QL (60 tablets/30 days), 90 |
| SAVELLA TITRATION PACK – milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak | NP | PA, QL (1 kit/180 days) |
| SODIUM OXYBATE – sodium oxybate oral solution 500 mg/ml | NP | PA, QL (540 mls/30 days), SP |
| SYMBYAX – olanzapine-fluoxetine hcl cap 3-25 mg, 6-25 mg | NP | PA, QL (30 capsules/30 days), 90 |
| TEGSEDI – inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq) | NP | PA, QL (4 syringes/28 days), SP |
| <i>tetrabenazine tab 12.5 mg (Xenazine)</i> | NP | PA, QL (240 tablets/30 days), SP |
| <i>tetrabenazine tab 25 mg (Xenazine)</i> | NP | PA, QL (120 tablets/30 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|----------------------------------|
| WAINUA – eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml | NP | PA, QL (1 pen/30 days), SP |
| XENAZINE – tetrabenazine tab 12.5 mg | NP | PA, QL (240 tablets/30 days), SP |
| XENAZINE – tetrabenazine tab 25 mg | NP | PA, QL (120 tablets/30 days), SP |
| XYREM – sodium oxybate oral solution 500 mg/ml | NP | PA, QL (540 mls/30 days), SP |
| XYWAV – calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml | NP | PA, QL (540 mls/30 days), SP |

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS : MULTIPLE SCLEROSIS AGENTS

| | | |
|---|----|-------------------------------------|
| AMPYRA – dalfampridine tab er 12hr 10 mg | NP | PA, QL (60 tablets/30 days), SF, SP |
| AUBAGIO – teriflunomide tab 7 mg, 14 mg | NP | PA, QL (30 tablets/30 days), SF, SP |
| AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml | NP | PA, QL (1 kit/28 days), SP |
| AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml | NP | PA, QL (1 kit/28 days), SP |
| BAFIERTAM – monomethyl fumarate capsule delayed release 95 mg | NP | PA, QL (120 capsules/30 days), SP |
| BETASERON – interferon beta-1b for inj kit 0.3 mg | P | QL (15 vials/30 days), SP |
| BRIUMVI – ublituximab-xiyy soln for iv infusion 150 mg/6ml | NP | PA, QL (3 vials/180 days), SP |
| COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml | P | QL (30 syringes/30 days), SP |
| COPAXONE – glatiramer acetate soln prefilled syringe 40 mg/ml | P | QL (12 syringes/28 days), SP |
| <i>dalfampridine tab er 12hr 10 mg (Ampyra)</i> | NP | PA, QL (60 tablets/30 days), SF, SP |
| <i>dimethyl fumarate capsule delayed release 120 mg (Tecfidera)</i> | P | QL (56 capsules/180 days), SP |
| <i>dimethyl fumarate capsule delayed release 240 mg (Tecfidera)</i> | P | QL (60 capsules/30 days), SP |
| <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pack)</i> | P | QL (60 capsules/180 days), SP |
| EXTAVIA – interferon beta-1b for inj kit 0.3 mg | NP | PA, QL (15 vials/30 days), SP |
| <i>fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)</i> | NP | PA, QL (30 capsules/30 days), SP |
| GILENYA – fingolimod hcl cap 0.25 mg (base equiv) | NP | PA, QL (30 capsules/30 days), SP |
| GILENYA – fingolimod hcl cap 0.5 mg (base equiv) | P | PA, QL (30 capsules/30 days), SP |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)</i> | NP | PA, QL (30 syringes/30 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)</i> | NP | PA, QL (12 syringes/28 days), SP |
| KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml | NP | PA, QL (1 pen/28 days), SP |
| LEMTRADA – alemtuzumab iv inj 12 mg/1.2ml (10 mg/ml) | NP | PA, QL (5 vials/365 days), SP |
| MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs) | NP | PA, QL (8 tablets/301 days), SP |
| MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs) | NP | PA, QL (10 tablets/301 days), SP |
| MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs) | NP | PA, QL (12 tablets/301 days), SP |
| MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs) | NP | PA, QL (14 tablets/301 days), SP |
| MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs) | NP | PA, QL (9 tablets/301 days), SP |
| MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs) | NP | PA, QL (20 tablets/301 days), SP |
| MAYZENT – siponimod fumarate tab 0.25 mg (base equiv) | NP | PA, QL (120 tablets/30 days), SP |
| MAYZENT – siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv) | NP | PA, QL (30 tablets/30 days), SP |
| MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack | NP | PA, QL (1 pack/180 days), SP |
| MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack | NP | PA, QL (1 pack/180 days), SP |
| OCREVUS – ocrelizumab soln for iv infusion 300 mg/10ml | NP | PA, QL (2 vials/180 days), SP |
| PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml | NP | PA, QL (2 pens/28 days), SP |
| PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml | NP | PA, QL (1 syringe/28 days), SP |
| PLEGRIDY – peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml | NP | PA, QL (2 syringes/28 days), SP |
| PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack | NP | PA, QL (1 kit/180 days), SP |
| PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack | NP | PA, QL (1 kit/180 days), SP |
| PONVORY – ponesimod tab 20 mg | NP | PA, QL (30 tablets/30 days), SP |
| PONVORY 14-DAY STARTER PACK – ponesimod tab starter pack 2,3,4,5,6,7,8,9 &10 mg | NP | PA, QL (1 pack/180 days), SP |
| REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml | P | QL (12 syringes/28 days), SP |
| REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml | P | QL (12 syringes/28 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|-------------------------------------|
| REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml | P | QL (1 kit/180 days), SP |
| REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml | P | QL (1 kit/180 days), SP |
| TASCENSO ODT – fingolimod lauryl sulfate tablet disintegrating 0.25 mg, 0.5 mg | NP | PA, QL (30 tablets/30 days), SP |
| TECFIDERA – dimethyl fumarate capsule delayed release 120 mg | P | QL (56 capsules/180 days), SP |
| TECFIDERA – dimethyl fumarate capsule delayed release 240 mg | P | QL (60 capsules/30 days), SP |
| TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg | P | QL (60 capsules/180 days), SP |
| <i>teriflunomide tab 7 mg, 14 mg (Aubagio)</i> | NP | PA, QL (30 tablets/30 days), SF, SP |
| TYSABRI – natalizumab for iv inj conc 300 mg/15ml | NP | PA, QL (1 vial/28 days), SP |
| VUMERITY – diroximel fumarate capsule delayed release 231 mg | NP | PA, QL (120 capsules/30 days), SP |
| ZEPOSIA – ozanimod hcl cap 0.92 mg | NP | PA, QL (30 capsules/30 days), SP |
| ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg | NP | PA, QL (28 capsules/180 days), SP |
| ZEPOSIA 7-DAY STARTER PACK – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg | NP | PA, QL (7 capsules/180 days), SP |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS : SMOKING DETERRENTS | | |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | P | QL (180 days/365 days) |
| <i>nicotine polacrilex gum 2 mg, 4 mg</i> | P | QL (180 days/365 days) |
| <i>nicotine polacrilex lozenge 2 mg, 4 mg</i> | P | QL (180 days/365 days) |
| <i>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i> | P | QL (180 days/365 days) |
| NICOTINE TRANSDERMAL SYSTEM – nicotine td patch 24 hr kit 21-14-7 mg/24hr | P | QL (180 days/365 days) |
| NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered) | P | QL (180 days/365 days) |
| NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray) | P | QL (180 days/365 days) |
| <i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i> | P | QL (180/365 days) |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> | P | QL (180 days/365 days) |
| RESPIRATORY AGENTS : CYSTIC FIBROSIS AGENTS | | |
| BRONCHITOL – mannitol inhal cap 40 mg | NP | PA, SP |
| BRONCHITOL TOLERANCE TEST – mannitol inhal cap 40 mg | NP | PA, SP |
| KALYDECO – ivacaftor tab 150 mg | NP | PA, QL (60 tablets/30 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|--------------------------------------|
| KALYDECO – ivacaftor packet 5.8 mg, 13.4 mg | NP | PA, QL (60 packets/30 days), SP |
| KALYDECO – ivacaftor packet 25 mg, 50 mg, 75 mg | NP | PA, QL (56 packets/28 days), SP |
| ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg | NP | PA, QL (120 tablets/30 days), SP |
| ORKAMBI – lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg | NP | PA, QL (60 packets/30 days), SP |
| PULMOZYME – dornase alfa inhal soln 2.5 mg/2.5ml | P | SP |
| SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk | NP | PA, QL (60 tablets/30 days), SP |
| SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk | NP | PA, QL (60 tablets/30 days), SP |
| TRIKAFTA – elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran | NP | PA, QL (56 packets/28 days), SP |
| TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran | NP | PA, QL (56 packets/28 days), SP |
| TRIKAFTA – elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk | NP | PA, QL (90 tablets/30 days), SP |
| TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk | NP | PA, QL (90 tablets/30 days), SP |
| RESPIRATORY AGENTS : MISC | | |
| <i>acetylcysteine inhal soln 10%, 20%</i> | SC | |
| ESBRIET – pirfenidone cap 267 mg | NP | PA, QL (270 capsules/30 days), SP |
| ESBRIET – pirfenidone tab 267 mg | NP | PA, QL (270 tablets/30 days), SP |
| ESBRIET – pirfenidone tab 801 mg | NP | PA, QL (90 tablets/30 days), SP |
| OFEV – nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent) | NP | PA, QL (60 capsules/30 days), SF, SP |
| PIRFENIDONE – pirfenidone tab 534 mg | NP | PA, QL (21 tablets/180 days), SP |
| <i>pirfenidone cap 267 mg (Esbriet)</i> | NP | PA, QL (270 capsules/30 days), SP |
| <i>pirfenidone tab 267 mg (Esbriet)</i> | NP | PA, QL (270 tablets/30 days), SP |
| <i>pirfenidone tab 801 mg (Esbriet)</i> | NP | PA, QL (90 tablets/30 days), SP |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> | SC | AL (>=18 yr), ME |
| <i>sodium chloride soln nebu 0.9%, 3%, 10%</i> | SC | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|----------------------------------|
| <i>sodium chloride soln nebu 7% (Hyper-sal)</i> | SC | |
| SUBSTANCE USE DISORDER AGENTS | | |
| <i>acamprosate calcium tab delayed release 333 mg</i> | P | 90 |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)</i> | P | ME, QL (360 films/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)</i> | P | ME, QL (180 films/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)</i> | P | ME, QL (90 films/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)</i> | P | ME, QL (60 films/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | P | ME, QL (360 tablets/30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | P | ME, QL (90 tablets/30 days) |
| DISULFIRAM – disulfiram tab 500 mg | P | 90 |
| <i>disulfiram tab 250 mg (Antabuse)</i> | P | 90 |
| KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml | P | |
| LUCEMYRA – lofexidine hcl tab 0.18 mg (base equivalent) | P | |
| NALMEFENE HYDROCHLORIDE – nalmeffene hcl inj 1 mg/ml (base equiv) | P | |
| <i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i> | P | |
| <i>naloxone hcl nasal spray 4 mg/0.1ml (Narcan)</i> | P | |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> | P | |
| NALOXONE HYDROCHLORIDE – naloxone hcl soln cartridge 0.4 mg/ml | P | |
| <i>naltrexone hcl tab 50 mg</i> | P | |
| NARCAN – naloxone hcl nasal spray 4 mg/0.1ml | P | |
| OPVEE – nalmeffene hcl nasal spray 2.7 mg/0.1ml (base equiv) | P | |
| SUBOXONE – buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) | P | ME, QL (360 films/30 days) |
| SUBOXONE – buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) | P | ME, QL (180 films/30 days) |
| SUBOXONE – buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) | P | ME, QL (90 films/30 days) |
| SUBOXONE – buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) | P | ME, QL (60 films/30 days) |
| VIVITROL – naltrexone for im extended release susp 380 mg | P | QL (1 vial/28 days) |
| ZIMHI – naloxone hcl soln prefilled syringe 5 mg/0.5ml | P | |
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq) | P | ME, QL (1020 tablets/30 days) |
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq) | P | ME, QL (510 tablets/30 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|------------------------------|
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq) | P | ME, QL (240 tablets/30 days) |
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq) | P | ME, QL (120 tablets/30 days) |
| ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq), 11.4-2.9 mg (base eq) | P | ME, QL (60 tablets/30 days) |
| THYROID AGENTS | | |
| ADTHYZA – thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg | P | 90 |
| ARMOUR THYROID – thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain) | P | 90 |
| CYTOMEL – liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg | NP | PA, 90 |
| ERMEZA – levothyroxine sodium oral solution 150 mcg/5ml | NP | PA |
| LEVOTHYROXINE SODIUM – levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg | NP | PA, 90 |
| <i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg (Synthroid)</i> | P | 90 |
| <i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)</i> | P | 90 |
| <i>methimazole tab 5 mg, 10 mg (Tapazole)</i> | P | 90 |
| NIVA THYROID – thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain) | P | 90 |
| NP THYROID 120 – thyroid tab 120 mg (2 grain) | P | 90 |
| NP THYROID 15 – thyroid tab 15 mg (1/4 grain) | P | 90 |
| NP THYROID 30 – thyroid tab 30 mg (1/2 grain) | P | 90 |
| NP THYROID 60 – thyroid tab 60 mg (1 grain) | P | 90 |
| NP THYROID 90 – thyroid tab 90 mg (1 1/2 grain) | P | 90 |
| <i>propylthiouracil tab 50 mg</i> | P | 90 |
| SYNTHROID – levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg | NP | PA, 90 |
| THYQUIDITY – levothyroxine sodium oral solution 100 mcg/5ml | NP | PA |
| THYROID – thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain) | P | 90 |
| TIROSINT – levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg | NP | PA, 90 |
| TIROSINT-SOL – levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|------------------|---------------------------------|
| 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml | | |
| TUMOR NECROSIS FACTOR ALPHA INHIBITORS AND MISC IMMUNOSUPPRESSIVES | | |
| ABRILADA – adalimumab-afzb prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml | NP | PA, QL (2 syringes/28 days), SP |
| ABRILADA 1-PEN KIT – adalimumab-afzb auto-injector kit 40 mg/0.8ml | NP | PA, QL (2 pens/28 days), SP |
| ABRILADA 2-PEN KIT – adalimumab-afzb auto-injector kit 40 mg/0.8ml | NP | PA, QL (2 pens/28 days), SP |
| ACTEMRA – tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml | NP | PA, QL (4 syringes/28 days), SP |
| ACTEMRA – tocilizumab iv inj 80 mg/4ml | NP | PA, QL (10 vials/28 days), SP |
| ACTEMRA – tocilizumab iv inj 200 mg/10ml | NP | PA, QL (4 vials/28 days), SP |
| ACTEMRA – tocilizumab iv inj 400 mg/20ml | NP | PA, QL (2 vials/28 days), SP |
| ACTEMRA ACTPEN – tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml | NP | PA, QL (4 pens/28 days), SP |
| ADALIMUMAB-AACF (2 PEN) – adalimumab-aacf auto-injector kit 40 mg/0.8ml | NP | PA, QL (1 kit/28 days), SP |
| ADALIMUMAB-ADAZ – adalimumab-adaz soln auto-injector 40 mg/0.4ml | NP | PA, QL (2 pens/28 days), SP |
| ADALIMUMAB-ADAZ – adalimumab-adaz soln prefilled syringe 40 mg/0.4ml | NP | PA, QL (2 syringes/28 days), SP |
| ADALIMUMAB-ADBIM – adalimumab-adbm auto-injector kit 40 mg/0.4ml | NP | PA, QL (2 pens/28 days), SP |
| ADALIMUMAB-ADBIM – adalimumab-adbm auto-injector kit 40 mg/0.8ml | NP | PA, QL (1 kit/28 days), SP |
| ADALIMUMAB-ADBIM – adalimumab-adbm prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml | NP | PA, QL (2 syringes/28 days), SP |
| ADALIMUMAB-ADBIM – adalimumab-adbm prefilled syringe kit 40 mg/0.4ml | NP | PA, QL (2 pens/28 days), SP |
| ADALIMUMAB-ADBIM CROHNS/UC/HS STARTER – adalimumab-adbm auto-injector kit 40 mg/0.8ml | NP | PA, QL (1 kit/180 days), SP |
| ADALIMUMAB-ADBIM PSORIASIS/UEVITIS STARTER – adalimumab-adbm auto-injector kit 40 mg/0.8ml | NP | PA, QL (1 kit/180 days), SP |
| ADALIMUMAB-ADBIM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS – adalimumab-adbm auto-injector kit 40 mg/0.4ml | NP | PA, QL (1 kit/180 days), SP |
| ADALIMUMAB-ADBIM STARTER PACKAGE FOR PSORIASIS/UEVITIS – adalimumab-adbm auto-injector kit 40 mg/0.4ml | NP | PA, QL (1 kit/180 days), SP |
| ADALIMUMAB-FKJP – adalimumab-fkjp auto-injector kit 40 mg/0.8ml | NP | PA, QL (2 syringes/28 days), SP |
| ADALIMUMAB-FKJP – adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml | NP | PA, QL (2 syringes/28 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|-----------------------------------|
| AMJEVITA – adalimumab-atto soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml, 80 mg/0.8ml | NP | PA, QL (2 pens/28 days), SP |
| AMJEVITA – adalimumab-atto soln prefilled syringe 10 mg/0.2ml, 20 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml | NP | PA, QL (2 syringes/28 days), SP |
| ARCALYST – riloncept for inj 220 mg | NP | PA, QL (8 vials/28 days), SP |
| AVSOLA – infliximab-axxq for iv inj 100 mg | NP | PA, SP |
| CIMZIA – certolizumab pegol for inj kit 2 x 200 mg | NP | PA, QL (2 kits/28 days), SP |
| CIMZIA – certolizumab pegol prefilled syringe kit 200 mg/ml | P | PA, QL (2 kits/28 days), SP |
| CIMZIA STARTER KIT – certolizumab pegol prefilled syringe kit 6 x 200 mg/ml | P | PA, QL (1 kit/180 days), SP |
| CYLTEZO – adalimumab-adbm auto-injector kit 40 mg/0.4ml | NP | PA, QL (2 pens/28 days), SP |
| CYLTEZO – adalimumab-adbm auto-injector kit 40 mg/0.8ml | NP | PA, QL (1 kit/28 days), SP |
| CYLTEZO – adalimumab-adbm prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml | NP | PA, QL (2 syringes/28 days), SP |
| CYLTEZO – adalimumab-adbm prefilled syringe kit 40 mg/0.4ml | NP | PA, QL (2 pens/28 days), SP |
| CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/ UC/HS – adalimumab-adbm auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml | NP | PA, QL (1 kit/180 days), SP |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS – adalimumab-adbm auto-injector kit 40 mg/0.8ml | NP | PA, QL (1 kit/180 days), SP |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS/ UVEITIS – adalimumab-adbm auto-injector kit 40 mg/0.4ml | NP | PA, QL (1 kit/180 days), SP |
| ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml | P | PA, QL (4 syringes/28 days), SP |
| ENBREL – etanercept subcutaneous inj 25 mg/0.5ml | P | PA, QL (8 vials/28 days), SP |
| ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml | P | PA, QL (4 cartridges/28 days), SP |
| ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml | P | PA, QL (4 syringes/28 days), SP |
| ENTYVIO – vedolizumab soln pen-injector 108 mg/0.68ml | NP | PA, QL (2 pens/28 days), SP |
| ENTYVIO – vedolizumab for iv solution 300 mg | NP | PA, QL (1 vial/56 days), SP |
| HADLIMA – adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml | NP | PA, QL (2 syringes/28 days), SP |
| HADLIMA PUSH TOUCH – adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml | NP | PA, QL (2 pens/28 days), SP |
| HULIO – adalimumab-fkjp auto-injector kit 40 mg/0.8ml | NP | PA, QL (2 syringes/28 days), SP |
| HULIO – adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml | NP | PA, QL (2 syringes/28 days), SP |
| HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml | P | PA, QL (2 syringes/28 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 80 mg/0.8ml | P | PA, QL (3 syringes/180 days), SP |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml | P | PA, QL (2 syringes/180 days), SP |
| HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml | P | PA, QL (2 pens/28 days), SP |
| HUMIRA PEN-CD/UC/HS STARTER – adalimumab pen-injector kit 80 mg/0.8ml | P | PA, QL (1 kit/180 days), SP |
| HUMIRA PEN-PEDIATRIC UC STARTER KIT – adalimumab pen-injector kit 80 mg/0.8ml | P | PA, QL (1 kit/180 days), SP |
| HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml | P | PA, QL (1 kit/180 days), SP |
| HYRIMOZ – adalimumab-adaz soln auto-injector 40 mg/0.4ml, 80 mg/0.8ml | NP | PA, QL (2 pens/28 days), SP |
| HYRIMOZ – adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml | NP | PA, QL (2 syringes/28 days), SP |
| HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK – adalimumab-adaz soln auto-injector 80 mg/0.8ml | NP | PA, QL (1 kit/180 days), SP |
| HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK – adalimumab-adaz soln prefilled syr 80 mg/0.8ml & 40 mg/0.4ml | NP | PA, QL (1 kit/180 days), SP |
| HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab-adaz soln prefilled syringe 80 mg/0.8ml | NP | PA, QL (1 kit/180 days), SP |
| HYRIMOZ PLAQUE PSORIASIS STARTER PACK – adalimumab-adaz soln auto-injector 80 mg/0.8ml & 40 mg/0.4ml | NP | PA, QL (1 kit/180 days), SP |
| IDACIO (2 PEN) – adalimumab-aacf auto-injector kit 40 mg/0.8ml | NP | PA, QL (2 pens/28 days), SP |
| IDACIO (2 SYRINGE) – adalimumab-aacf prefilled syringe kit 40 mg/0.8ml | NP | PA, QL (2 syringes/28 days), SP |
| IDACIO STARTER PACKAGE FOR CROHNS DISEASE – adalimumab-aacf auto-injector kit 40 mg/0.8ml | NP | PA, QL (1 kit/180 days), SP |
| IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS – adalimumab-aacf auto-injector kit 40 mg/0.8ml | NP | PA, QL (1 kit/180 days), SP |
| ILARIS – canakinumab subcutaneous inj 150 mg/ml | NP | PA, QL (2 vials/28 days), SP |
| INFLECTRA – infliximab-dyyb for iv inj 100 mg | NP | PA, SP |
| INFLIXIMAB – infliximab for iv inj 100 mg | NP | PA, SP |
| KEVZARA – sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml | NP | PA, QL (2 pens/28 days), SP |
| KEVZARA – sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml | NP | PA, QL (2 syringes/28 days), SP |
| KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml | NP | PA, QL (28 syringes/28 days), SP |
| OLUMIANT – baricitinib tab 1 mg, 2 mg, 4 mg | NP | PA, QL (30 tablets/30 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|-----------------------------------|
| OMVOH – mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml | NP | PA, QL (2 pens/28 days), SP |
| OMVOH – mirikizumab-mrkz iv soln 300 mg/15ml (20 mg/ml) | NP | PA, QL (3 vials/180 days), SP |
| ORENCIA – abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml | NP | PA, QL (4 syringes/28 days), SP |
| ORENCIA – abatacept for iv soln 250 mg | NP | PA, QL (4 vials/28 days), SP |
| ORENCIA CLICKJECT – abatacept subcutaneous soln auto-injector 125 mg/ml | NP | PA, QL (4 syringes/28 days), SP |
| OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg | NP | PA, QL (1 kit/180 days), SP |
| OTEZLA – apremilast tab 30 mg | NP | PA, QL (60 tablets/30 days), SP |
| REMICADE – infliximab for iv inj 100 mg | NP | PA, SP |
| RENFLEXIS – infliximab-abda for iv inj 100 mg | NP | PA, SP |
| RINVOQ – upadacitinib tab er 24hr 15 mg, 30 mg | NP | PA, QL (30 tablets/30 days), SP |
| RINVOQ – upadacitinib tab er 24hr 45 mg | NP | PA, QL (84 tablets/365 days), SP |
| SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml, 100 mg/ml | NP | PA, QL (1 syringe/28 days), SP |
| SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml, 100 mg/ml | NP | PA, QL (1 syringe/28 days), SP |
| SIMPONI ARIA – golimumab iv soln 50 mg/4ml | NP | PA, QL (5 vials/56 days), SP |
| SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml | NP | PA, QL (1 cartridge/56 days), SP |
| SKYRIZI – risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml) | NP | PA, QL (3 vials/180 days), SP |
| STELARA – ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion) | NP | PA, QL (4 vials/180 days), SP |
| XELJANZ – tofacitinib citrate oral soln 1 mg/ml (base equivalent) | P | PA, QL (240 mls/30 days), SP |
| XELJANZ – tofacitinib citrate tab 5 mg (base equivalent) | P | PA, QL (60 tablets/30 days), SP |
| XELJANZ – tofacitinib citrate tab 10 mg (base equivalent) | P | PA, QL (240 tablets/365 days), SP |
| XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent) | P | PA, QL (30 tablets/30 days), SP |
| XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent) | P | PA, QL (120 tablets/365 days), SP |
| YUFLYMA CD/UC/HS STARTER – adalimumab-aaty auto-injector kit 80 mg/0.8ml | NP | PA, QL (1 kit/180 days), SP |
| YUFLYMA 1-PEN KIT – adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml | NP | PA, QL (2 pens/28 days), SP |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|-----------------------------------|
| YUFLYMA 2-PEN KIT – adalimumab-aaty auto-injector kit 40 mg/0.4ml | NP | PA, QL (2 syringes/28 days), SP |
| YUFLYMA 2-SYRINGE KIT – adalimumab-aaty prefilled syringe kit 20 mg/0.2ml | NP | PA, QL (1 kit/28 days), SP |
| YUFLYMA 2-SYRINGE KIT – adalimumab-aaty prefilled syringe kit 40 mg/0.4ml | NP | PA, QL (2 syringes/28 days), SP |
| YUSIMRY – adalimumab-aqvh soln pen-injector 40 mg/0.8ml | NP | PA, QL (2 pens/28 days), SP |
| ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS : H-2 ANTAGONISTS | | |
| <i>cimetidine tab 200 mg</i> | P | |
| <i>cimetidine tab 300 mg, 400 mg, 800 mg</i> | P | 90 |
| <i>famotidine for susp 40 mg/5ml</i> | P | 90 |
| <i>famotidine tab 20 mg, 40 mg (Pepcid)</i> | P | 90 |
| NIZATIDINE – nizatidine cap 150 mg, 300 mg | P | 90 |
| PEPCID – famotidine tab 20 mg, 40 mg | NP | PA, 90 |
| ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS : MISC | | |
| <i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (Pylera)</i> | NP | PA |
| CARAFATE – sucralfate tab 1 gm | NP | PA, 90 |
| CARAFATE – sucralfate susp 1 gm/10ml | P | QL (1200 mls/30 days), 90 |
| <i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (Librax)</i> | NP | PA |
| CUVPOSA – glycopyrrolate oral soln 1 mg/5ml | NP | PA, 90 |
| CYTOTEC – misoprostol tab 100 mcg, 200 mcg | NP | PA, 90 |
| <i>dicyclomine hcl cap 10 mg</i> | P | |
| <i>dicyclomine hcl oral soln 10 mg/5ml</i> | P | |
| <i>dicyclomine hcl tab 20 mg</i> | P | |
| GLYCATE – glycopyrrolate tab 1.5 mg | NP | PA |
| <i>glycopyrrolate oral soln 1 mg/5ml (Cuvposa)</i> | P | 90 |
| <i>glycopyrrolate tab 1 mg, 2 mg</i> | P | |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> | P | 90 |
| <i>hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl)</i> | P | 90 |
| <i>hyoscyamine sulfate soln 0.125 mg/ml</i> | P | 90 |
| <i>hyoscyamine sulfate tab disint 0.125 mg (Anaspaz)</i> | P | 90 |
| <i>hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid)</i> | P | 90 |
| <i>hyoscyamine sulfate tab 0.125 mg (Levsin)</i> | P | 90 |
| KONVOMEPEP – omeprazole-sodium bicarbonate for oral susp 2-84 mg/ml | NP | PA, QL (120 Days Supply/365 Days) |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN – amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg | NP | PA |
| LEVSIN – hyoscyamine sulfate tab 0.125 mg | NP | PA, 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|-----------------------------------|
| LEVSIN/SL – hyoscyamine sulfate sl tab 0.125 mg | NP | PA, 90 |
| LIBRAX – chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg | NP | PA |
| <i>methscopolamine bromide tab 2.5 mg, 5 mg</i> | NP | PA |
| <i>misoprostol tab 100 mcg, 200 mcg (Cytotec)</i> | P | 90 |
| <i>omeprazole-sodium bicarbonate cap 20-1100 mg, 40-1100 mg (Zegerid)</i> | NP | PA, QL (120 days supply/365 days) |
| <i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, 40-1680 mg (Zegerid)</i> | NP | PA, QL (120 days supply/365 days) |
| PYLERA – bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg | NP | PA |
| ROBINUL – glycopyrrolate tab 1 mg | NP | PA |
| ROBINUL FORTE – glycopyrrolate tab 2 mg | NP | PA |
| <i>sucralfate susp 1 gm/10ml (Carafate)</i> | P | QL (1200 mls/30 day), 90 |
| <i>sucralfate tab 1 gm (Carafate)</i> | P | 90 |
| TALICIA – amoxicillin-rifabutin-omeprazole cap dr 250-12.5-10 mg | NP | PA |
| ZEGERID – omeprazole-sodium bicarbonate cap 20-1100 mg, 40-1100 mg | NP | PA, QL (120 days supply/365 days) |
| ZEGERID – omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, 40-1680 mg | NP | PA, QL (120 days supply/365 days) |
| ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS : PROTON PUMP INHIBITORS | | |
| DEXILANT – dexlansoprazole cap delayed release 30 mg, 60 mg | NP | PA, QL (120 days supply/365 days) |
| <i>dexlansoprazole cap delayed release 30 mg, 60 mg (Dexilant)</i> | NP | PA, QL (120 days supply/365 days) |
| <i>esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium)</i> | NP | PA, QL (120 days supply/365 days) |
| <i>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)</i> | NP | PA, QL (120 days supply/365 days) |
| FIRST PANTOPRAZOLE – pantoprazole sodium susp 4 mg/ml (compound kit) | NP | PA |
| <i>lansoprazole cap delayed release 15 mg, 30 mg (Prevacid)</i> | NP | PA, QL (120 days supply/365 days) |
| <i>lansoprazole tab delayed release orally disintegrating 15 mg, 30 mg (Prevacid solutab)</i> | P | QL (120 days supply/365 days) |
| NEXIUM – esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) | NP | PA, QL (120 days supply/365 days) |
| NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg | NP | PA, QL (120 days supply/365 days) |
| NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg | NP | PA, QL (120 days supply/365 days) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|-----------------------------------|
| <i>omeprazole cap delayed release 10 mg, 20 mg, 40 mg</i> | P | QL (120 days supply/365 days) |
| <i>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)</i> | P | QL (120 days supply/365 days) |
| <i>pantoprazole sodium for delayed release susp packet 40 mg (Protonix)</i> | NP | PA, QL (120 days supply/365 days) |
| PREVACID – lansoprazole cap delayed release 30 mg | NP | PA, QL (120 days supply/365 days) |
| PREVACID SOLUTAB – lansoprazole tab delayed release orally disintegrating 15 mg, 30 mg | NP | PA, QL (120 days supply/365 days) |
| PRILOSEC – omeprazole magnesium for delayed release susp packet 2.5 mg, 10 mg | NP | PA, QL (120 days supply/365 days) |
| PROTONIX – pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) | NP | PA, QL (120 days supply/365 days) |
| PROTONIX – pantoprazole sodium for delayed release susp packet 40 mg | NP | PA, QL (120 days supply/365 days) |
| <i>rabeprazole sodium ec tab 20 mg (Aciphex)</i> | NP | PA, QL (120 days supply/365 days) |
| URINARY ANTISPASMODICS | | |
| <i>bethanechol chloride tab 5 mg, 10 mg</i> | P | |
| <i>bethanechol chloride tab 25 mg, 50 mg (Urecholine)</i> | P | |
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| DETROL – tolterodine tartrate tab 1 mg, 2 mg | NP | PA, QL (60 tablets/30 days), 90 |
| DETROL LA – tolterodine tartrate cap er 24hr 2 mg, 4 mg | NP | PA, QL (30 capsules/30 days), 90 |
| <i>fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)</i> | NP | PA, QL (30 tablets/30 days), 90 |
| <i>flavoxate hcl tab 100 mg</i> | NP | PA, 90 |
| GELNIQUE – oxybutynin chloride td gel 10% | NP | PA, QL (30 packets/30 days), 90 |
| GEMTESA – vibegron tab 75 mg | NP | PA, QL (30 tablets/30 days), 90 |
| MYRBETRIQ – mirabegron granules for oral extended release susp 8 mg/ml | NP | PA, QL (300 mls/28 days), 90 |
| MYRBETRIQ – mirabegron tab er 24 hr 25 mg, 50 mg | NP | PA, QL (30 tablets/30 days), 90 |
| OXYBUTYNIN CHLORIDE – oxybutynin chloride tab 2.5 mg | P | QL (90 tablets/30 days), 90 |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| <i>oxybutynin chloride solution 5 mg/5ml</i> | P | QL (600 mls/30 days), 90 |
| <i>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)</i> | P | QL (30 tablets/30 days), 90 |
| <i>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)</i> | P | QL (60 tablets/30 days), 90 |
| <i>oxybutynin chloride tab er 24hr 15 mg</i> | P | QL (60 tablets/30 days), 90 |
| <i>oxybutynin chloride tab 5 mg</i> | P | QL (120 tablets/30 days), 90 |
| OXYTROL – oxybutynin td patch twice weekly 3.9 mg/24hr | NP | PA, QL (8 patches/28 days), 90 |
| <i>solifenacin succinate tab 5 mg, 10 mg (Vesicare)</i> | P | QL (30 tablets/30 days), 90 |
| <i>tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>tolterodine tartrate tab 1 mg, 2 mg (Detrol)</i> | NP | PA, QL (60 tablets/30 days), 90 |
| TOVIAZ – fesoterodine fumarate tab er 24hr 4 mg, 8 mg | NP | PA, QL (30 tablets/30 days), 90 |
| <i>tropium chloride cap er 24hr 60 mg</i> | NP | PA, QL (30 capsules/30 days), 90 |
| <i>tropium chloride tab 20 mg</i> | NP | PA, QL (60 tablets/30 days), 90 |
| VESICARE – solifenacin succinate tab 5 mg, 10 mg | NP | PA, QL (30 tablets/30 days), 90 |
| VESICARE LS – solifenacin succinate susp 5 mg/5ml (1 mg/ml) | NP | PA, QL (300 mls/30 days), 90 |
| VAGINAL PRODUCTS | | |
| CLEOCIN – clindamycin phosphate vaginal cream 2% | NP | PA |
| CLEOCIN – clindamycin phosphate vaginal suppos 100 mg | P | |
| <i>clindamycin phosphate vaginal cream 2% (Cleocin)</i> | P | |
| CLINDESSE – clindamycin phosphate (one dose) vaginal cream 2% | NP | PA |
| CRINONE – progesterone vaginal gel 4%, 8% | NP | PA |
| ENDOMETRIN – progesterone vaginal insert 100 mg | P | |
| ESTRACE – estradiol vaginal cream 0.1 mg/gm | NP | PA |
| <i>estradiol vaginal cream 0.1 mg/gm (Estrace)</i> | P | |
| <i>estradiol vaginal tab 10 mcg (Vagifem)</i> | NP | PA, 90 |
| ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs) | NP | PA, 90 |
| FEMRING – estradiol acetate vaginal ring 0.05 mg/24hr, 0.1 mg/24hr | NP | PA, 90 |
| GYNAZOLE-1 – butoconazole nitrate (one dose) vaginal cream 2% | NP | PA |
| IMVEXXY MAINTENANCE PACK – estradiol vaginal insert 4 mcg, 10 mcg | NP | PA |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|---|-------------------------|----------------------------------|
| IMVEXXY STARTER PACK – estradiol vaginal insert starter pack 4 mcg, 10 mcg | NP | PA |
| INTRAROSA – prasterone vaginal insert 6.5 mg | NP | PA, 90 |
| <i>metronidazole vaginal gel 0.75%</i> | P | |
| MICONAZOLE 3 – miconazole nitrate vaginal suppos 200 mg | P | |
| NUVESSA – metronidazole vaginal gel 1.3% | NP | PA |
| PHEXXI – lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4% | P | |
| PREMARIN – estrogens, conjugated vaginal cream 0.625 mg/gm | P | 90 |
| <i>terconazole vaginal cream 0.4%, 0.8%</i> | P | |
| <i>terconazole vaginal suppos 80 mg</i> | P | |
| VAGIFEM – estradiol vaginal tab 10 mcg | NP | PA, 90 |
| VANDAZOLE – metronidazole vaginal gel 0.75% | NP | PA |
| XACIATO – clindamycin phosphate vaginal gel 2% | NP | PA |
| VITAMINS | | |
| <i>ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)</i> | SC | |
| <i>phytonadione tab 5 mg (Mephyton)</i> | SC | |
| OTC ANALGESICS - NONNARCOTIC | | |
| <i>acetaminophen cap 500 mg</i> | SC | |
| <i>acetaminophen chew tab 80 mg, 160 mg</i> | SC | |
| <i>acetaminophen liquid 160 mg/5ml</i> | SC | |
| <i>acetaminophen soln 160 mg/5ml</i> | SC | |
| <i>acetaminophen suppos 120 mg</i> | SC | |
| <i>acetaminophen susp 160 mg/5ml</i> | SC | |
| <i>acetaminophen tab 325 mg, 500 mg</i> | SC | |
| <i>aspirin chew tab 81 mg</i> | SC | 90 |
| <i>aspirin tab delayed release 81 mg, 325 mg</i> | SC | 90 |
| <i>aspirin tab 325 mg</i> | SC | 90 |
| OTC ANTACIDS | | |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml, 400-400-40 mg/5ml</i> | SC | |
| <i>calcium carbonate (antacid) chew tab 500 mg, 750 mg, 1000 mg</i> | SC | |
| <i>magnesium oxide tab 400 mg</i> | SC | |
| <i>sodium bicarbonate tab 325 mg, 650 mg</i> | SC | |
| OTC ANTIDIARRHEALS | | |
| <i>bismuth subsalicylate susp 262 mg/15ml</i> | SC | |
| <i>loperamide hcl tab 2 mg</i> | SC | |
| OTC ANTIHISTAMINES | | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|--|
| <i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> | SC | |
| <i>cetirizine hcl tab 5 mg, 10 mg</i> | SC | |
| <i>chlorpheniramine maleate tab 4 mg</i> | SC | |
| <i>diphenhydramine hcl cap 25 mg, 50 mg</i> | SC | |
| <i>diphenhydramine hcl liquid 12.5 mg/5ml</i> | SC | |
| <i>diphenhydramine hcl tab 25 mg</i> | SC | |
| <i>fexofenadine hcl tab 60 mg, 180 mg</i> | SC | |
| <i>loratadine oral soln 5 mg/5ml</i> | SC | |
| <i>loratadine tab 10 mg</i> | SC | |
| OTC COUGH/COLD/ALLERGY | | |
| <i>brompheniramine & phenylephrine elixir 1-2.5 mg/5ml</i> | SC | |
| <i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> | SC | |
| <i>guaifenesin liquid 100 mg/5ml</i> | SC | |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i> | SC | ME |
| <i>phenylephrine-guaifenesin tab 10-400 mg</i> | SC | |
| RU-HIST D – brompheniramine & phenylephrine tab 4-10 mg | SC | |
| OTC GASTROINTESTINAL AGENTS : MISC | | |
| <i>simethicone chew tab 80 mg</i> | SC | |
| <i>simethicone susp 40 mg/0.6ml</i> | SC | |
| OTC GLUCOSE MONITORING SUPPLIES : DEVICES AND KITS | | |
| ONETOUCH ULTRA 2 – blood glucose monitoring kit w/ device | P | QL (2 systems/365 days) |
| ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device | P | QL (2 systems/365 days) |
| OTC GLUCOSE MONITORING SUPPLIES : MISC | | |
| ALCOHOL PREP PADS AND SWABS - VARIOUS – alcohol swabs | SC | QL (200 swabs/30 days) |
| LANCETS - ONETOUCH AND LIFESCAN PRODUCTS – lancets | SC | QL (200 units/30 days) |
| ONETOUCH DELICA PLUS LANCING DEVICE – lancet devices | SC | |
| ONETOUCH ULTRA CONTROL – blood glucose calibration - liquid | SC | |
| ONETOUCH ULTRA CONTROL SOLUTION – blood glucose calibration - liquid | SC | |
| ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION – blood glucose calibration - liquid | SC | |
| ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION – blood glucose calibration - liquid - high | SC | |
| OTC GLUCOSE MONITORING SUPPLIES : TEST STRIPS | | |
| ONETOUCH ULTRA – glucose blood test strip | P | QL (102 strips/30 days w/o insulin or 153 strips/30 days w/ insulin) |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|------------------|--|
| ONETOUCH VERIO TEST STRIP – glucose blood test strip | P | QL (102 strips/30 days w/o insulin or 153 strips/30 days w/ insulin) |
| OTC LAXATIVES | | |
| <i>bisacodyl tab delayed release 5 mg</i> | SC | |
| <i>docusate sodium cap 100 mg</i> | SC | |
| <i>docusate sodium liquid 150 mg/15ml</i> | SC | |
| FLEET LIQUID GLYCERIN SUPPOSITORIES – glycerin enema adult 5.4 gm/average delivered dose | SC | |
| KONSYL DAILY FIBER – psyllium powder 60.3% | SC | |
| <i>magnesium citrate soln</i> | SC | |
| PEDIA-LAX – glycerin liquid suppos 2.8 gm (2.7 ml) | SC | |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | SC | |
| <i>psyllium powder 28.3%, 43%</i> | SC | |
| <i>sennosides tab 8.6 mg</i> | SC | |
| OTC DIABETIC SUPPLIES | | |
| ALL OTHER INSULIN PEN NEEDLES | NP | PA, QL (200 insulin pen needles/30 days) |
| ALL OTHER INSULIN SYRINGES | NP | PA, QL (200 insulin syringes/30 days) |
| INSULIN PEN NEEDLES - TRUEPLUS | P | QL (200 insulin pen needles/30 days) |
| INSULIN SYRINGES - TRUEPLUS | P | QL (200 insulin syringes/30 days) |
| OTC MINERALS AND ELECTROLYTES | | |
| <i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i> | SC | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe), 300 mg/5ml (60 mg/5ml elemental fe)</i> | SC | |
| <i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i> | SC | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | SC | |
| <i>magnesium oxide tab 400 mg (240 mg elemental mg)</i> | SC | |
| <i>oral electrolyte solution</i> | SC | |
| OTC MULTIVITAMINS | | |
| <i>multiple vitamin tab</i> | SC | |
| <i>multiple vitamins w/ minerals cap</i> | SC | |
| MULTIVITAMIN INFANT/TODDLER – pediatric multiple vitamin drops | SC | |
| <i>pediatric multiple vitamin chew tab</i> | SC | |
| PRESERVISION AREDS 2 – multiple vitamins w/ minerals cap | SC | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

| Drug Name | Preferred Status | Drug Status / Restriction |
|--|-------------------------|----------------------------------|
| PRESERVISION AREDS 2 + MULTI VITAMIN – multiple vitamins w/ minerals cap | SC | |
| VITAMIN A/C/D INFANT/TODDLER – pediatric vitamins adc drops 250 mcg-10 mcg-50mg/ml | SC | |
| OTC NASAL PRODUCTS | | |
| <i>phenylephrine hcl tab 10 mg</i> | SC | |
| <i>saline nasal spray 0.65%</i> | SC | |
| OTC OTHER SUPPLEMENTS | | |
| <i>omega-3 fatty acids cap 500 mg, 1000 mg</i> | SC | |
| OTC TOPICAL ANTI-INFECTIVES | | |
| <i>bacitracin oint 500 unit/gm</i> | SC | |
| <i>bacitracin zinc oint 500 unit/gm</i> | SC | |
| <i>miconazole nitrate cream 2%</i> | SC | |
| <i>tolnaftate soln 1%</i> | NP | PA |
| OTC TOPICAL CORTICOSTEROIDS | | |
| <i>hydrocortisone cream 0.5%</i> | SC | |
| <i>hydrocortisone oint 0.5%</i> | SC | |
| OTC TOPICAL EAR PRODUCTS | | |
| <i>carbamide peroxide 6.5% otic soln</i> | SC | |
| OTC TOPICAL EYE PRODUCTS | | |
| <i>artificial tear ophth solution</i> | SC | |
| <i>ketotifen fumarate ophth soln 0.035%</i> | SC | |
| <i>tetrahydroz-dextran-peg-povidone ophth soln 0.05-0.1-1-1%</i> | SC | |
| OTC TOPICAL PRODUCTS : MISC | | |
| LAC-HYDRIN FIVE – lactic acid (ammonium lactate) lotion 5% | SC | |
| <i>vitamins a & d oint</i> | SC | |
| <i>zinc oxide oint 20%</i> | SC | |
| OTC VITAMINS | | |
| <i>ascorbic acid tab 500 mg</i> | SC | |
| <i>cholecalciferol cap 50 mcg (2000 unit), 125 mcg (5000 unit), 250 mcg (10000 unit), 1.25 mg (50000 unit)</i> | SC | |
| <i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i> | SC | |
| <i>cholecalciferol tab 10 mcg (400 unit), 25 mcg (1000 unit), 1.25 mg (50000 unit)</i> | SC | |
| <i>cyanocobalamin tab 250 mcg, 500 mcg, 1000 mcg</i> | SC | |
| DECARA – cholecalciferol cap 625 mcg (25000 unit) | SC | |
| <i>folic acid tab 400 mcg</i> | SC | |
| <i>pyridoxine hcl tab 25 mg, 50 mg, 100 mg</i> | SC | |

P = Preferred Drug

AL = Age Limit

ME = Morphine Equivalent

SP = Specialty Drug

NP = Non-Preferred Drug

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

SC = Supplemental Coverage

SF = Split Fill

90 = 90 days at mail order

Effective Date: July 2024

INDEX

A

| | | | |
|--|-----|---|-----|
| <i>abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)</i> | 68 | ACTOPLUS MET..... | 36 |
| <i>abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)</i> | 68 | ACTOS..... | 42 |
| <i>abacavir sulfate tab 300 mg (base equiv) (Ziagen)</i> | 68 | ACULAR..... | 130 |
| ABILIFY..... | 67 | ACULAR LS..... | 130 |
| ABILIFY ASIMTUFII..... | 67 | ACUVAIL..... | 130 |
| ABILIFY MAINTENA..... | 68 | <i>acyclovir cap 200 mg</i> | 73 |
| ABILIFY MYCITE MAINTENANCE KIT..... | 68 | <i>acyclovir cream 5% (Zovirax)</i> | 96 |
| ABILIFY MYCITE STARTER KIT..... | 68 | <i>acyclovir oint 5% (Zovirax)</i> | 97 |
| <i>abiraterone acetate tab 250 mg (Zytiga)</i> | 51 | <i>acyclovir susp 200 mg/5ml (Zovirax)</i> | 73 |
| <i>abiraterone acetate tab 500 mg (Zytiga)</i> | 52 | <i>acyclovir tab 400 mg, 800 mg</i> | 73 |
| ABRILADA..... | 144 | ADACEL..... | 117 |
| ABRILADA 1-PEN KIT..... | 144 | ADAKVEO..... | 5 |
| ABRILADA 2-PEN KIT..... | 144 | ADALIMUMAB-AACF (2 PEN)..... | 144 |
| ABRYSVO..... | 117 | ADALIMUMAB-ADAZ..... | 144 |
| ABSORICA..... | 89 | ADALIMUMAB-ADBM..... | 144 |
| ABSORICA LD..... | 89 | ADALIMUMAB-ADBM CROHNS/UC/HS STARTER..... | 144 |
| ACAM2000..... | 117 | ADALIMUMAB-ADBM PSORIASIS/UEITIS STARTER..... | 144 |
| <i>acamprosate calcium tab delayed release 333 mg</i> | 142 | ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS..... | 144 |
| ACANYA..... | 89 | ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEITIS..... | 144 |
| <i>acarbose tab 25 mg, 50 mg (Precose)</i> | 42 | ADALIMUMAB-FKJP..... | 144 |
| <i>acarbose tab 100 mg (Precose)</i> | 42 | ADAPALENE/BENZOYL PEROXIDE..... | 89 |
| ACCOLATE..... | 17 | <i>adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)</i> | 89 |
| ACCUPRIL..... | 74 | <i>adapalene-benzoyl peroxide gel 0.3-2.5% (Epiduo forte)</i> | 89 |
| ACCURETIC..... | 73 | <i>adapalene cream 0.1% (Differin)</i> | 89 |
| <i>acebutolol hcl cap 200 mg, 400 mg</i> | 78 | <i>adapalene gel 0.3% (Differin)</i> | 89 |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE..... | 12 | ADASUVE..... | 65 |
| ACETAMINOPHEN/CODEINE..... | 12 | ADBRY..... | 18 |
| <i>acetaminophen cap 500 mg</i> | 152 | ADCIRCA..... | 84 |
| <i>acetaminophen chew tab 80 mg, 160 mg</i> | 152 | ADDERALL..... | 1 |
| <i>acetaminophen liquid 160 mg/5ml</i> | 152 | ADDERALL XR..... | 1 |
| <i>acetaminophen soln 160 mg/5ml</i> | 152 | <i>adefovir dipivoxil tab 10 mg (Hepsera)</i> | 72 |
| <i>acetaminophen suppos 120 mg</i> | 152 | ADEMPAS..... | 84 |
| <i>acetaminophen susp 160 mg/5ml</i> | 152 | ADLARITY..... | 135 |
| <i>acetaminophen tab 325 mg, 500 mg</i> | 152 | ADMELOG..... | 38 |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 12 | ADMELOG SOLOSTAR..... | 39 |
| <i>acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)</i> | 12 | ADTHYZA..... | 143 |
| <i>acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)</i> | 12 | ADUHELM..... | 135 |
| <i>acetazolamide cap er 12hr 500 mg</i> | 82 | ADVAIR DISKUS..... | 15 |
| <i>acetazolamide tab 125 mg, 250 mg</i> | 82 | ADVAIR HFA..... | 15 |
| <i>acetic acid otic soln 2%</i> | 134 | ADVATE..... | 111 |
| <i>acetylcysteine inhal soln 10%, 20%</i> | 141 | ADYNOVATE..... | 112 |
| <i>acitretin cap 17.5 mg</i> | 92 | ADZENYS XR-ODT..... | 1 |
| <i>acitretin cap 10 mg, 25 mg (Soriatane)</i> | 92 | ADZYNMA..... | 113 |
| ACTEMRA..... | 144 | AEMCOLO..... | 21 |
| ACTEMRA ACTPEN..... | 144 | AFINITOR..... | 53 |
| ACTHIB..... | 117 | AFINITOR DISPERZ..... | 53 |
| ACTIMMUNE..... | 60 | AFREZZA..... | 39 |
| ACTIVEVILLA..... | 104 | AFSTYLA..... | 112 |
| ACTONEL..... | 100 | AGAMREE..... | 87 |
| | | AGRYLIN..... | 114 |
| | | AIMOVIG..... | 121 |
| | | AIRDUO RESPICLICK 113/14..... | 15 |

| | | | |
|--|-----|---|-----|
| AIRDUO RESPICLICK 232/14..... | 15 | ALPROLIX..... | 112 |
| AIRDUO RESPICLICK 55/14..... | 15 | ALREX..... | 133 |
| AIRSUPRA..... | 15 | ALTACE..... | 74 |
| AJOVY..... | 121 | ALTOPREV..... | 48 |
| AKEEGA..... | 52 | ALTRENO..... | 89 |
| AKTEN..... | 130 | alum & mag hydroxide-simethicone susp 200-200-20 | |
| AKYNZEO..... | 46 | mg/5ml, 400-400-40 mg/5ml..... | 152 |
| ALADERM PLUS..... | 97 | ALUNBRIG..... | 53 |
| albendazole tab 200 mg (Albenza)..... | 61 | ALVESCO..... | 19 |
| ALBUTEROL SULFATE HFA..... | 16 | amantadine hcl cap 100 mg..... | 62 |
| albuterol sulfate inhal aero 108 mcg/act (90mcg base | | amantadine hcl soln 50 mg/5ml..... | 62 |
| equiv)..... | 16 | amantadine hcl tab 100 mg..... | 62 |
| albuterol sulfate soln nebu 0.5% (5 mg/ml)..... | 17 | AMBIEN..... | 117 |
| albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 | | AMBIEN CR..... | 117 |
| mg/3ml (base equiv), 1.25 mg/3ml (base equiv)..... | 17 | ambriasantan tab 5 mg, 10 mg (Letairis)..... | 84 |
| albuterol sulfate syrup 2 mg/5ml..... | 17 | AMELUZ..... | 97 |
| albuterol sulfate tab 2 mg, 4 mg..... | 17 | AMILORIDE/HYDROCHLOROTHIAZIDE..... | 82 |
| ALCAINE..... | 130 | amiloride hcl tab 5 mg..... | 82 |
| alclometasone dipropionate cream 0.05%..... | 93 | amiodarone hcl tab 100 mg, 200 mg, 400 mg..... | 81 |
| alclometasone dipropionate oint 0.05%..... | 93 | AMITIZA..... | 106 |
| ALCOHOL PREP PADS AND SWABS - VARIOUS..... | 153 | amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, | |
| ALDACTONE..... | 82 | 150 mg..... | 32 |
| ALECENSA..... | 53 | AMJEVITA..... | 145 |
| ALENDRONATE SODIUM..... | 100 | amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, | |
| alendronate sodium oral soln 70 mg/75ml..... | 100 | 2.5-20 mg, 2.5-40 mg..... | 83 |
| alendronate sodium tab 10 mg..... | 100 | amlodipine besylate-atorvastatin calcium tab 5-10 mg, | |
| alendronate sodium tab 35 mg..... | 100 | 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 | |
| alendronate sodium tab 70 mg (Fosamax)..... | 100 | mg, 10-80 mg (Caduet)..... | 83 |
| alfuzosin hcl tab er 24hr 10 mg (Uroxatral)..... | 109 | amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 | |
| aliskiren fumarate tab 150 mg (base equivalent), 300 mg | | mg..... | 74 |
| (base equivalent) (Tekturna)..... | 80 | amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, | |
| ALKINDI SPRINKLE..... | 87 | 10-20 mg, 10-40 mg (Lotrel)..... | 74 |
| ALLOPURINOL..... | 111 | amlodipine besylate-olmesartan medoxomil tab 5-20 mg, | |
| allopurinol tab 100 mg, 300 mg (Zyloprim)..... | 111 | 5-40 mg, 10-20 mg, 10-40 mg (Azor)..... | 75 |
| ALL OTHER INSULIN PEN NEEDLES..... | 154 | amlodipine besylate tab 2.5 mg (base equivalent), | |
| ALL OTHER INSULIN SYRINGES..... | 154 | 5 mg (base equivalent), 10 mg (base equivalent) | |
| almotriptan malate tab 6.25 mg, 12.5 mg..... | 122 | (Norvasc)..... | 79 |
| ALOGLIPTIN..... | 38 | amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, | |
| ALOGLIPTIN/METFORMIN HCL..... | 36 | 10-160 mg, 10-320 mg (Exforge)..... | 75 |
| ALOGLIPTIN/METFORMIN HYDROCHLORIDE..... | 36 | amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 | |
| ALOGLIPTIN/PIOGLITAZONE..... | 36 | mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, | |
| ALOMIDE..... | 133 | 10-320-25 mg (Exforge hct)..... | 75 |
| alosepron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) | | amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg..... | 32 |
| (Lotronex)..... | 106 | AMOXICILLIN..... | 24 |
| ALPHAGAN P..... | 130 | AMOXICILLIN/CLAVULANATE POTASSIUM..... | 24 |
| ALPHANATE..... | 112 | amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, | |
| ALPHANINE SD..... | 112 | 400-57 mg/5ml..... | 24 |
| ALPRAZOLAM INTENSOL..... | 14 | amoxicillin & k clavulanate for susp 250-62.5 mg/5ml | |
| alprazolam orally disintegrating tab 2 mg..... | 14 | (Augmentin)..... | 24 |
| alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 | | amoxicillin & k clavulanate for susp 600-42.9 mg/5ml | |
| mg..... | 14 | (Augmentin es-600)..... | 24 |
| alprazolam tab er 24hr 0.5 mg, 1 mg (Xanax xr)..... | 14 | amoxicillin & k clavulanate tab 250-125 mg, 875-125 | |
| alprazolam tab er 24hr 2 mg (Xanax xr)..... | 14 | mg..... | 24 |
| alprazolam tab er 24hr 3 mg (Xanax xr)..... | 14 | amoxicillin & k clavulanate tab 500-125 mg | |
| alprazolam tab 0.25 mg, 0.5 mg, 1 mg (Xanax)..... | 14 | (Augmentin)..... | 24 |
| alprazolam tab 2 mg (Xanax)..... | 14 | amoxicillin (trihydrate) cap 250 mg, 500 mg..... | 24 |

| | | | |
|--|-----|--|-----|
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | 24 | <i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i> | 68 |
| <i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i> | 24 | <i>aripiprazole oral solution 1 mg/ml</i> | 68 |
| <i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg, 25 mg, 37.5 mg, 50 mg (Mydayis)</i> | 1 | <i>aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)</i> | 68 |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)</i> | 1 | ARISTADA..... | 68 |
| <i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)</i> | 1 | ARISTADA INITIO..... | 68 |
| <i>amphetamine-dextroamphetamine tab 20 mg (Adderall)</i> | 1 | ARIXTRA..... | 26 |
| <i>amphetamine sulfate tab 5 mg (Evekeo)</i> | 1 | <i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)</i> | 3 |
| <i>amphetamine sulfate tab 10 mg (Evekeo)</i> | 1 | ARMOUR THYROID..... | 143 |
| <i>ampicillin cap 500 mg</i> | 24 | ARNUITY ELLIPTA..... | 19 |
| AMPYRA..... | 138 | AROMASIN..... | 52 |
| AMRIX..... | 128 | ARTHROTEC 50..... | 5 |
| AMVUTTRA..... | 136 | ARTHROTEC 75..... | 5 |
| ANAFRANIL..... | 32 | <i>artificial tear ophth solution</i> | 155 |
| <i>anagrelide hcl cap 1 mg</i> | 114 | <i>ascorbic acid tab 500 mg</i> | 155 |
| <i>anagrelide hcl cap 0.5 mg (Agyrin)</i> | 114 | <i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)</i> | 65 |
| <i>anastrozole tab 1 mg (Arimidex)</i> | 52 | ASMANEX HFA..... | 19 |
| ANCOBON..... | 46 | ASMANEX TWISTHALER 30 METERED DOSES..... | 19 |
| ANGELIQ..... | 105 | ASMANEX TWISTHALER 60 METERED DOSES..... | 19 |
| ANNOVERA..... | 85 | ASMANEX TWISTHALER 120 METERED DOSES..... | 19 |
| ANORO ELLIPTA..... | 15 | <i>aspirin chew tab 81 mg</i> | 152 |
| ANTIVERT..... | 46 | <i>aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)</i> | 114 |
| ANUSOL-HC..... | 13 | <i>aspirin tab delayed release 81 mg, 325 mg</i> | 152 |
| ANZEMET..... | 45 | <i>aspirin tab 325 mg</i> | 152 |
| APEXICON E..... | 93 | ASPRUZYO SPRINKLE..... | 81 |
| APIDRA..... | 39 | ASTAGRAF XL..... | 120 |
| APIDRA SOLOSTAR..... | 39 | ATACAND..... | 76 |
| APLENZIN..... | 32 | ATACAND HCT..... | 75 |
| APOKYN..... | 62 | <i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)</i> | 69 |
| <i>apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)</i> | 62 | <i>atazanavir sulfate cap 200 mg (base equiv) (Reyataz)</i> | 69 |
| APRACLONIDINE..... | 130 | ATELVIA..... | 100 |
| <i>aprepitant capsule 125 mg</i> | 46 | <i>atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)</i> | 78 |
| <i>aprepitant capsule 40 mg (Emend)</i> | 46 | <i>atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)</i> | 78 |
| <i>aprepitant capsule 80 mg (Emend)</i> | 46 | <i>atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)</i> | 78 |
| <i>aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)</i> | 46 | ATIVAN..... | 14 |
| APRETUDE..... | 69 | <i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)</i> | 2 |
| APRISO..... | 106 | <i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)</i> | 2 |
| APTENSIO XR..... | 3 | ATORVALIQ..... | 48 |
| APTIOM..... | 27 | <i>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)</i> | 48 |
| APTIVUS..... | 69 | <i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)</i> | 62 |
| AQUORAL..... | 124 | <i>atovaquone susp 750 mg/5ml (Mepron)</i> | 21 |
| ARANESP ALBUMIN FREE..... | 115 | ATRALIN..... | 89 |
| ARAVA..... | 5 | ATROPINE SULFATE..... | 130 |
| ARAZLO..... | 89 | <i>atropine sulfate ophth soln 1% (Atropine sulfate)</i> | 130 |
| ARCALYST..... | 145 | ATROVENT HFA..... | 16 |
| AREXVY..... | 117 | | |
| <i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)</i> | 17 | | |
| ARICEPT..... | 135 | | |
| ARIKAYCE..... | 20 | | |
| ARIMIDEX..... | 52 | | |

| | | | |
|--|-----|--|-----|
| AUBAGIO..... | 138 | BASAGLAR KWIKPEN..... | 39 |
| AUGMENTIN..... | 24 | BASAGLAR TEMPO PEN..... | 39 |
| AUGMENTIN ES-600..... | 25 | BAXDELA..... | 20 |
| AUGTYRO..... | 53 | BCG VACCINE..... | 118 |
| AURYXIA..... | 108 | <i>b-complex w/ c & folic acid cap 1 mg.....</i> | 125 |
| AUSTEDO..... | 136 | <i>b-complex w/ c & folic acid tab 5 mg.....</i> | 125 |
| AUSTEDO XR..... | 136 | <i>b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx).....</i> | 125 |
| AUSTEDO XR PATIENT TITRATION KIT..... | 136 | BELBUCA..... | 8 |
| AUVELITY..... | 32 | BELSOMRA..... | 117 |
| AUVI-Q..... | 13 | <i>benazepril & hydrochlorothiazide tab 5-6.25 mg.....</i> | 74 |
| AVALIDE..... | 75 | <i>benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct).....</i> | 74 |
| AVAPRO..... | 76 | <i>benazepril hcl tab 5 mg.....</i> | 74 |
| AVONEX..... | 138 | <i>benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin).....</i> | 74 |
| AVONEX PEN..... | 138 | BENEFIX..... | 112 |
| AVSOLA..... | 145 | BENICAR..... | 76 |
| AYVAKIT..... | 53 | BENICAR HCT..... | 75 |
| AZASITE..... | 132 | BENLYSTA..... | 123 |
| <i>azathioprine tab 75 mg, 100 mg.....</i> | 120 | BENSAL HP..... | 97 |
| <i>azathioprine tab 50 mg (Imuran).....</i> | 120 | BENZAMYCIN..... | 89 |
| <i>azelaic acid gel 15% (Finacea).....</i> | 97 | BENZNIDAZOLE..... | 61 |
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista).....</i> | 129 | <i>benzoyl peroxide-erythromycin gel 5-3% (Benzamycin).....</i> | 89 |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray).....</i> | 129 | <i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....</i> | 62 |
| <i>azelastine hcl ophth soln 0.05%.....</i> | 133 | <i>bepotastine besilate ophth soln 1.5% (Bepreve).....</i> | 133 |
| AZILECT..... | 62 | BEPREVE..... | 133 |
| AZITHROMYCIN..... | 23 | BERINERT..... | 114 |
| <i>azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax).....</i> | 23 | BESIVANCE..... | 132 |
| <i>azithromycin tab 600 mg.....</i> | 23 | BETADINE OPHTHALMIC PREP..... | 132 |
| <i>azithromycin tab 250 mg, 500 mg (Zithromax).....</i> | 23 | <i>betaine powder for oral solution (Cystadane).....</i> | 102 |
| AZOPT..... | 130 | BETAMETHASONE DIPROPIONATE..... | 93 |
| AZOR..... | 75 | <i>betamethasone dipropionate augmented cream 0.05% (Diprolene af).....</i> | 94 |
| AZSTARYS..... | 3 | <i>betamethasone dipropionate augmented lotion 0.05%.....</i> | 94 |
| AZULFIDINE..... | 106 | <i>betamethasone dipropionate augmented oint 0.05% (Diprolene).....</i> | 94 |
| AZULFIDINE EN-TABS..... | 106 | <i>betamethasone dipropionate cream 0.05%.....</i> | 94 |
| B | | <i>betamethasone dipropionate lotion 0.05%.....</i> | 94 |
| BACITRACIN..... | 132 | <i>betamethasone dipropionate oint 0.05%.....</i> | 94 |
| <i>bacitracin oint 500 unit/gm.....</i> | 155 | <i>betamethasone valerate aerosol foam 0.12% (Luxiq).....</i> | 94 |
| <i>bacitracin-polymyxin b ophth oint.....</i> | 132 | <i>betamethasone valerate cream 0.1% (base equivalent).....</i> | 94 |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%.....</i> | 133 | <i>betamethasone valerate lotion 0.1% (base equivalent).....</i> | 94 |
| <i>bacitracin zinc oint 500 unit/gm.....</i> | 155 | <i>betamethasone valerate oint 0.1% (base equivalent).....</i> | 94 |
| BACLOFEN..... | 128 | BETAPACE..... | 78 |
| <i>baclofen susp 25 mg/5ml (Fleqsuvy).....</i> | 128 | BETAPACE AF..... | 78 |
| <i>baclofen tab 5 mg, 10 mg, 20 mg.....</i> | 128 | BETASERON..... | 138 |
| BACTRIM..... | 21 | BETAXOLOL HCL..... | 130 |
| BACTRIM DS..... | 21 | <i>betaxolol hcl tab 10 mg, 20 mg.....</i> | 78 |
| BAFIERTAM..... | 138 | <i>bethanechol chloride tab 5 mg, 10 mg.....</i> | 150 |
| BALCOLTRA..... | 85 | <i>bethanechol chloride tab 25 mg, 50 mg (Urecholine).....</i> | 150 |
| <i>balsalazide disodium cap 750 mg (Colazal).....</i> | 106 | BETHKIS..... | 20 |
| BALVERSA..... | 53 | BETIMOL..... | 130 |
| BANZEL..... | 27 | BETOPTIC-S..... | 130 |
| BAQSIMI ONE PACK..... | 42 | BEVESPI AEROSPHERE..... | 15 |
| BAQSIMI TWO PACK..... | 42 | | |
| BARACLUDE..... | 72 | | |

| | | | |
|---|-----|--|-----|
| <i>bexarotene cap 75 mg (Targretin)</i> | 60 | BRUKINSA..... | 54 |
| <i>bexarotene gel 1% (Targretin)</i> | 97 | BRYHALI..... | 94 |
| BEXSERO..... | 118 | <i>budesonide delayed release particles cap 3 mg (Entocort ec)</i> | 88 |
| BEYAZ..... | 85 | <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)</i> | 15 |
| <i>bicalutamide tab 50 mg (Casodex)</i> | 52 | <i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml (Pulmicort)</i> | 19 |
| BIDIL..... | 83 | <i>budesonide inhalation susp 1 mg/2ml (Pulmicort)</i> | 19 |
| BIJUVA..... | 105 | <i>budesonide rectal foam 2 mg/act (Uceris)</i> | 13 |
| BIKTARVY..... | 69 | <i>budesonide tab er 24hr 9 mg (Uceris)</i> | 88 |
| BILTRICIDE..... | 61 | <i>bumetanide tab 0.5 mg, 1 mg, 2 mg (Bumex)</i> | 82 |
| <i>bimatoprost ophth soln 0.03%</i> | 130 | BUMEX..... | 82 |
| BIMZELX..... | 92 | BUPHENYL..... | 102 |
| BINOSTO..... | 100 | <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)</i> | 142 |
| BIOTHRAX..... | 118 | <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)</i> | 142 |
| <i>bisacodyl tab delayed release 5 mg</i> | 154 | <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)</i> | 142 |
| <i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (Pylera)</i> | 148 | <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)</i> | 142 |
| <i>bismuth subsalicylate susp 262 mg/15ml</i> | 152 | <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 142 |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)</i> | 78 | <i>buprenorphine hcl sl tab 2 mg (base equiv)</i> | 8 |
| <i>bisoprolol fumarate tab 5 mg, 10 mg</i> | 78 | <i>buprenorphine hcl sl tab 8 mg (base equiv)</i> | 8 |
| BONJESTA..... | 46 | <i>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)</i> | 8 |
| BOOSTRIX..... | 118 | <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | 140 |
| <i>bosentan tab 62.5 mg, 125 mg (Tracleer)</i> | 84 | <i>bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)</i> | 32 |
| BOSULIF..... | 53 | <i>bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)</i> | 32 |
| BRAFTOVI..... | 53 | <i>bupropion hcl tab 75 mg</i> | 32 |
| BREO ELLIPTA..... | 15 | <i>bupropion hcl tab 100 mg</i> | 32 |
| BREXAFEMME..... | 46 | BUPROPION HYDROCHLORIDE ER (XL)..... | 32 |
| BREZTRI AEROSPHERE..... | 15 | <i>buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</i> | 15 |
| BRILINTA..... | 115 | <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | 8 |
| <i>brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)</i> | 97 | <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)</i> | 8 |
| <i>brimonidine tartrate ophth soln 0.2%</i> | 130 | <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)</i> | 8 |
| <i>brimonidine tartrate ophth soln 0.1%, 0.15% (Alphagan p)</i> | 130 | <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | 12 |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)</i> | 130 | <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Fioricet/codeine)</i> | 12 |
| <i>brinzolamide ophth susp 1% (Azopt)</i> | 131 | <i>butalbital-acetaminophen cap 50-300 mg (Butalbital/acetaminophen)</i> | 8 |
| BRIUMVI..... | 138 | <i>butalbital-acetaminophen tab 50-300 mg, 50-325 mg</i> | 8 |
| BRIVIACT..... | 27 | <i>butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)</i> | 8 |
| BRIXADI..... | 8 | <i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3)</i> | 12 |
| <i>bromfenac sodium ophth soln 0.075% (base equivalent) (Bromsite)</i> | 131 | <i>butorphanol tartrate nasal soln 10 mg/ml</i> | 9 |
| <i>bromfenac sodium ophth soln 0.07% (base equivalent) (Prolensa)</i> | 131 | | |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | 131 | | |
| <i>bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)</i> | 62 | | |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)</i> | 62 | | |
| <i>brompheniramine & phenylephrine elixir 1-2.5 mg/5ml</i> | 153 | | |
| BROMSITE..... | 131 | | |
| BRONCHITOL..... | 140 | | |
| BRONCHITOL TOLERANCE TEST..... | 140 | | |
| BROVANA..... | 17 | | |

| | | | |
|---|-----|---|-----|
| BUTRANS..... | 9 | CARBATROL..... | 27 |
| BYDUREON BCISE..... | 38 | CARBIDOPA/LEVODOPA ODT..... | 63 |
| BYETTA..... | 38 | carbidopa & levodopa tab er 25-100 mg, 50-200 mg..... | 62 |
| BYSTOLIC..... | 78 | carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg (Sinemet)..... | 62 |
| C | | carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)..... | 62 |
| CABENUVA..... | 69 | carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)..... | 63 |
| cabergoline tab 0.5 mg..... | 102 | carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)..... | 63 |
| CABOMETYX..... | 54 | carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)..... | 63 |
| CABTREGO..... | 89 | carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)..... | 63 |
| CADUET..... | 83 | carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)..... | 63 |
| caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)..... | 85 | carbidopa tab 25 mg (Lodosyn)..... | 62 |
| CALCIPOTRIENE..... | 92 | CARBINOXAMINE MALEATE..... | 47 |
| calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)..... | 94 | carbinoxamine maleate tab 4 mg..... | 47 |
| calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)..... | 94 | CARDIZEM..... | 79 |
| calcipotriene cream 0.005% (Dovonex)..... | 92 | CARDIZEM CD..... | 79 |
| calcipotriene oint 0.005%..... | 92 | CARDIZEM LA..... | 79 |
| calcipotriene soln 0.005% (50 mcg/ml)..... | 92 | CARDURA..... | 77 |
| calcitonin (salmon) nasal soln 200 unit/act..... | 100 | CARDURA XL..... | 109 |
| CALCITRIOL..... | 92 | carglumic acid soluble tab 200 mg (Carbaglu)..... | 102 |
| calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)..... | 104 | carisoprodol tab 250 mg, 350 mg (Soma)..... | 128 |
| calcitriol oral soln 1 mcg/ml (Rocaltrol)..... | 104 | CARNITOR..... | 102 |
| calcium acetate (phosphate binder) cap 667 mg (169 mg ca)..... | 108 | CARNITOR SF..... | 102 |
| calcium acetate (phosphate binder) tab 667 mg..... | 108 | CAROSPIR..... | 82 |
| calcium carbonate (antacid) chew tab 500 mg, 750 mg, 1000 mg..... | 152 | CARTEOLOL HCL..... | 130 |
| calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)..... | 154 | carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg cr)..... | 78 |
| CALQUENCE..... | 54 | carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)..... | 78 |
| CAMZYOS..... | 83 | CASGEVY..... | 5 |
| CANASA..... | 106 | CASODEX..... | 52 |
| candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)..... | 75 | CAYSTON..... | 21 |
| candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)..... | 76 | CEFACTOR..... | 23 |
| candesartan cilexetil tab 32 mg (Atacand)..... | 76 | CEFACTOR ER..... | 23 |
| capecitabine tab 150 mg, 500 mg (Xeloda)..... | 51 | CEFADROXIL..... | 23 |
| CAPLYTA..... | 66 | cefadroxil cap 500 mg..... | 23 |
| CAPRELSA..... | 54 | cefadroxil for susp 250 mg/5ml, 500 mg/5ml..... | 23 |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE..... | 74 | cefdinir cap 300 mg..... | 23 |
| captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg..... | 74 | cefdinir for susp 125 mg/5ml, 250 mg/5ml..... | 23 |
| CARAC..... | 97 | cefixime cap 400 mg (Suprax)..... | 23 |
| CARAFATE..... | 148 | cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)..... | 23 |
| CARBAGLU..... | 102 | cefprozime proxetil for susp 50 mg/5ml, 100 mg/5ml..... | 23 |
| carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)..... | 27 | cefprozime proxetil tab 100 mg, 200 mg..... | 23 |
| carbamazepine chew tab 100 mg..... | 27 | cefprozil for susp 125 mg/5ml, 250 mg/5ml..... | 23 |
| carbamazepine susp 100 mg/5ml (Tegretol)..... | 27 | cefprozil tab 250 mg, 500 mg..... | 23 |
| carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)..... | 27 | cefuroxime axetil tab 250 mg, 500 mg..... | 23 |
| carbamazepine tab 200 mg (Tegretol)..... | 27 | CELEBREX..... | 5 |
| carbamide peroxide 6.5% otic soln..... | 155 | celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex)..... | 5 |
| | | celecoxib cap 400 mg (Celebrex)..... | 5 |
| | | CELEXA..... | 34 |

| | | | |
|---|-----|---|-----|
| CELLCEPT..... | 120 | <i>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar).....</i> | 102 |
| CELONTIN..... | 27 | CINQAIR..... | 18 |
| CEPHALEXIN..... | 23 | CINRYZE..... | 114 |
| <i>cephalexin cap 250 mg, 500 mg, 750 mg (Keflex).....</i> | 23 | CIPRO..... | 20 |
| <i>cephalexin for susp 125 mg/5ml, 250 mg/5ml.....</i> | 23 | CIPROFLOXACIN..... | 134 |
| CEQUA..... | 131 | CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF..... | 135 |
| <i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....</i> | 153 | <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex).....</i> | 135 |
| <i>cetirizine hcl tab 5 mg, 10 mg.....</i> | 153 | CIPROFLOXACIN HCL..... | 20 |
| <i>cevimeline hcl cap 30 mg (Evoxac).....</i> | 124 | <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....</i> | 132 |
| CHEMET..... | 44 | <i>ciprofloxacin hcl tab 750 mg (base equiv).....</i> | 20 |
| CHENODAL..... | 106 | <i>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro).....</i> | 20 |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE..... | 136 | CITALOPRAM HYDROBROMIDE..... | 34 |
| <i>chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....</i> | 14 | <i>citalopram hydrobromide oral soln 10 mg/5ml.....</i> | 34 |
| <i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (Librax).....</i> | 148 | <i>citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa).....</i> | 34 |
| <i>chlorhexidine gluconate soln 0.12% (Peridex).....</i> | 124 | CITRANATAL ASSURE..... | 125 |
| <i>chloroquine phosphate tab 250 mg, 500 mg.....</i> | 62 | CITRANATAL B-CALM..... | 125 |
| <i>chlorpheniramine maleate tab 4 mg.....</i> | 153 | CITRANATAL 90 DHA..... | 125 |
| <i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....</i> | 66 | CITRANATAL HARMONY..... | 125 |
| CHLORPROMAZINE HYDROCHLORIDE..... | 66 | CITRANATAL MEDLEY..... | 125 |
| <i>chlorthalidone tab 25 mg, 50 mg.....</i> | 82 | CLARITHROMYCIN..... | 23 |
| <i>chlorzoxazone tab 250 mg, 375 mg, 500 mg, 750 mg.....</i> | 128 | <i>clarithromycin tab er 24hr 500 mg.....</i> | 23 |
| CHOLBAM..... | 107 | <i>clarithromycin tab 250 mg, 500 mg.....</i> | 23 |
| <i>cholecalciferol cap 50 mcg (2000 unit), 125 mcg (5000 unit), 250 mcg (10000 unit), 1.25 mg (50000 unit).....</i> | 155 | CLEOCIN..... | 21 |
| <i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml).....</i> | 155 | CLEOCIN PEDIATRIC GRANULES..... | 21 |
| <i>cholecalciferol tab 10 mcg (400 unit), 25 mcg (1000 unit), 1.25 mg (50000 unit).....</i> | 155 | CLEOCIN-T..... | 89 |
| <i>cholestyramine light powder 4 gm/dose (Questran light).....</i> | 48 | CLIMARA..... | 105 |
| <i>cholestyramine light powder packets 4 gm.....</i> | 48 | CLIMARA PRO..... | 105 |
| <i>cholestyramine powder 4 gm/dose (Questran).....</i> | 48 | CLINDACIN ETZ..... | 89 |
| <i>cholestyramine powder packets 4 gm (Questran).....</i> | 48 | CLINDAGEL..... | 89 |
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix).....</i> | 48 | <i>clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin).....</i> | 21 |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix).....</i> | 48 | <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric granules).....</i> | 21 |
| CIALIS..... | 83 | <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya).....</i> | 90 |
| CIBINQO..... | 18 | <i>clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin).....</i> | 90 |
| <i>ciclopirox gel 0.77%.....</i> | 91 | <i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (Onexton).....</i> | 90 |
| <i>ciclopirox olamine cream 0.77% (base equiv) (Loprox).....</i> | 91 | <i>clindamycin phosphate foam 1% (Evoclin).....</i> | 89 |
| <i>ciclopirox olamine susp 0.77% (base equiv) (Loprox).....</i> | 91 | <i>clindamycin phosphate gel 1%.....</i> | 89 |
| <i>ciclopirox shampoo 1% (Loprox shampoo).....</i> | 91 | <i>clindamycin phosphate lotion 1% (Cleocin-t).....</i> | 89 |
| <i>ciclopirox solution 8% (Penlac Nail Lacquer).....</i> | 91 | <i>clindamycin phosphate soln 1%.....</i> | 90 |
| CICLOPIROX TREATMENT..... | 91 | <i>clindamycin phosphate swab 1%.....</i> | 90 |
| <i>cilostazol tab 50 mg, 100 mg.....</i> | 115 | <i>clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana).....</i> | 90 |
| CILOXAN..... | 132 | <i>clindamycin phosphate vaginal cream 2% (Cleocin).....</i> | 151 |
| CIMDUO..... | 69 | <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....</i> | 89 |
| <i>cimetidine tab 200 mg.....</i> | 148 | CLINDESSE..... | 151 |
| <i>cimetidine tab 300 mg, 400 mg, 800 mg.....</i> | 148 | | |
| CIMZIA..... | 145 | | |
| CIMZIA STARTER KIT..... | 145 | | |

| | | | |
|--|-----|---|-----|
| clobazam suspension 2.5 mg/ml (Onfi)..... | 27 | colesevelam hcl packet for susp 3.75 gm (Welchol)..... | 48 |
| clobazam tab 10 mg, 20 mg (Onfi)..... | 27 | colesevelam hcl tab 625 mg (Welchol)..... | 48 |
| clobetasol propionate cream 0.05% (Temovate)..... | 94 | COLESTID..... | 48 |
| clobetasol propionate emollient base cream 0.05%..... | 94 | colestipol hcl granule packets 5 gm (Colestid flavored)..... | 48 |
| clobetasol propionate emulsion foam 0.05% (Olux-e)..... | 94 | colestipol hcl granules 5 gm (Colestid flavored)..... | 48 |
| clobetasol propionate foam 0.05% (Olux)..... | 94 | colestipol hcl tab 1 gm (Colestid)..... | 48 |
| clobetasol propionate gel 0.05%..... | 94 | COMBIGAN..... | 130 |
| clobetasol propionate lotion 0.05% (Clobex)..... | 94 | COMBIPATCH..... | 105 |
| clobetasol propionate oint 0.05% (Temovate)..... | 94 | COMBIVENT RESPIMAT..... | 15 |
| clobetasol propionate shampoo 0.05% (Clobex)..... | 94 | COMETRIQ..... | 54 |
| clobetasol propionate soln 0.05%..... | 94 | COMIRNATY 2023-24..... | 118 |
| clobetasol propionate spray 0.05% (Clobex)..... | 94 | COMPLERA..... | 69 |
| clocortolone pivalate cream 0.1% (Cloderm)..... | 94 | COMPLETE NATAL DHA..... | 125 |
| CLODERM..... | 94 | COMPLETENATE..... | 125 |
| clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)..... | 32 | CONCERTA..... | 3 |
| clonazepam orally disintegrating tab 2 mg..... | 27 | CONDYLOX..... | 97 |
| clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg..... | 27 | CONZIP..... | 9 |
| clonazepam tab 0.5 mg, 1 mg (Klonopin)..... | 27 | COPAXONE..... | 138 |
| clonazepam tab 2 mg (Klonopin)..... | 27 | COPIKTRA..... | 54 |
| clonidine hcl tab er 12hr 0.1 mg (Kapvay)..... | 2 | CORGARD..... | 78 |
| clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)..... | 77 | CORIFACT..... | 112 |
| CLONIDINE HYDROCHLORIDE ER..... | 77 | CORLANOR..... | 83 |
| clonidine td patch weekly 0.1 mg/24hr (Catapres- tts-1)..... | 77 | CORTEF..... | 88 |
| clonidine td patch weekly 0.2 mg/24hr (Catapres- tts-2)..... | 77 | CORTENEMA..... | 13 |
| clonidine td patch weekly 0.3 mg/24hr (Catapres- tts-3)..... | 77 | CORTIFOAM..... | 13 |
| clopidogrel bisulfate tab 300 mg (base equiv)..... | 115 | CORTISONE ACETATE..... | 88 |
| clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)..... | 115 | CORTISPORIN-TC..... | 135 |
| clorazepate dipotassium tab 3.75 mg..... | 14 | CORVITA..... | 125 |
| clorazepate dipotassium tab 15 mg..... | 14 | COSENTYX..... | 92 |
| clorazepate dipotassium tab 7.5 mg (Tranxene t)..... | 14 | COSENTYX SENSOREADY PEN..... | 93 |
| clotrimazole cream 1%..... | 91 | COSENTYX UNOREADY..... | 93 |
| clotrimazole soln 1%..... | 91 | COSOPT..... | 130 |
| clotrimazole troche 10 mg..... | 124 | COSOPT PF..... | 130 |
| clotrimazole w/ betamethasone cream 1-0.05%..... | 91 | COTELLIC..... | 54 |
| clotrimazole w/ betamethasone lotion 1-0.05%..... | 91 | COTEMPLA XR-ODT..... | 3 |
| CLOZAPINE ODT..... | 65 | COZAAR..... | 76 |
| clozapine orally disintegrating tab 200 mg..... | 65 | CREON..... | 100 |
| clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg..... | 65 | CRESEMBA..... | 46 |
| clozapine tab 25 mg, 50 mg (Clozaril)..... | 65 | CRESTOR..... | 48 |
| clozapine tab 100 mg (Clozaril)..... | 65 | CRINONE..... | 151 |
| clozapine tab 200 mg (Clozaril)..... | 65 | CROMOLYN SODIUM..... | 133 |
| CLOZARIL..... | 65 | cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)..... | 107 |
| COAGADDEX..... | 112 | cromolyn sodium soln nebu 20 mg/2ml..... | 16 |
| COARTEM..... | 62 | CROTAN..... | 100 |
| CODEINE SULFATE..... | 9 | CUPRIMINE..... | 44 |
| codeine sulfate tab 30 mg (Codeine sulfate)..... | 9 | CUVPOSA..... | 148 |
| COLAZAL..... | 106 | CUVRIOR..... | 44 |
| colchicine cap 0.6 mg (Mitigare)..... | 111 | cyanocobalamin inj 1000 mcg/ml..... | 116 |
| colchicine tab 0.6 mg (Colcrys)..... | 111 | cyanocobalamin tab 250 mcg, 500 mcg, 1000 mcg..... | 155 |
| colchicine w/ probenecid tab 0.5-500 mg..... | 111 | cyclobenzaprine hcl cap er 24hr 15 mg, 30 mg (Amrix)..... | 128 |
| | | cyclobenzaprine hcl tab 5 mg, 10 mg..... | 128 |
| | | cyclobenzaprine hcl tab 7.5 mg (Fexmid)..... | 128 |
| | | CYCLOGYL..... | 131 |

| | | | |
|---|-----|---|-----|
| CYCLOMYDRIL..... | 131 | DAYVIGO..... | 117 |
| <i>cyclopentolate hcl ophth soln 1% (Cyclogyl)</i> | 131 | DDAVP..... | 102 |
| CYCLOPHOSPHAMIDE..... | 51 | DECARA..... | 155 |
| <i>cyclophosphamide cap 25 mg, 50 mg</i> | | <i>deferasirox granules packet 90 mg, 180 mg (Jadenu</i> | |
| <i>(Cyclophosphamide)</i> | 51 | <i>sprinkle)</i> | 44 |
| <i>cycloserine cap 250 mg</i> | 22 | <i>deferasirox granules packet 360 mg (Jadenu</i> | |
| CYCLOSET..... | 42 | <i>sprinkle)</i> | 44 |
| <i>cyclosporine cap 25 mg, 100 mg (Sandimmune)</i> | 120 | <i>deferasirox tab for oral susp 125 mg, 250 mg</i> | |
| <i>cyclosporine modified cap 50 mg</i> | 120 | <i>(Exjade)</i> | 44 |
| <i>cyclosporine modified cap 25 mg, 100 mg (Neoral)</i> | 120 | <i>deferasirox tab for oral susp 500 mg (Exjade)</i> | 44 |
| <i>cyclosporine modified oral soln 100 mg/ml (Neoral)</i> | 120 | <i>deferasirox tab 90 mg, 180 mg (Jadenu)</i> | 45 |
| <i>cyclosporine (ophth) emulsion 0.05% (Restasis)</i> | 131 | <i>deferasirox tab 360 mg (Jadenu)</i> | 45 |
| CYLTEZO..... | 145 | <i>deferiprone tab 500 mg (Ferriprox)</i> | 45 |
| CYLTEZO STARTER PACKAGE FOR CROHNS | | <i>deferiprone tab 1000 mg (Ferriprox)</i> | 45 |
| DISEASE/UC/HS..... | 145 | DELESTROGEN..... | 105 |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS..... | 145 | DELSTRIGO..... | 69 |
| CYLTEZO STARTER PACKAGE FOR PSORIASIS/ | | DELZICOL..... | 106 |
| UVEITIS..... | 145 | <i>demeclocycline hcl tab 150 mg, 300 mg</i> | 25 |
| CYMBALTA..... | 35 | DEMSEER..... | 80 |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i> | 47 | DENAVIR..... | 97 |
| <i>cyproheptadine hcl tab 4 mg</i> | 47 | DENGVAXIA..... | 118 |
| CYSTADANE..... | 102 | DEPAKOTE..... | 27 |
| CYSTADROPS..... | 131 | DEPAKOTE ER..... | 27 |
| CYSTAGON..... | 108 | DEPAKOTE SPRINKLES..... | 27 |
| CYSTARAN..... | 131 | DEPEN TITRATABS..... | 45 |
| CYTOMEL..... | 143 | DEPO-ESTRADIOL..... | 105 |
| CYTOTEC..... | 148 | DEPO-PROVERA CONTRACEPTIVE..... | 87 |
| | | DEPO-SUBQ PROVERA 104..... | 87 |
| D | | DERMACINRX LIDOGEL..... | 97 |
| <i>dabigatran etexilate mesylate cap 75 mg (etexilate base</i> | | DERMACINRX PRETRATE..... | 125 |
| <i>eq), 150 mg (etexilate base eq) (Pradaxa)</i> | 25 | DERMA-SMOOTH/FS BODY..... | 94 |
| <i>dabigatran etexilate mesylate cap 110 mg (etexilate base</i> | | DERMA-SMOOTH/FS SCALP..... | 94 |
| <i>eq) (Pradaxa)</i> | 26 | DERMOTIC..... | 135 |
| <i>dalfampridine tab er 12hr 10 mg (Ampyra)</i> | 138 | DESCOVY..... | 69 |
| DALIRESP..... | 18 | <i>desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg</i> | 32 |
| <i>danazol cap 50 mg, 100 mg, 200 mg</i> | 121 | <i>desipramine hcl tab 10 mg, 25 mg (Norpramin)</i> | 32 |
| DANTRIUM..... | 128 | <i>desloratadine tab 5 mg (Clarinet)</i> | 47 |
| <i>dantrolene sodium cap 100 mg</i> | 128 | <i>desmopressin acetate nasal spray soln 0.01%</i> | |
| <i>dantrolene sodium cap 25 mg, 50 mg (Dantrium)</i> | 128 | <i>(Ddvp)</i> | 102 |
| DAPAGLIFLOZIN PROPANEDIOL..... | 44 | <i>desmopressin acetate nasal spray soln 0.01%</i> | |
| DAPAGLIFLOZIN PROPANEDIOL/METFORMIN | | <i>(refrigerated)</i> | 102 |
| HYDROCHLORIDE..... | 36 | <i>desmopressin acetate tab 0.1 mg, 0.2 mg (Ddvp)</i> | 102 |
| <i>dapsone gel 5%, 7.5% (Aczone)</i> | 90 | <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01</i> | |
| <i>dapsone tab 25 mg, 100 mg</i> | 21 | <i>mg(21/5) (Mircette)</i> | 85 |
| DAPTACEL..... | 118 | <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 85 |
| DARAPRIM..... | 62 | <i>desonide cream 0.05% (Desowen)</i> | 94 |
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base</i> | | <i>desonide lotion 0.05%</i> | 94 |
| <i>equiv)</i> | 150 | <i>desonide oint 0.05%</i> | 94 |
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> | | <i>desoximetasone cream 0.05%, 0.25% (Topicort)</i> | 94 |
| <i>(Enablex)</i> | 150 | <i>desoximetasone gel 0.05% (Topicort)</i> | 94 |
| <i>darunavir tab 600 mg (Prezista)</i> | 69 | <i>desoximetasone oint 0.05%, 0.25% (Topicort)</i> | 94 |
| <i>darunavir tab 800 mg (Prezista)</i> | 69 | <i>desoximetasone spray 0.25% (Topicort)</i> | 94 |
| DAURISMO..... | 60 | DESVENLAFAXINE ER..... | 35 |
| DAYBUE..... | 129 | <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv),</i> | |
| DAYPRO..... | 5 | <i>50 mg (base equiv), 100 mg (base equiv) (Pristiq)</i> | 35 |
| DAYTRANA..... | 3 | DETROL..... | 150 |

| | | | |
|--|-----|--|-----|
| DETROL LA..... | 150 | <i>diclofenac sodium soln 2% (Pennsaid).....</i> | 97 |
| DEXAMETHASONE..... | 88 | <i>diclofenac sodium tab delayed release 75 mg.....</i> | 6 |
| DEXAMETHASONE 10-DAY DOSE PACK..... | 88 | <i>diclofenac sodium tab delayed release 25 mg, 50 mg.....</i> | 6 |
| DEXAMETHASONE 13-DAY DOSE PACK..... | 88 | <i>diclofenac sodium tab er 24hr 100 mg.....</i> | 6 |
| <i>dexamethasone elixir 0.5 mg/5ml.....</i> | 88 | <i>diclofenac sod soln 1.5% & capsaicin cream 0.025% ther pack (Dermacinrx Iexitral).....</i> | 97 |
| DEXAMETHASONE INTENSOL..... | 88 | <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50).....</i> | 6 |
| DEXAMETHASONE SODIUM PHOSPHATE..... | 133 | <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75).....</i> | 6 |
| <i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....</i> | 88 | <i>dicloxacillin sodium cap 250 mg, 500 mg.....</i> | 25 |
| <i>dexamethasone tab therapy pack 1.5 mg (21).....</i> | 88 | <i>dicyclomine hcl cap 10 mg.....</i> | 148 |
| DEXCOM G6 RECEIVER..... | 109 | <i>dicyclomine hcl oral soln 10 mg/5ml.....</i> | 148 |
| DEXCOM G7 RECEIVER..... | 109 | <i>dicyclomine hcl tab 20 mg.....</i> | 148 |
| DEXCOM G6 SENSOR..... | 109 | DIFICID..... | 23 |
| DEXCOM G7 SENSOR..... | 109 | DIFLORASONE DIACETATE..... | 95 |
| DEXCOM G6 TRANSMITTER..... | 109 | <i>diflorasone diacetate oint 0.05%.....</i> | 95 |
| DEXEDRINE..... | 1 | DIFLUCAN..... | 46 |
| DEXILANT..... | 149 | <i>diflunisal tab 500 mg.....</i> | 8 |
| <i>dexlansoprazole cap delayed release 30 mg, 60 mg (Dexilant).....</i> | 149 | <i>difluprednate ophth emulsion 0.05% (Durezol).....</i> | 133 |
| <i>dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr).....</i> | 3 | DIGOXIN..... | 81 |
| <i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin).....</i> | 3 | <i>digoxin oral soln 0.05 mg/ml (Digoxin).....</i> | 81 |
| DEXTENZA..... | 133 | <i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin).....</i> | 81 |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine).....</i> | 1 | <i>digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin).....</i> | 81 |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine).....</i> | 1 | <i>dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal).....</i> | 121 |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml.....</i> | 1 | DILANTIN..... | 27 |
| <i>dextroamphetamine sulfate tab 10 mg.....</i> | 1 | DILANTIN-125..... | 28 |
| <i>dextroamphetamine sulfate tab 30 mg.....</i> | 1 | DILANTIN INFATABS..... | 27 |
| <i>dextroamphetamine sulfate tab 2.5 mg, 5 mg, 7.5 mg, 15 mg, 20 mg.....</i> | 1 | DILAUDID..... | 9 |
| <i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml.....</i> | 153 | <i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....</i> | 79 |
| DHIVY..... | 63 | <i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....</i> | 79 |
| DIACOMIT..... | 27 | <i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd).....</i> | 79 |
| <i>diazepam conc 5 mg/ml.....</i> | 14 | <i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac).....</i> | 79 |
| <i>diazepam oral soln 1 mg/ml.....</i> | 14 | <i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Cardizem la).....</i> | 79 |
| DIAZEPAM RECTAL GEL..... | 27 | <i>diltiazem hcl tab 90 mg.....</i> | 79 |
| <i>diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial).....</i> | 27 | <i>diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem).....</i> | 79 |
| <i>diazepam tab 2 mg, 5 mg, 10 mg (Valium).....</i> | 14 | <i>dimethyl fumarate capsule delayed release 120 mg (Tecfidera).....</i> | 138 |
| <i>diazoxide susp 50 mg/ml (Proglycem).....</i> | 42 | <i>dimethyl fumarate capsule delayed release 240 mg (Tecfidera).....</i> | 138 |
| <i>dichlorphenamide tab 50 mg (Keveyis).....</i> | 82 | <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pack).....</i> | 138 |
| DICLEGIS..... | 46 | DIOVAN..... | 77 |
| DICLOFENAC EPOLAMINE..... | 97 | DIOVAN HCT..... | 75 |
| <i>diclofenac potassium cap 25 mg (Zipsor).....</i> | 6 | DIPENTUM..... | 106 |
| <i>diclofenac potassium (migraine) packet 50 mg (Cambia).....</i> | 121 | DIPHENHYDRAMINE HCL..... | 47 |
| <i>diclofenac potassium tab 25 mg.....</i> | 6 | <i>diphenhydramine hcl cap 25 mg, 50 mg.....</i> | 153 |
| <i>diclofenac potassium tab 50 mg.....</i> | 6 | <i>diphenhydramine hcl liquid 12.5 mg/5ml.....</i> | 153 |
| <i>diclofenac sodium (actinic keratoses) gel 3%.....</i> | 97 | <i>diphenhydramine hcl tab 25 mg.....</i> | 153 |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv) (Voltaren).....</i> | 97 | <i>diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....</i> | 44 |
| <i>diclofenac sodium ophth soln 0.1%.....</i> | 131 | DIPROLENE..... | 95 |
| <i>diclofenac sodium soln 1.5%.....</i> | 97 | | |

| | | | |
|--|-----|---|-----|
| dipyridamole tab 25 mg, 50 mg, 75 mg..... | 115 | doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)..... | 46 |
| disopyramide phosphate cap 100 mg, 150 mg (Norpace)..... | 81 | dronabinol cap 2.5 mg, 5 mg, 10 mg..... | 46 |
| DISULFIRAM..... | 142 | drosiprenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)..... | 86 |
| disulfiram tab 250 mg (Antabuse)..... | 142 | drosiprenone-ethinyl estradiol tab 3-0.02 mg (Yaz)..... | 85 |
| DIURIL..... | 82 | drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)..... | 85 |
| divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)..... | 28 | drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)..... | 85 |
| divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)..... | 28 | DROXIA..... | 5 |
| divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)..... | 28 | droxidopa cap 200 mg, 300 mg (Northera)..... | 83 |
| DIVIGEL..... | 105 | droxidopa cap 100 mg (Northera)..... | 83 |
| docusate sodium cap 100 mg..... | 154 | DUAKLIR PRESSAIR..... | 15 |
| docusate sodium liquid 150 mg/15ml..... | 154 | DUAVEE..... | 105 |
| dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)..... | 81 | DUETACT..... | 36 |
| donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg..... | 135 | DUEXIS..... | 6 |
| donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)..... | 135 | DULERA..... | 15 |
| DOPTelet..... | 115 | duloxetine hcl enteric coated pellets cap 40 mg (base eq)..... | 35 |
| DORAL..... | 116 | duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq) (Cymbalta)..... | 35 |
| DORYX MPC..... | 25 | duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)..... | 35 |
| dorzolamide hcl ophth soln 2% (Trusopt)..... | 131 | DUOBRII..... | 95 |
| dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)..... | 130 | DUPIXENT..... | 18 |
| dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)..... | 130 | DUREZOL..... | 134 |
| DOVATO..... | 69 | dutasteride cap 0.5 mg (Avodart)..... | 109 |
| doxazosin mesylate tab 1 mg, 2 mg, 4 mg (Cardura)..... | 77 | dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)..... | 109 |
| doxazosin mesylate tab 8 mg (Cardura)..... | 77 | DYANAVEL XR..... | 1 |
| doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg..... | 32 | DYMISTA..... | 129 |
| doxepin hcl conc 10 mg/ml..... | 32 | E | |
| doxepin hcl cream 5% (Prudoxin)..... | 97 | econazole nitrate cream 1%..... | 91 |
| doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)..... | 117 | EDARBI..... | 77 |
| doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg..... | 104 | EDARBYCLOR..... | 75 |
| doxycycline hyclate cap 50 mg..... | 25 | EDECIN..... | 82 |
| doxycycline hyclate cap 100 mg (Vibramycin)..... | 25 | EDLUAR..... | 117 |
| DOXYCYCLINE HYCLATE DR..... | 25 | EDURANT..... | 69 |
| doxycycline hyclate tab delayed release 75 mg, 100 mg, 150 mg..... | 25 | E.E.S. 400..... | 24 |
| doxycycline hyclate tab delayed release 50 mg, 200 mg (Doryx)..... | 25 | E.E.S. GRANULES..... | 24 |
| doxycycline hyclate tab 20 mg, 50 mg, 100 mg..... | 25 | EFAVIRENZ..... | 69 |
| doxycycline hyclate tab 75 mg, 150 mg (Acticlate)..... | 25 | efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)..... | 69 |
| doxycycline monohydrate cap 50 mg, 75 mg, 100 mg, 150 mg..... | 25 | efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)..... | 69 |
| doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)..... | 25 | efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)..... | 69 |
| doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg..... | 25 | efavirenz tab 600 mg (Sustiva)..... | 69 |
| doxycycline (rosacea) cap delayed release 40 mg (Oracea)..... | 97 | EFFEXOR XR..... | 35 |
| | | EFFIENT..... | 115 |
| | | EFUDEX..... | 97 |
| | | EGRIFTA SV..... | 102 |
| | | ELEPSIA XR..... | 28 |
| | | ELESTRIN..... | 105 |

| | | | |
|---|-----|---|-----|
| <i>eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)</i> | 122 | <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (EpiPen-jr 2-pak)</i> | 13 |
| ELIDEL..... | 97 | <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (EpiPen 2-pak)</i> | 13 |
| ELIQUIS..... | 26 | EPIPEN-JR 2-PAK..... | 13 |
| ELIQUIS STARTER PACK..... | 26 | EPIPEN 2-PAK..... | 13 |
| ELITE-OB..... | 125 | EPIVIR..... | 69 |
| ELLA..... | 87 | <i>eplerenone tab 25 mg, 50 mg (Inspra)</i> | 80 |
| ELMIRON..... | 108 | EPOGEN..... | 115 |
| ELOCTATE..... | 112 | <i>epoprostenol sodium for inj 0.5 mg, 1.5 mg (Flolan)</i> | 84 |
| ELYXYB..... | 121 | EPRONTIA..... | 28 |
| EMCYT..... | 52 | EQUETRO..... | 66 |
| EMEND..... | 46 | <i>ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)</i> | 152 |
| EMEND TRIPACK..... | 46 | ERGOLOID MESYLATES..... | 136 |
| EMFLAZA..... | 88 | ERIVEDGE..... | 60 |
| EMGALITY..... | 122 | ERLEADA..... | 52 |
| EMPAVELI..... | 114 | <i>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)</i> | 54 |
| EMSAM..... | 32 | <i>erlotinib hcl tab 25 mg (base equivalent) (Tarceva)</i> | 54 |
| <i>emtricitabine caps 200 mg (Emtriva)</i> | 69 | ERMEZA..... | 143 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)</i> | 69 | ERTACZO..... | 91 |
| EMTRIVA..... | 69 | ERY..... | 90 |
| EMVERM..... | 61 | ERYGEL..... | 90 |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 74 | ERYPED 200..... | 24 |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)</i> | 74 | ERYPED 400..... | 24 |
| <i>enalapril maleate oral soln 1 mg/ml (Epaned)</i> | 74 | ERYTHROCIN STEARATE..... | 24 |
| <i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)</i> | 74 | ERYTHROMYCIN..... | 24 |
| ENBRACE HR..... | 125 | ERYTHROMYCIN ETHYLSUCCINATE..... | 24 |
| ENBREL..... | 145 | <i>erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)</i> | 24 |
| ENBREL MINI..... | 145 | <i>erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)</i> | 24 |
| ENBREL SURECLICK..... | 145 | <i>erythromycin gel 2% (Erygel)</i> | 90 |
| ENDARI..... | 5 | <i>erythromycin ophth oint 5 mg/gm</i> | 133 |
| ENDOMETRIN..... | 151 | <i>erythromycin soln 2%</i> | 90 |
| ENGERIX-B..... | 118 | <i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i> | 24 |
| ENJAYMO..... | 114 | <i>erythromycin tab 250 mg, 500 mg</i> | 24 |
| ENLITE GLUCOSE SENSOR..... | 109 | ESBRIET..... | 141 |
| <i>enoxaparin sodium inj 300 mg/3ml (Lovenox)</i> | 26 | <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | 34 |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)</i> | 26 | <i>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)</i> | 34 |
| ENSTILAR..... | 95 | ESGIC..... | 8 |
| <i>entacapone tab 200 mg (Comtan)</i> | 63 | <i>esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium)</i> | 149 |
| <i>entecavir tab 0.5 mg, 1 mg (Baraclude)</i> | 72 | <i>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)</i> | 149 |
| ENTRESTO..... | 83 | ESPEROCT..... | 112 |
| ENTYVIO..... | 145 | <i>estazolam tab 1 mg, 2 mg</i> | 116 |
| ENVARUSUS XR..... | 120 | ESTRACE..... | 105 |
| EPANED..... | 74 | <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 105 |
| EPCLUSA..... | 72 | <i>estradiol & norethindrone acetate tab 1-0.5 mg (Activella)</i> | 105 |
| EPIDIOLEX..... | 28 | <i>estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)</i> | 105 |
| EPIFOAM..... | 95 | | |
| <i>epinastine hcl ophth soln 0.05%</i> | 133 | | |
| EPINEPHRINE..... | 13 | | |

| | | | |
|--|-----|--|-----|
| estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)..... | 105 | EZALLOR SPRINKLE..... | 48 |
| estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)..... | 105 | ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)..... | 48 |
| estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)..... | 105 | ezetimibe tab 10 mg (Zetia)..... | 48 |
| estradiol vaginal cream 0.1 mg/gm (Estrace)..... | 151 | F | |
| estradiol vaginal tab 10 mcg (Vagifem)..... | 151 | FABHALTA..... | 114 |
| estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)..... | 105 | FABIOR..... | 90 |
| ESTRING..... | 151 | famciclovir tab 125 mg, 250 mg, 500 mg..... | 73 |
| eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)..... | 117 | famotidine for susp 40 mg/5ml..... | 148 |
| ethacrynic acid tab 25 mg (Edecrin)..... | 82 | famotidine tab 20 mg, 40 mg (Pepcid)..... | 148 |
| ethambutol hcl tab 100 mg..... | 22 | FANAPT..... | 64 |
| ethambutol hcl tab 400 mg (Myambutol)..... | 22 | FANAPT TITRATION PACK..... | 64 |
| ethosuximide cap 250 mg (Zarontin)..... | 28 | FARESTON..... | 52 |
| ethosuximide soln 250 mg/5ml (Zarontin)..... | 28 | FARXIGA..... | 44 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg..... | 86 | FASENRA..... | 18 |
| etodolac cap 200 mg, 300 mg..... | 6 | FASENRA PEN..... | 18 |
| etodolac tab er 24hr 600 mg..... | 6 | febuxostat tab 40 mg, 80 mg (Uloric)..... | 111 |
| etodolac tab er 24hr 400 mg, 500 mg..... | 6 | fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg..... | 123 |
| etodolac tab 500 mg..... | 6 | fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg..... | 123 |
| etodolac tab 400 mg (Lodine)..... | 6 | fe fum-iron polysacch complex-fa-b cplx-c-zn-mn-cu cap..... | 123 |
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Nuvaring)..... | 86 | FEIBA..... | 112 |
| ETOPOSIDE..... | 61 | felbamate susp 600 mg/5ml (Felbatol)..... | 28 |
| etravirine tab 100 mg, 200 mg (Intelence)..... | 69 | felbamate tab 400 mg, 600 mg (Felbatol)..... | 28 |
| EUCRISA..... | 97 | FELBATOL..... | 28 |
| EVAMIST..... | 105 | felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg..... | 79 |
| EVEKEO..... | 2 | FEMARA..... | 52 |
| everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)..... | 54 | FEMRING..... | 151 |
| everolimus tab for oral susp 3 mg (Afinitor disperz)..... | 54 | FENOFIBRATE..... | 48 |
| everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)..... | 54 | fenofibrate micronized cap 43 mg..... | 48 |
| everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)..... | 120 | fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg..... | 48 |
| EVERSENSE E3 SENSOR/HOLDER..... | 109 | fenofibrate tab 54 mg..... | 48 |
| EVERSENSE E3 SMART TRANSMITTER..... | 109 | fenofibrate tab 160 mg..... | 48 |
| EVERSENSE SENSOR/HOLDER KIT..... | 109 | fenofibrate tab 40 mg (Fenoglide)..... | 48 |
| EVERSENSE SMART TRANSMITTER..... | 109 | fenofibrate tab 120 mg (Fenoglide)..... | 48 |
| EVISTA..... | 102 | fenofibrate tab 48 mg (Tricor)..... | 48 |
| EVOTAZ..... | 69 | fenofibrate tab 145 mg (Tricor)..... | 48 |
| EVOXAC..... | 124 | FENOGLIDE..... | 49 |
| EXELON..... | 135 | fenopropfen calcium cap 400 mg (Nalfon)..... | 6 |
| exemestane tab 25 mg (Aromasin)..... | 52 | fenopropfen calcium tab 600 mg (Nalfon)..... | 6 |
| EXFORGE..... | 75 | FENTANYL CITRATE..... | 9 |
| EXFORGE HCT..... | 75 | fantanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)..... | 9 |
| EXJADE..... | 45 | fantanyl td patch 72hr 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr..... | 9 |
| EXKIVITY..... | 54 | fantanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)..... | 9 |
| EXSERVAN..... | 129 | FENTORA..... | 9 |
| EXTAVIA..... | 138 | FERRIPROX..... | 45 |
| EYSUVIS..... | 134 | FERRIPROX TWICE-A-DAY..... | 45 |
| | | ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg..... | 123 |

| | | | |
|--|-----|--|-----|
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe), 300 mg/5ml (60 mg/5ml elemental fe)</i> | 154 | <i>fluorometholone ophth susp 0.1% (Fml liquifilm)</i> | 134 |
| <i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i> | 154 | FLUOROURACIL..... | 97 |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 154 | <i>fluorouracil cream 5% (Efudex)</i> | 97 |
| <i>fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)</i> | 150 | <i>fluorouracil soln 5%</i> | 97 |
| FETZIMA..... | 36 | FLUOXETINE DR..... | 34 |
| FETZIMA TITRATION PACK..... | 36 | <i>fluoxetine hcl cap 10 mg (Prozac)</i> | 34 |
| <i>fexofenadine hcl tab 60 mg, 180 mg</i> | 153 | <i>fluoxetine hcl cap 20 mg (Prozac)</i> | 34 |
| FIASP..... | 39 | <i>fluoxetine hcl cap 40 mg (Prozac)</i> | 34 |
| FIASP FLEXTOUCH..... | 39 | <i>fluoxetine hcl solution 20 mg/5ml</i> | 34 |
| FIASP PENFILL..... | 39 | <i>fluoxetine hcl tab 10 mg</i> | 34 |
| FIASP PUMPCART..... | 39 | <i>fluoxetine hcl tab 20 mg</i> | 34 |
| FINACEA..... | 97 | <i>fluoxetine hcl tab 60 mg (Fluoxetine hydrochloride)</i> | 34 |
| <i>finasteride tab 5 mg (Proscar)</i> | 109 | FLUOXETINE HYDROCHLORIDE..... | 34 |
| <i>finolimod hcl cap 0.5 mg (base equiv) (Gilenya)</i> | 138 | FLUPHENAZINE HCL..... | 66 |
| FINTEPLA..... | 28 | <i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i> | 66 |
| FIORICET..... | 8 | FLUPHENAZINE HYDROCHLORIDE..... | 66 |
| FIORICET/CODEINE..... | 12 | FLURANDRENOLIDE..... | 95 |
| FIRAZYR..... | 114 | FLURAZEPAM HYDROCHLORIDE..... | 116 |
| FIRDAPSE..... | 51 | FLURBIPROFEN..... | 6 |
| FIRST PANTOPRAZOLE..... | 149 | FLURBIPROFEN SODIUM..... | 131 |
| FIRVANQ..... | 21 | <i>flurbiprofen tab 100 mg</i> | 6 |
| FLAGYL..... | 21 | FLUTICASONE FUROATE/VILANTEROL ELLIPTA..... | 16 |
| FLAREX..... | 134 | FLUTICASONE PROPIONATE..... | 95 |
| <i>flavoxate hcl tab 100 mg</i> | 150 | FLUTICASONE PROPIONATE/SALMETEROL..... | 16 |
| <i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i> | 81 | FLUTICASONE PROPIONATE/SALMETEROL HFA..... | 16 |
| FLECTOR..... | 97 | <i>fluticasone propionate cream 0.05%</i> | 95 |
| FLEET LIQUID GLYCERIN SUPPOSITORIES..... | 154 | FLUTICASONE PROPIONATE DISKUS..... | 19 |
| FLEQSUVY..... | 128 | FLUTICASONE PROPIONATE HFA..... | 19 |
| FLOLAN..... | 84 | <i>fluticasone propionate nasal susp 50 mcg/act</i> | 129 |
| FLOMAX..... | 109 | <i>fluticasone propionate oint 0.005%</i> | 95 |
| <i>fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)</i> | 46 | <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)</i> | 16 |
| <i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)</i> | 46 | <i>fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)</i> | 49 |
| <i>flucytosine cap 250 mg, 500 mg (Ancobon)</i> | 46 | <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)</i> | 49 |
| <i>fludrocortisone acetate tab 0.1 mg</i> | 88 | <i>fluvoxamine maleate cap er 24hr 100 mg, 150 mg</i> | 34 |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i> | 129 | <i>fluvoxamine maleate tab 100 mg</i> | 34 |
| FLUOCINOLONE ACETONIDE..... | 95 | <i>fluvoxamine maleate tab 25 mg, 50 mg</i> | 34 |
| <i>fluocinolone acetonide cream 0.025% (Synalar)</i> | 95 | FML FORTE..... | 134 |
| <i>fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs body)</i> | 95 | FML LIQUIFILM..... | 134 |
| <i>fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs scalp)</i> | 95 | FOCALIN..... | 3 |
| <i>fluocinolone acetonide oint 0.025% (Synalar)</i> | 95 | FOCALIN XR..... | 3 |
| <i>fluocinolone acetonide (otic) oil 0.01% (Dermotic)</i> | 135 | FOLBEE PLUS CZ..... | 125 |
| <i>fluocinolone acetonide soln 0.01% (Synalar)</i> | 95 | <i>folic acid tab 400 mcg</i> | 155 |
| <i>fluocinonide cream 0.05%</i> | 95 | <i>folic acid tab 1 mg</i> | 116 |
| <i>fluocinonide cream 0.1% (Vanos)</i> | 95 | <i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg, 2.5-25-1 mg</i> | 123 |
| <i>fluocinonide emulsified base cream 0.05%</i> | 95 | FOLIVANE-OB..... | 125 |
| <i>fluocinonide gel 0.05%</i> | 95 | <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)</i> | 26 |
| <i>fluocinonide oint 0.05%</i> | 95 | FORFIVO XL..... | 32 |
| <i>fluocinonide soln 0.05%</i> | 95 | <i>formoterol fumarate soln nebu 20 mcg/2ml (Perforomist)</i> | 17 |
| FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE..... | 131 | FOSAMAX..... | 100 |
| | | FOSAMAX PLUS D..... | 100 |

| | | | |
|---|-----|--|-----|
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> (Lexiva)..... | 70 | <i>gefitinib tab 250 mg (Iressa)</i> | 54 |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> (Monurol)..... | 21 | GELNIQUE..... | 150 |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i> | 74 | GELX..... | 124 |
| <i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i> | 74 | <i>gemfibrozil tab 600 mg (Lopid)</i> | 49 |
| FOSRENOL..... | 108 | GEMTESA..... | 150 |
| FOTIVDA..... | 54 | GENOTROPIN..... | 101 |
| FRAGMIN..... | 26 | GENOTROPIN MINIQUICK..... | 101 |
| FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM..... | 110 | <i>gentamicin sulfate cream 0.1%</i> | 91 |
| FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM..... | 110 | <i>gentamicin sulfate oint 0.1%</i> | 91 |
| FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM..... | 110 | <i>gentamicin sulfate ophth soln 0.3%</i> | 133 |
| FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM..... | 110 | GENVOYA..... | 70 |
| FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM..... | 110 | GEODON..... | 66 |
| FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM..... | 110 | GILENYA..... | 138 |
| FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM..... | 110 | GILOTRIF..... | 54 |
| FROVA..... | 122 | GIMOTI..... | 107 |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> (Frova)..... | 122 | <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (Copaxone)..... | 138 |
| FRUZAQLA..... | 54 | <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (Copaxone)..... | 139 |
| FULPHILA..... | 115 | GLEEVEC..... | 55 |
| FUROSEMIDE..... | 82 | <i>glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)</i> | 42 |
| <i>furosemide oral soln 10 mg/ml</i> | 82 | GLIPIZIDE..... | 42 |
| <i>furosemide tab 20 mg, 40 mg, 80 mg (Lasix)</i> | 82 | <i>glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | 36 |
| FUZEON..... | 70 | <i>glipizide tab er 24hr 2.5 mg, 10 mg (Glucotrol xl)</i> | 42 |
| FYCOMPA..... | 28 | <i>glipizide tab er 24hr 5 mg (Glucotrol xl)</i> | 42 |
| FYLNETRA..... | 115 | <i>glipizide tab 5 mg, 10 mg (Glucotrol)</i> | 42 |
| G | | GLOSTRIPS..... | 131 |
| <i>gabapentin cap 100 mg (Neurontin)</i> | 28 | GLUCAGEN HYPOKIT..... | 42 |
| <i>gabapentin cap 300 mg (Neurontin)</i> | 28 | GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR..... | 42 |
| <i>gabapentin cap 400 mg (Neurontin)</i> | 28 | GLUCOTROL XL..... | 42 |
| <i>gabapentin (once-daily) tab 300 mg (Gralise)</i> | 136 | GLUMETZA..... | 42 |
| <i>gabapentin (once-daily) tab 600 mg (Gralise)</i> | 136 | <i>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 36 |
| <i>gabapentin oral soln 250 mg/5ml (Neurontin)</i> | 28 | GLYBURIDE MICRONIZED..... | 43 |
| <i>gabapentin tab 600 mg (Neurontin)</i> | 28 | <i>glyburide tab 5 mg</i> | 43 |
| <i>gabapentin tab 800 mg (Neurontin)</i> | 28 | <i>glyburide tab 1.25 mg, 2.5 mg</i> | 43 |
| GALAFOLD..... | 102 | GLYCATE..... | 148 |
| GALANTAMINE HYDROBROMIDE..... | 135 | <i>glycopyrrolate oral soln 1 mg/5ml (Cuvposa)</i> | 148 |
| <i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)</i> | 135 | <i>glycopyrrolate tab 1 mg, 2 mg</i> | 148 |
| <i>galantamine hydrobromide tab 8 mg, 12 mg</i> | 136 | GLYXAMBI..... | 36 |
| <i>galantamine hydrobromide tab 4 mg (Razadyne)</i> | 135 | GOCOVRI..... | 63 |
| GARDASIL 9..... | 118 | GRALISE..... | 137 |
| GASTROCROM..... | 107 | <i>granisetron hcl tab 1 mg</i> | 45 |
| <i>gatifloxacin ophth soln 0.5% (Zymaxid)</i> | 133 | GRANIX..... | 115 |
| GATTEX..... | 107 | <i>griseofulvin microsize susp 125 mg/5ml</i> | 47 |
| GAVRETO..... | 54 | <i>griseofulvin microsize tab 500 mg</i> | 47 |
| | | <i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i> | 47 |
| | | <i>guaifenesin-codeine soln 100-10 mg/5ml</i> | 153 |
| | | <i>guaifenesin liquid 100 mg/5ml</i> | 153 |
| | | <i>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)</i> | 2 |
| | | <i>guanfacine hcl tab 1 mg, 2 mg</i> | 77 |
| | | GUARDIAN CONNECT TRANSMITTER..... | 110 |
| | | GUARDIAN 4 GLUCOSE SENSOR..... | 110 |

| | | | |
|--|-----|---|-----|
| GUARDIAN LINK 3 TRANSMITTER KIT..... | 110 | HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK..... | 146 |
| GUARDIAN REAL-TIME CHARGER REPLACEMENT..... | 110 | HUMIRA PEN..... | 146 |
| GUARDIAN REAL-TIME REPLACEMENT MONITOR..... | 110 | HUMIRA PEN-CD/UC/HS STARTER..... | 146 |
| GUARDIAN REAL-TIME TEST PLUG REPLACEMENT..... | 110 | HUMIRA PEN-PEDIATRIC UC STARTER KIT..... | 146 |
| GUARDIAN SENSOR (3)..... | 110 | HUMIRA PEN-PS/UV STARTER..... | 146 |
| GUARDIAN 4 TRANSMITTER KIT..... | 110 | HUMULIN 70/30..... | 40 |
| GVOKE HYOPEN 1-PACK..... | 43 | HUMULIN 70/30 KWIKPEN..... | 40 |
| GVOKE HYOPEN 2-PACK..... | 43 | HUMULIN N..... | 40 |
| GVOKE KIT..... | 43 | HUMULIN N KWIKPEN..... | 40 |
| GVOKE PFS..... | 43 | HUMULIN R..... | 40 |
| GYNAZOLE-1..... | 151 | HUMULIN R U-500 (CONCENTRATED)..... | 40 |
| H | | HUMULIN R U-500 KWIKPEN..... | 40 |
| HADLIMA..... | 145 | HYCANTIN..... | 60 |
| HADLIMA PUSH TOUCH..... | 145 | HYCLODEX..... | 97 |
| HAEGARDA..... | 114 | <i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i> | 80 |
| <i>halcinonide cream 0.1% (Halog)</i> | 95 | HYDREA..... | 60 |
| HALCION..... | 116 | <i>hydrochlorothiazide cap 12.5 mg</i> | 82 |
| <i>halobetasol propionate cream 0.05%</i> | 95 | <i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i> | 82 |
| <i>halobetasol propionate foam 0.05% (Lexette)</i> | 95 | HYDROCODONE/IBUPROFEN..... | 12 |
| <i>halobetasol propionate oint 0.05%</i> | 95 | <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 12 |
| HALOG..... | 95 | <i>hydrocodone-acetaminophen tab 5-300 mg</i> | 12 |
| <i>haloperidol lactate oral conc 2 mg/ml</i> | 67 | <i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg</i> | 12 |
| <i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i> | 67 | <i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg (Norco)</i> | 12 |
| HARVONI..... | 72 | <i>hydrocodone-acetaminophen tab 5-325 mg (Norco)</i> | 12 |
| HAVRIX..... | 118 | HYDROCODONE BITARTRATE ER..... | 9 |
| HEMADY..... | 88 | <i>hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg (Hysingla er)</i> | 9 |
| HEMANGEOL..... | 78 | <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | 12 |
| HEMLIBRA..... | 112 | HYDROCORTISONE/ACETIC ACID..... | 135 |
| HEMOFIL M..... | 112 | HYDROCORTISONE BUTYRATE..... | 95 |
| HEPARIN SODIUM..... | 26 | <i>hydrocortisone butyrate lotion 0.1% (Locoid)</i> | 96 |
| <i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i> | 26 | <i>hydrocortisone butyrate oint 0.1%</i> | 96 |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> | 26 | HYDROCORTISONE COMPLETE KIT..... | 96 |
| HEPLISAV-B..... | 118 | <i>hydrocortisone cream 0.5%</i> | 155 |
| HETLIOZ..... | 117 | <i>hydrocortisone cream 1%, 2.5%</i> | 96 |
| HETLIOZ LQ..... | 117 | <i>hydrocortisone enema 100 mg/60ml (Cortenema)</i> | 13 |
| HIBERIX..... | 118 | <i>hydrocortisone lotion 2.5%</i> | 96 |
| HIPREX..... | 21 | <i>hydrocortisone oint 0.5%</i> | 155 |
| HORIZANT..... | 137 | <i>hydrocortisone oint 1%, 2.5%</i> | 96 |
| HULIO..... | 145 | <i>hydrocortisone perianal cream 2.5% (Anusol-hc)</i> | 13 |
| HUMALOG..... | 39 | <i>hydrocortisone perianal cream 1% (Proctocort)</i> | 13 |
| HUMALOG JUNIOR KWIKPEN..... | 39 | <i>hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)</i> | 88 |
| HUMALOG KWIKPEN..... | 39 | <i>hydrocortisone valerate cream 0.2%</i> | 96 |
| HUMALOG MIX 50/50..... | 39 | <i>hydrocortisone valerate oint 0.2%</i> | 96 |
| HUMALOG MIX 75/25..... | 39 | <i>hydrocortisone w/ acetic acid otic soln 1-2% (Hydrocortisone/aceti)</i> | 135 |
| HUMALOG MIX 50/50 KWIKPEN..... | 39 | HYDROMORPHONE HCL..... | 9 |
| HUMALOG MIX 75/25 KWIKPEN..... | 39 | <i>hydromorphone hcl liqd 1 mg/ml (Dilaudid)</i> | 9 |
| HUMALOG TEMPO PEN..... | 40 | <i>hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg</i> | 9 |
| HUMATE-P..... | 112 | <i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)</i> | 9 |
| HUMATROPE..... | 101 | <i>hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg</i> | 62 |
| HUMIRA..... | 145 | | |

| | | | |
|--|-----|--|-----|
| <i>hydroxychloroquine sulfate tab 200 mg (Plaquenil)</i> | 62 | IMBRUVICA..... | 55 |
| HYDROXYM..... | 96 | <i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i> | 32 |
| <i>hydroxyurea cap 500 mg (Hydrea)</i> | 60 | <i>imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150</i> | |
| <i>hydroxyzine hcl syrup 10 mg/5ml</i> | 15 | <i>mg</i> | 32 |
| <i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i> | 15 | <i>imiquimod cream 5% (Aldara)</i> | 97 |
| HYDROXYZINE PAMOATE..... | 15 | <i>imiquimod cream 3.75% (Zyclara Pump)</i> | 97 |
| <i>hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)</i> | 15 | IMITREX..... | 122 |
| HYFTOR..... | 97 | IMITREX STATDOSE REFILL..... | 122 |
| HYLATOPIC PLUS..... | 97 | IMITREX STATDOSE SYSTEM..... | 122 |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> | 148 | IMOVAX RABIES (H.D.C.V.)..... | 118 |
| <i>hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl)</i> | 148 | IMURAN..... | 120 |
| <i>hyoscyamine sulfate soln 0.125 mg/ml</i> | 148 | IMVEXXY MAINTENANCE PACK..... | 151 |
| <i>hyoscyamine sulfate tab disint 0.125 mg (Anaspaz)</i> | 148 | IMVEXXY STARTER PACK..... | 152 |
| <i>hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid)</i> | 148 | INBRIJA..... | 63 |
| <i>hyoscyamine sulfate tab 0.125 mg (Levsin)</i> | 148 | INCRELEX..... | 102 |
| HYRIMOZ..... | 146 | INCRUSE ELLIPTA..... | 16 |
| HYRIMOZ CROHN'S DISEASE AND ULCERATIVE | | <i>indapamide tab 1.25 mg, 2.5 mg</i> | 82 |
| COLITIS STARTER PACK..... | 146 | INDERAL LA..... | 78 |
| HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER | | INDERAL XL..... | 78 |
| PACK..... | 146 | <i>indomethacin cap er 75 mg</i> | 6 |
| HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER | | <i>indomethacin cap 25 mg</i> | 6 |
| PACK..... | 146 | <i>indomethacin cap 50 mg</i> | 6 |
| HYRIMOZ PLAQUE PSORIASIS STARTER PACK..... | 146 | <i>indomethacin suppos 50 mg</i> | 6 |
| HYSINGLA ER..... | 9 | <i>indomethacin susp 25 mg/5ml (Indocin)</i> | 6 |
| HYZAAR..... | 75 | INFANRIX..... | 118 |
| I | | INFLECTRA..... | 146 |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i> | | INFLIXIMAB..... | 146 |
| <i>(Boniva)</i> | 100 | INGREZZA..... | 137 |
| IBRANCE..... | 55 | INLYTA..... | 55 |
| IBSRELA..... | 107 | INNOPRAN XL..... | 78 |
| <i>ibuprofen-famotidine tab 800-26.6 mg (Duexis)</i> | 6 | INQOVI..... | 60 |
| <i>ibuprofen susp 100 mg/5ml</i> | 6 | INREBIC..... | 55 |
| <i>ibuprofen tab 600 mg</i> | 6 | INSPIRA..... | 80 |
| <i>ibuprofen tab 400 mg, 800 mg</i> | 6 | INSULIN ASPART..... | 40 |
| <i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> | | INSULIN ASPART FLEXPEN..... | 40 |
| <i>(Firazyr)</i> | 114 | INSULIN ASPART PENFILL..... | 40 |
| ICLUSIG..... | 55 | INSULIN ASPART PROTAMINE/INSULIN ASPART | |
| <i>icosapent ethyl cap 0.5 gm (Vascepa)</i> | 49 | FLEXPEN..... | 40 |
| <i>icosapent ethyl cap 1 gm (Vascepa)</i> | 49 | INSULIN DEGLUDEC..... | 40 |
| IDACIO (2 PEN)..... | 146 | INSULIN DEGLUDEC FLEXTOUCH..... | 40 |
| IDACIO STARTER PACKAGE FOR CROHNS | | INSULIN GLARGINE MAX SOLOSTAR..... | 40 |
| DISEASE..... | 146 | INSULIN GLARGINE SOLOSTAR..... | 40 |
| IDACIO STARTER PACKAGE FOR PLAQUE | | INSULIN GLARGINE-YFGN..... | 40 |
| PSORIASIS..... | 146 | INSULIN LISPRO..... | 40 |
| IDACIO (2 SYRINGE)..... | 146 | INSULIN LISPRO JUNIOR KWIKPEN..... | 40 |
| IDELVION..... | 112 | INSULIN LISPRO KWIKPEN..... | 40 |
| IDHIFA..... | 55 | INSULIN LISPRO PROTAMINE/INSULIN LISPRO | |
| IHEEZO..... | 131 | KWIKPEN..... | 40 |
| ILARIS..... | 146 | INSULIN PEN NEEDLES - TRUEPLUS..... | 154 |
| ILEVRO..... | 131 | INSULIN SYRINGES - TRUEPLUS..... | 154 |
| ILUMYA..... | 93 | INTELENCE..... | 70 |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | | INTRAROSA..... | 152 |
| <i>(Gleevec)</i> | 55 | INTUNIV..... | 2 |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | | INVEGA..... | 64 |
| <i>(Gleevec)</i> | 55 | INVEGA HAFYERA..... | 64 |
| | | INVEGA SUSTENNA..... | 64 |

| | | | |
|---|-----|--|-----|
| INVEGA TRINZA..... | 64 | JARDIANCE..... | 44 |
| INVELTYS..... | 134 | JAYPIRCA..... | 55 |
| INVOKAMET..... | 36 | JENTADUETO..... | 37 |
| INVOKAMET XR..... | 37 | JENTADUETO XR..... | 37 |
| INVOKANA..... | 44 | JESDUVROQ..... | 115 |
| IOPIDINE..... | 131 | JIVI..... | 112 |
| IPOL INACTIVATED IPV..... | 118 | JOENJA..... | 123 |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....</i> | 16 | JORNAY PM..... | 3 |
| <i>ipratropium bromide inhal soln 0.02%.....</i> | 16 | JUBLIA..... | 91 |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/ spray).....</i> | 129 | JULUCA..... | 70 |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/ spray).....</i> | 129 | JUXTAPID..... | 49 |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide).....</i> | 76 | JYLAMVO..... | 51 |
| <i>irbesartan tab 75 mg, 150 mg, 300 mg (Avapro).....</i> | 77 | JYNARQUE..... | 102 |
| IRESSA..... | 55 | JYNNEOS..... | 118 |
| <i>iron combination cap.....</i> | 123 | K | |
| <i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg (Corvite 150).....</i> | 123 | KALBITOR..... | 114 |
| ISENTRESS..... | 70 | KALETRA..... | 70 |
| ISENTRESS HD..... | 70 | KALYDECO..... | 140 |
| ISONIAZID..... | 22 | KAPSPARGO SPRINKLE..... | 78 |
| <i>isoniazid syrup 50 mg/5ml.....</i> | 22 | KATERZIA..... | 79 |
| <i>isoniazid tab 300 mg.....</i> | 22 | KEPPRA..... | 28 |
| ISORDIL TITRADOSE..... | 81 | KEPPRA XR..... | 28 |
| <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil).....</i> | 83 | KERENDIA..... | 103 |
| <i>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....</i> | 81 | KESIMPTA..... | 139 |
| <i>isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose).....</i> | 81 | <i>ketoconazole cream 2%.....</i> | 92 |
| ISOSORBIDE MONONITRATE..... | 81 | <i>ketoconazole foam 2% (Extina).....</i> | 92 |
| <i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg.....</i> | 81 | <i>ketoconazole shampoo 2% (Nizoral).....</i> | 92 |
| <i>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....</i> | 90 | <i>ketoconazole tab 200 mg.....</i> | 47 |
| <i>isotretinoin cap 25 mg, 35 mg (Absorica).....</i> | 90 | KETOPROFEN ER..... | 6 |
| <i>isradipine cap 2.5 mg, 5 mg.....</i> | 79 | <i>ketorolac tromethamine ophth soln 0.5% (Acular).....</i> | 131 |
| ISTALOL..... | 130 | <i>ketorolac tromethamine ophth soln 0.4% (Acular Is).....</i> | 131 |
| ISTURISA..... | 102 | <i>ketorolac tromethamine tab 10 mg.....</i> | 6 |
| <i>itraconazole cap 100 mg (Sporanox).....</i> | 47 | <i>ketotifen fumarate ophth soln 0.035%.....</i> | 155 |
| <i>itraconazole oral soln 10 mg/ml (Sporanox).....</i> | 47 | KEVEYIS..... | 82 |
| <i>ivermectin cream 1%.....</i> | 97 | KEVZARA..... | 146 |
| <i>ivermectin tab 3 mg (Stromectol).....</i> | 62 | KINERET..... | 146 |
| IWILFIN..... | 60 | KINRIX..... | 118 |
| IXCHIQ..... | 118 | KISQALI..... | 55 |
| IXIARO..... | 118 | KISQALI FEMARA 200 DOSE..... | 60 |
| IXINITY..... | 112 | KISQALI FEMARA 400 DOSE..... | 60 |
| IYUZEH..... | 131 | KISQALI FEMARA 600 DOSE..... | 60 |
| J | | KITABIS PAK..... | 20 |
| JADENU..... | 45 | KLARON..... | 90 |
| JADENU SPRINKLE..... | 45 | KLONOPIN..... | 28 |
| JAKAFI..... | 55 | KLOXXADO..... | 142 |
| JALYN..... | 109 | KOATE..... | 112 |
| JANUMET..... | 37 | KOATE-DVI..... | 112 |
| JANUMET XR..... | 37 | KOGENATE FS..... | 112 |
| JANUVIA..... | 38 | KONSYL DAILY FIBER..... | 154 |
| | | KONVOMEF..... | 148 |
| | | KORLYM..... | 43 |
| | | KOSELUGO..... | 56 |
| | | KOVALTRY..... | 113 |
| | | K-PHOS..... | 123 |
| | | K-PHOS NO 2..... | 108 |

| | | | |
|--|-----|---|-----|
| KRAZATI..... | 56 | LANSOPRAZOLE/AMOXICILLIN/ CLARITHROMYCIN..... | 148 |
| KRINTAFEL..... | 62 | <i>lansoprazole cap delayed release 15 mg, 30 mg</i> (Prevacid)..... | 149 |
| KUVAN..... | 103 | <i>lansoprazole tab delayed release orally disintegrating 15</i> <i>mg, 30 mg (Prevacid solutab).....</i> | 149 |
| L | | <i>lanthanum carbonate chew tab 500 mg (elemental), 750</i> <i>mg (elemental), 1000 mg (elemental) (Fosrenol).....</i> | 108 |
| <i>labetalol hcl tab 100 mg, 200 mg, 300 mg.....</i> | 78 | LANTUS..... | 40 |
| LAC-HYDRIN FIVE..... | 155 | LANTUS SOLOSTAR..... | 40 |
| <i>lacosamide oral solution 10 mg/ml (Vimpat).....</i> | 28 | <i>lapatinib ditosylate tab 250 mg (base equiv) (Tykerb).....</i> | 56 |
| <i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i> (Vimpat)..... | 28 | LASIX..... | 82 |
| LACRISERT..... | 131 | <i>latanoprost ophth soln 0.005% (Xalatan).....</i> | 131 |
| <i>lactated ringer's for irrigation.....</i> | 124 | LATUDA..... | 67 |
| <i>lactic acid (ammonium lactate) cream 12%.....</i> | 98 | LEDIPASVIR/SOFOSBUVIR..... | 72 |
| <i>lactic acid (ammonium lactate) lotion 12%.....</i> | 98 | <i>leflunomide tab 10 mg, 20 mg (Arava).....</i> | 5 |
| <i>lactulose (encephalopathy) solution 10 gm/15ml.....</i> | 107 | LEMTRADA..... | 139 |
| LAGEVRIO..... | 73 | <i>lenalidomide cap 2.5 mg, 5 mg, 10 mg (Revlimid).....</i> | 124 |
| LAMICTAL..... | 28 | <i>lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid).....</i> | 124 |
| LAMICTAL CHEWABLE DISPERSIBLE..... | 28 | LENVIMA 4 MG DAILY DOSE..... | 56 |
| LAMICTAL ODT..... | 28 | LENVIMA 8 MG DAILY DOSE..... | 56 |
| LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE..... | 29 | LENVIMA 10 MG DAILY DOSE..... | 56 |
| LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE..... | 29 | LENVIMA 12MG DAILY DOSE..... | 56 |
| LAMICTAL STARTER/TAKING VALPROATE..... | 29 | LENVIMA 14 MG DAILY DOSE..... | 56 |
| LAMICTAL XR..... | 29 | LENVIMA 18 MG DAILY DOSE..... | 56 |
| <i>lamivudine oral soln 10 mg/ml (Epivir).....</i> | 70 | LENVIMA 20 MG DAILY DOSE..... | 56 |
| <i>lamivudine tab 150 mg (Epivir).....</i> | 70 | LENVIMA 24 MG DAILY DOSE..... | 56 |
| <i>lamivudine tab 300 mg (Epivir).....</i> | 70 | LEQEMBI..... | 136 |
| <i>lamivudine tab 100 mg (hbv) (Epivir hbv).....</i> | 72 | LEQVIO..... | 49 |
| <i>lamivudine-zidovudine tab 150-300 mg (Combivir).....</i> | 70 | LESCOL XL..... | 49 |
| <i>lamotrigine orally disintegrating tab 25 mg, 50 mg, 100</i> <i>mg, 200 mg (Lamictal odt).....</i> | 29 | LETAIRIS..... | 84 |
| <i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i> (Lamictal chewable dispersible)..... | 29 | <i>letrozole tab 2.5 mg (Femara).....</i> | 52 |
| <i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7)</i> <i>kit (Lamictal odt).....</i> | 29 | <i>leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg.....</i> | 60 |
| <i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> (Lamictal odt)..... | 29 | LEUKINE..... | 115 |
| <i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> (Lamictal odt)..... | 29 | <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base</i> <i>equiv).....</i> | 17 |
| <i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg,</i> <i>250 mg, 300 mg (Lamictal xr).....</i> | 29 | <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63</i> <i>mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....</i> | 17 |
| <i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i> (Lamictal)..... | 29 | LEVALBUTEROL TARTRATE HFA..... | 17 |
| <i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (Lamictal starter/not taking carbamazepine)..... | 29 | LEVAMLODIPINE..... | 80 |
| <i>lamotrigine tab 84 x 25 mg & 14 x 100mg starter</i> <i>kit (Lamictal starter/taking carbamazepine/not taking</i> <i>valproate).....</i> | 29 | LEVEMIR..... | 41 |
| <i>lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/ taking valproate).....</i> | 29 | LEVEMIR FLEXPEN..... | 41 |
| LAMPIT..... | 21 | <i>levetiracetam oral soln 100 mg/ml (Keppra).....</i> | 29 |
| LANCETS - ONETOUCH AND LIFESCAN PRODUCTS..... | 153 | <i>levetiracetam tab er 24hr 500 mg, 750 mg (Keppra</i> <i>xr).....</i> | 29 |
| LANREOTIDE ACETATE..... | 103 | <i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i> (Keppra)..... | 29 |
| | | LEVOBUNOLOL HCL..... | 130 |
| | | <i>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor).....</i> | 103 |
| | | <i>levocarnitine tab 330 mg (Carnitor).....</i> | 103 |
| | | <i>levocetirizine dihydrochloride tab 5 mg.....</i> | 47 |
| | | <i>levofloxacin oral soln 25 mg/ml.....</i> | 20 |
| | | <i>levofloxacin tab 250 mg.....</i> | 20 |
| | | <i>levofloxacin tab 500 mg, 750 mg (Levaquin).....</i> | 20 |
| | | <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01</i> <i>mg (Quartette).....</i> | 86 |

| | | | |
|--|-----|--|-----|
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg..... | 86 | LINZESS..... | 107 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg..... | 86 | liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)..... | 143 |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg..... | 86 | LIPITOR..... | 49 |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg..... | 86 | LIPOFEN..... | 49 |
| levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)..... | 86 | LIQREV..... | 84 |
| levonorgestrel tab 1.5 mg..... | 87 | lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)..... | 2 |
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)..... | 86 | lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)..... | 2 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)..... | 86 | lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)..... | 74 |
| LEVORPHANOL TARTRATE..... | 9 | lisinopril tab 2.5 mg, 5 mg, 30 mg, 40 mg (Zestril)..... | 74 |
| levorphanol tartrate tab 2 mg..... | 9 | lisinopril tab 10 mg, 20 mg (Prinivil)..... | 74 |
| LEVOTHYROXINE SODIUM..... | 143 | LITHIUM CARBONATE..... | 67 |
| levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)..... | 143 | lithium carbonate cap 300 mg..... | 67 |
| LEVSIN..... | 148 | lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)..... | 67 |
| LEVSIN/SL..... | 149 | lithium carbonate tab er 450 mg..... | 67 |
| LEVULAN KERASTICK..... | 98 | lithium carbonate tab er 300 mg (Lithobid)..... | 67 |
| LEXAPRO..... | 34 | lithium carbonate tab 300 mg..... | 67 |
| LEXETTE..... | 96 | lithium oral solution 8 meq/5ml..... | 67 |
| LIALDA..... | 106 | LITHOBID..... | 67 |
| LIBRAX..... | 149 | LITHOSTAT..... | 108 |
| LICART..... | 98 | LIVALO..... | 49 |
| LIDOCAINE HCL..... | 124 | LIVTENCITY..... | 73 |
| LIDOCAINE HCL/HYDROCORTISONE ACETATE..... | 13 | LOCOID..... | 96 |
| lidocaine hcl cream 3%..... | 98 | LOCOID LIPOCREAM..... | 96 |
| LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE..... | 13 | LODOSYN..... | 63 |
| lidocaine hcl soln 4%..... | 98 | LOKELMA..... | 124 |
| lidocaine hcl urethral/mucosal gel prefilled syringe 2%..... | 98 | LO LOESTRIN FE..... | 86 |
| lidocaine hcl viscous soln 2%..... | 124 | LONSURF..... | 61 |
| LIDOCAINE HYDROCHLORIDE..... | 98 | loperamide hcl cap 2 mg..... | 44 |
| lidocaine-hydrocortisone acetate perianal cream 3-0.5%..... | 14 | loperamide hcl tab 2 mg..... | 152 |
| lidocaine-hydrocortisone acetate rectal cream kit 2-2%, 3-0.5%..... | 14 | LOPID..... | 49 |
| lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%..... | 14 | lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)..... | 70 |
| lidocaine oint 5%..... | 98 | lopinavir-ritonavir tab 100-25 mg (Kaletra)..... | 70 |
| lidocaine patch 5% (Lidoderm)..... | 98 | lopinavir-ritonavir tab 200-50 mg (Kaletra)..... | 70 |
| lidocaine-prilocaine cream 2.5-2.5%..... | 98 | LOPRESSOR..... | 78 |
| lidocaine-prilocaine cream kit 2.5-2.5%..... | 98 | loratadine oral soln 5 mg/5ml..... | 153 |
| LIDODERM..... | 98 | loratadine tab 10 mg..... | 153 |
| LIDOREX..... | 98 | lorazepam conc 2 mg/ml..... | 14 |
| LIDOTRAL..... | 98 | lorazepam tab 0.5 mg, 1 mg (Ativan)..... | 14 |
| LIDOTRAL/MENTHOL..... | 98 | lorazepam tab 2 mg (Ativan)..... | 14 |
| LIDOTRAN..... | 98 | LORBRENA..... | 56 |
| LIKMEZ..... | 21 | LOREEV XR..... | 14 |
| linezolid for susp 100 mg/5ml (Zyvox)..... | 21 | losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)..... | 76 |
| linezolid tab 600 mg (Zyvox)..... | 21 | losartan potassium tab 25 mg, 50 mg (Cozaar)..... | 77 |
| | | losartan potassium tab 100 mg (Cozaar)..... | 77 |
| | | LOTEMAX..... | 134 |
| | | LOTEMAX SM..... | 134 |
| | | LOTENSIN..... | 74 |
| | | LOTENSIN HCT..... | 74 |
| | | loteprednol etabonate ophth gel 0.5% (Lotemax)..... | 134 |

| | | | |
|---|-----|---|-----|
| <i>loteprednol etabonate ophth susp 0.2% (Alrex)</i> | 134 | MAXALT-MLT..... | 122 |
| <i>loteprednol etabonate ophth susp 0.5% (Lotemax)</i> | 134 | MAXIDEX..... | 134 |
| LOTREL..... | 74 | MAXITROL..... | 134 |
| LOTRONEX..... | 107 | MAYZENT..... | 139 |
| <i>lovastatin tab 10 mg, 20 mg, 40 mg</i> | 49 | MAYZENT STARTER PACK..... | 139 |
| LOVAZA..... | 49 | <i>meclizine hcl tab 12.5 mg, 25 mg</i> | 46 |
| LOVENOX..... | 27 | MECLIZINE HYDROCHLORIDE..... | 46 |
| <i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i> | 65 | MECLOFENAMATE SODIUM..... | 7 |
| <i>lubiprostone cap 8 mcg, 24 mcg (Amitiza)</i> | 107 | MEDROL..... | 88 |
| LUCEMYRA..... | 142 | MEDROL DOSEPAK..... | 88 |
| LULICONAZOLE..... | 92 | <i>medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contraceptive)</i> | 87 |
| LUMAKRAS..... | 56 | <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contraceptive)</i> | 87 |
| LUMIGAN..... | 131 | <i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)</i> | 135 |
| LUPKYNIS..... | 120 | <i>mefenamic acid cap 250 mg</i> | 7 |
| LUPRON DEPOT (1-MONTH)..... | 61 | <i>mefloquine hcl tab 250 mg</i> | 62 |
| LUPRON DEPOT (3-MONTH)..... | 61 | <i>megestrol acetate susp 40 mg/ml</i> | 52 |
| LUPRON DEPOT (4-MONTH)..... | 61 | <i>megestrol acetate susp 625 mg/5ml (Megace es)</i> | 135 |
| LUPRON DEPOT (6-MONTH)..... | 61 | <i>megestrol acetate tab 20 mg, 40 mg</i> | 52 |
| LUPRON DEPOT-PED (1-MONTH)..... | 103 | MEKINIST..... | 57 |
| LUPRON DEPOT-PED (3-MONTH)..... | 103 | MEKTOVI..... | 57 |
| <i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)</i> | 67 | <i>meloxicam cap 5 mg (Vivlodex)</i> | 7 |
| <i>lurasidone hcl tab 80 mg (Latuda)</i> | 67 | <i>meloxicam cap 10 mg (Vivlodex)</i> | 7 |
| LUZU..... | 92 | <i>meloxicam tab 7.5 mg (Mobic)</i> | 7 |
| LYBALVI..... | 137 | <i>meloxicam tab 15 mg (Mobic)</i> | 7 |
| LYDEXA..... | 98 | <i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg (Namenda xr)</i> | 136 |
| LYFGENIA..... | 5 | <i>memantine hcl oral solution 2 mg/ml</i> | 136 |
| LYNPARZA..... | 56 | <i>memantine hcl tab 5 mg, 10 mg (Namenda)</i> | 136 |
| LYRICA..... | 29 | <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pack)</i> | 136 |
| LYRICA CR..... | 137 | MENEST..... | 105 |
| LYSODREN..... | 52 | MENOSTAR..... | 105 |
| LYTGOBI..... | 56 | MENQUADFI..... | 118 |
| LYUMJEV..... | 41 | MENVEO..... | 118 |
| LYUMJEV KWIKPEN..... | 41 | MEPERIDINE HCL..... | 9 |
| LYUMJEV TEMPO PEN..... | 41 | <i>meperidine hcl tab 50 mg</i> | 10 |
| LYVISPAH..... | 128 | <i>meprobamate tab 200 mg, 400 mg</i> | 15 |
| M | | MEPRON..... | 21 |
| MACROBID..... | 21 | <i>mercaptopurine tab 50 mg</i> | 51 |
| MACRODANTIN..... | 21 | <i>mesalamine cap dr 400 mg (Delzicol)</i> | 106 |
| <i>mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)</i> | 98 | <i>mesalamine cap er 24hr 0.375 gm (Apriso)</i> | 106 |
| <i>magnesium citrate soln</i> | 154 | <i>mesalamine cap er 500 mg (Pentasa)</i> | 106 |
| <i>magnesium oxide tab 400 mg</i> | 152 | MESALAMINE DR..... | 106 |
| <i>magnesium oxide tab 400 mg (240 mg elemental mg)</i> | 154 | <i>mesalamine enema 4 gm</i> | 106 |
| MALARONE..... | 62 | <i>mesalamine rectal enema 4 gm & cleanser wipe kit (Rowasa)</i> | 106 |
| <i>malathion lotion 0.5% (Ovide)</i> | 100 | <i>mesalamine suppos 1000 mg (Canasa)</i> | 106 |
| <i>maraviroc tab 150 mg (Selzentry)</i> | 70 | <i>mesalamine tab delayed release 1.2 gm (Lialda)</i> | 106 |
| <i>maraviroc tab 300 mg (Selzentry)</i> | 70 | MESNEX..... | 60 |
| MARINOL..... | 46 | MESTINON..... | 51 |
| MARPLAN..... | 33 | MESTINON TIMESPAN..... | 51 |
| MATULANE..... | 61 | <i>metaxalone tab 400 mg</i> | 128 |
| MAVENCLAD..... | 139 | <i>metaxalone tab 800 mg (Skelaxin)</i> | 128 |
| MAVYRET..... | 72 | | |
| MAXALT..... | 122 | | |

| | | | |
|---|-----|--|-----|
| metformin hcl oral soln 500 mg/5ml (Riomet)..... | 43 | methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)..... | 4 |
| metformin hcl tab er 24hr 500 mg..... | 43 | methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)..... | 4 |
| metformin hcl tab er 24hr 750 mg..... | 43 | methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)..... | 4 |
| metformin hcl tab er 24hr modified release 500 mg (Glumetza)..... | 43 | METHYLPHENIDATE HYDROCHLORIDE ER..... | 4 |
| metformin hcl tab er 24hr modified release 1000 mg (Glumetza)..... | 43 | methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr (Daytrana)..... | 4 |
| metformin hcl tab er 24hr osmotic 500 mg (Fortamet)..... | 43 | methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)..... | 88 |
| metformin hcl tab er 24hr osmotic 1000 mg (Fortamet)..... | 43 | methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)..... | 88 |
| metformin hcl tab 500 mg..... | 43 | metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)..... | 107 |
| metformin hcl tab 850 mg..... | 43 | metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)..... | 107 |
| metformin hcl tab 1000 mg..... | 43 | METOCLOPRAMIDE ODT..... | 107 |
| METFORMIN HYDROCHLORIDE..... | 43 | metolazone tab 2.5 mg, 5 mg, 10 mg..... | 82 |
| METHADONE HCL..... | 10 | metoprolol & hydrochlorothiazide tab 100-25 mg, 100-50 mg..... | 78 |
| methadone hcl conc 10 mg/ml (Methadose)..... | 10 | metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)..... | 78 |
| methadone hcl soln 5 mg/5ml (Methadone hcl)..... | 10 | metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)..... | 78 |
| methadone hcl soln 10 mg/5ml (Methadone hcl)..... | 10 | metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg..... | 78 |
| methadone hcl tab for oral susp 40 mg..... | 10 | metoprolol tartrate tab 50 mg, 100 mg (Lopressor)..... | 78 |
| methadone hcl tab 5 mg, 10 mg (Dolophine)..... | 10 | metronidazole cap 375 mg (Flagyl)..... | 21 |
| METHADOSE..... | 10 | metronidazole cream 0.75% (Metrocream)..... | 98 |
| METHADOSE SUGAR-FREE..... | 10 | metronidazole gel 0.75%..... | 98 |
| methamphetamine hcl tab 5 mg (Desoxyn)..... | 2 | metronidazole gel 1% (Metrogel)..... | 98 |
| methazolamide tab 25 mg, 50 mg..... | 82 | metronidazole lotion 0.75% (Metrolotion)..... | 98 |
| methenamine hippurate tab 1 gm (Hiprex)..... | 21 | metronidazole tab 250 mg, 500 mg (Flagyl)..... | 21 |
| methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg (Urogesic-blue)..... | 21 | metronidazole vaginal gel 0.75%..... | 152 |
| methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg, 120 mg..... | 21 | metyrosine cap 250 mg (Demser)..... | 80 |
| methenamine mandelate tab 0.5 gm, 1 gm..... | 21 | mexiletine hcl cap 150 mg, 200 mg, 250 mg..... | 81 |
| methimazole tab 5 mg, 10 mg (Tapazole)..... | 143 | MICARDIS..... | 77 |
| methocarbamol tab 500 mg..... | 128 | MICARDIS HCT..... | 76 |
| methocarbamol tab 750 mg (Robaxin-750)..... | 128 | MICONAZOLE 3..... | 152 |
| methotrexate sodium inj 50 mg/2ml (25 mg/ml)..... | 5 | MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM..... | 92 |
| methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)..... | 5 | miconazole nitrate cream 2%..... | 155 |
| methotrexate sodium tab 2.5 mg (base equiv)..... | 51 | midazolam hcl syrup 2 mg/ml (base equivalent)..... | 116 |
| METHOXSALLEN..... | 93 | midodrine hcl tab 2.5 mg, 5 mg, 10 mg..... | 83 |
| methscopolamine bromide tab 2.5 mg, 5 mg..... | 149 | mifepristone tab 300 mg (Korlym)..... | 43 |
| methsuximide cap 300 mg (Celontin)..... | 30 | mifepristone tab 200 mg (Mifeprex)..... | 103 |
| METHYLDOPA..... | 77 | MIGERGOT..... | 121 |
| methylergonovine maleate tab 0.2 mg..... | 103 | MIGLITOL..... | 43 |
| METHYLIN..... | 3 | MIGRANAL..... | 121 |
| methylphenidate hcl cap er 24hr 60 mg (la)..... | 3 | MINILINK REAL-TIME TRANSMITTER..... | 110 |
| methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 40 mg (la) (Ritalin la)..... | 3 | MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT..... | 110 |
| methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)..... | 3 | MINIPRESS..... | 77 |
| methylphenidate hcl cap er 24hr 10 mg (xr), 15 mg (xr), 20 mg (xr), 30 mg (xr), 40 mg (xr), 50 mg (xr), 60 mg (xr) (Aptensio xr)..... | 4 | MINIVELLE..... | 105 |
| methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)..... | 3 | minocycline hcl cap 75 mg, 100 mg..... | 25 |
| methylphenidate hcl chew tab 10 mg..... | 4 | minocycline hcl cap 50 mg (Minocin)..... | 25 |
| methylphenidate hcl chew tab 2.5 mg, 5 mg..... | 4 | | |
| methylphenidate hcl soln 5 mg/5ml (Methylin)..... | 4 | | |
| methylphenidate hcl soln 10 mg/5ml (Methylin)..... | 4 | | |
| methylphenidate hcl tab er 10 mg, 20 mg..... | 4 | | |

| | | | |
|---|-----|--|-----|
| <i>minocycline hcl tab er 24hr 45 mg, 90 mg, 135 mg</i> | 25 | MYCAPSSA..... | 101 |
| <i>minocycline hcl tab er 24hr 55 mg, 65 mg, 80 mg, 105 mg, 115 mg (Solodyn)</i> | 25 | MYCOBUTIN..... | 22 |
| <i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i> | 25 | <i>mycophenolate mofetil cap 250 mg (Cellcept)</i> | 120 |
| MINOLIRA..... | 25 | <i>mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)</i> | 120 |
| <i>minoxidil tab 2.5 mg, 10 mg</i> | 80 | <i>mycophenolate mofetil tab 500 mg (Cellcept)</i> | 120 |
| MIRAPEX ER..... | 63 | <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)</i> | 120 |
| MIRCERA..... | 115 | MYCOZYL HC..... | 92 |
| <i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)</i> | 33 | MYDAYIS..... | 2 |
| <i>mirtazapine tab 7.5 mg, 45 mg</i> | 33 | MYDRIACYL..... | 131 |
| <i>mirtazapine tab 15 mg, 30 mg (Remeron)</i> | 33 | MYFEMBREE..... | 105 |
| <i>misoprostol tab 100 mcg, 200 mcg (Cytotec)</i> | 149 | MYFORTIC..... | 121 |
| MITIGARE..... | 111 | MYRBETRIQ..... | 150 |
| M-M-R II..... | 118 | MYSOLINE..... | 30 |
| M-NATAL PLUS..... | 125 | N | |
| <i>modafinil tab 100 mg, 200 mg (Provigil)</i> | 4 | <i>nabumetone tab 500 mg</i> | 7 |
| <i>moexipril hcl tab 7.5 mg, 15 mg</i> | 75 | <i>nabumetone tab 750 mg</i> | 7 |
| MOLINDONE HYDROCHLORIDE..... | 67 | <i>nadolol tab 20 mg, 40 mg, 80 mg (Corgard)</i> | 79 |
| <i>mometasone furoate cream 0.1%</i> | 96 | NAFTIFINE HCL..... | 92 |
| <i>mometasone furoate nasal susp 50 mcg/act (Nasonex)</i> | 129 | <i>naftifine hcl cream 2% (Naftin)</i> | 92 |
| <i>mometasone furoate oint 0.1%</i> | 96 | <i>naftifine hcl gel 2% (Naftin)</i> | 92 |
| <i>mometasone furoate solution 0.1% (lotion)</i> | 96 | NAFTIN..... | 92 |
| <i>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)</i> | 17 | NALFON..... | 7 |
| <i>montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)</i> | 17 | NALMEFENE HYDROCHLORIDE..... | 142 |
| <i>montelukast sodium tab 10 mg (base equiv) (Singulair)</i> | 17 | NALOCET..... | 12 |
| MORPHINE SULFATE..... | 10 | <i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i> | 142 |
| MORPHINE SULFATE ER..... | 10 | <i>naloxone hcl nasal spray 4 mg/0.1ml (Narcan)</i> | 142 |
| <i>morphine sulfate oral soln 10 mg/5ml</i> | 10 | <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> | 142 |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | 10 | NALOXONE HYDROCHLORIDE..... | 142 |
| <i>morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)</i> | 10 | <i>naltrexone hcl tab 50 mg</i> | 142 |
| <i>morphine sulfate tab 15 mg (Morphine sulfate)</i> | 10 | NAMENDA TITRATION PAK..... | 136 |
| <i>morphine sulfate tab 30 mg (Morphine sulfate)</i> | 10 | NAMENDA XR..... | 136 |
| MOTEGRITY..... | 107 | NAMZARIC..... | 136 |
| MOTPOLY XR..... | 30 | NAPRELAN..... | 7 |
| MOUNJARO..... | 38 | <i>naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg (Vimovo)</i> | 7 |
| MOVANTIK..... | 107 | <i>naproxen sodium tab er 24hr 375 mg (base equiv) (Naprelan)</i> | 7 |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)</i> | 133 | <i>naproxen sodium tab er 24hr 500 mg (base equiv) (Naprelan)</i> | 7 |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i> | 20 | <i>naproxen sodium tab er 24hr 750 mg (base equiv) (Naprelan)</i> | 7 |
| MOXIFLOXACIN HYDROCHLORIDE..... | 133 | <i>naproxen sodium tab 275 mg</i> | 7 |
| MS CONTIN..... | 10 | <i>naproxen sodium tab 550 mg</i> | 7 |
| MULPLETA..... | 115 | <i>naproxen susp 125 mg/5ml (Naprosyn)</i> | 7 |
| MULTAQ..... | 81 | <i>naproxen tab ec 375 mg (Ec-naprosyn)</i> | 7 |
| <i>multiple vitamins w/ minerals cap</i> | 154 | <i>naproxen tab ec 500 mg (Ec-naproxen)</i> | 7 |
| <i>multiple vitamins w/ minerals tab (Strovite forte)</i> | 125 | <i>naproxen tab 250 mg</i> | 7 |
| <i>multiple vitamin tab</i> | 154 | <i>naproxen tab 375 mg</i> | 7 |
| MULTIVITAMIN INFANT/TODDLER..... | 154 | <i>naproxen tab 500 mg</i> | 7 |
| <i>mupirocin calcium cream 2%</i> | 91 | <i>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)</i> | 122 |
| <i>mupirocin oint 2%</i> | 91 | NARCAN..... | 142 |
| MYAMBUTOL..... | 22 | | |

| | | | |
|--|-----|--|-----|
| NARDIL..... | 33 | NICOTROL NS..... | 140 |
| NATACYN..... | 133 | <i>nifedipine cap 20 mg</i> | 80 |
| NATAL PNV..... | 125 | <i>nifedipine cap 10 mg (Procardia)</i> | 80 |
| NATAZIA..... | 86 | <i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i> | 80 |
| <i>nateglinide tab 60 mg (Starlix)</i> | 43 | <i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)</i> | 80 |
| <i>nateglinide tab 120 mg (Starlix)</i> | 43 | <i>nilutamide tab 150 mg (Nilandron)</i> | 52 |
| NATROBA..... | 100 | <i>nimodipine cap 30 mg</i> | 80 |
| NAYZILAM..... | 30 | NINLARO..... | 57 |
| <i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)</i> | 79 | NISOLDIPINE ER..... | 80 |
| NEBUPENT..... | 21 | <i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)</i> | 80 |
| NEFAZODONE HYDROCHLORIDE..... | 33 | <i>nitazoxanide tab 500 mg (Alinia)</i> | 21 |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN..... | 133 | <i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)</i> | 103 |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE..... | 134 | NITRO-BID..... | 81 |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 133 | NITRO-DUR..... | 81 |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</i> | 134 | NITROFURANTOIN..... | 21 |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</i> | 134 | <i>nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrochantin)</i> | 22 |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 135 | <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</i> | 22 |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 135 | <i>nitrofurantoin susp 25 mg/5ml</i> | 22 |
| <i>neomycin sulfate tab 500 mg</i> | 20 | <i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</i> | 81 |
| NEORAL..... | 121 | <i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)</i> | 81 |
| NEO-SYNALAR..... | 91 | <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspray)</i> | 81 |
| NERLYNX..... | 57 | NITROLINGUAL..... | 81 |
| NESTABS..... | 125 | NITROSTAT..... | 81 |
| NESTABS DHA..... | 125 | NITRO-TIME..... | 81 |
| NESTABS ONE..... | 125 | NITYR..... | 103 |
| NEULASTA..... | 115 | NIVA-PLUS..... | 125 |
| NEULASTA ONPRO KIT..... | 115 | NIVA THYROID..... | 143 |
| NEUPOGEN..... | 115 | NIVESTYM..... | 115 |
| NEUPRO..... | 63 | NIZATIDINE..... | 148 |
| NEURONTIN..... | 30 | NOCDURNA..... | 103 |
| NEVANAC..... | 131 | NORDITROPIN FLEXPRO..... | 101 |
| NEVIRAPINE..... | 70 | <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> | 86 |
| <i>nevirapine tab er 24hr 400 mg (Viramune xr)</i> | 70 | <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 86 |
| <i>nevirapine tab 200 mg (Viramune)</i> | 70 | <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)</i> | 86 |
| NEXAVAR..... | 57 | <i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg</i> | 86 |
| NEXIUM..... | 149 | <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)</i> | 86 |
| NEXLETOL..... | 49 | <i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)</i> | 86 |
| NEXLIZET..... | 49 | <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)</i> | 86 |
| NEXTSTELLIS..... | 86 | <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)</i> | 86 |
| NGENLA..... | 101 | <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)</i> | 86 |
| <i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)</i> | 50 | <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)</i> | 86 |
| <i>niacin tab er 500 mg (antihyperlipidemic) (Niaspan)</i> | 49 | | |
| <i>nicardipine hcl cap 20 mg, 30 mg</i> | 80 | | |
| <i>nicotine polacrilex gum 2 mg, 4 mg</i> | 140 | | |
| <i>nicotine polacrilex lozenge 2 mg, 4 mg</i> | 140 | | |
| <i>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i> | 140 | | |
| NICOTINE TRANSDERMAL SYSTEM..... | 140 | | |
| NICOTROL INHALER..... | 140 | | |

| | | | |
|--|-----|--|-----|
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)..... | 86 | NOVOSEVEN RT..... | 113 |
| norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg..... | 105 | NOXAFIL..... | 47 |
| norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)..... | 105 | NPLATE..... | 116 |
| norethindrone acetate tab 5 mg (Aygestin)..... | 135 | NP THYROID 15..... | 143 |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)..... | 86 | NP THYROID 30..... | 143 |
| norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg..... | 87 | NP THYROID 60..... | 143 |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)..... | 87 | NP THYROID 90..... | 143 |
| norethindrone tab 0.35 mg (Ortho micronor)..... | 87 | NP THYROID 120..... | 143 |
| NORGESIC FORTE..... | 128 | NUBEQA..... | 52 |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg..... | 87 | NUCALA..... | 18 |
| norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg..... | 87 | NUCYNTA..... | 10 |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)..... | 87 | NUCYNTA ER..... | 11 |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg..... | 87 | NUEDEXTA..... | 137 |
| NORITATE..... | 98 | NUPLAZID..... | 67 |
| NORLIQVA..... | 80 | NURTEC..... | 122 |
| NORPACE..... | 81 | NUTROPIN AQ NUSPIN 5..... | 101 |
| NORPACE CR..... | 82 | NUTROPIN AQ NUSPIN 10..... | 101 |
| NORPRAMIN..... | 33 | NUTROPIN AQ NUSPIN 20..... | 101 |
| NORTHERA..... | 83 | NUVAIL..... | 98 |
| nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)..... | 33 | NUVARING..... | 87 |
| nortriptyline hcl soln 10 mg/5ml..... | 33 | NUVESSA..... | 152 |
| NORVASC..... | 80 | NUVIGIL..... | 4 |
| NORVIR..... | 70 | NUWIQ..... | 113 |
| NOURIANZ..... | 63 | NUZYRA..... | 25 |
| NOVOEIGHT..... | 113 | NYMALIZE..... | 80 |
| NOVOLIN 70/30..... | 41 | nystatin cream 100000 unit/gm..... | 92 |
| NOVOLIN 70/30 FLEXPEN..... | 41 | nystatin oint 100000 unit/gm..... | 92 |
| NOVOLIN 70/30 FLEXPEN RELION..... | 41 | nystatin susp 100000 unit/ml..... | 124 |
| NOVOLIN 70/30 RELION..... | 41 | nystatin tab 500000 unit..... | 47 |
| NOVOLIN N..... | 41 | nystatin topical powder 100000 unit/gm..... | 92 |
| NOVOLIN N FLEXPEN..... | 41 | nystatin-triamcinolone cream 100000-0.1 unit/gm-%..... | 92 |
| NOVOLIN N FLEXPEN RELION..... | 41 | nystatin-triamcinolone oint 100000-0.1 unit/gm-%..... | 92 |
| NOVOLIN N RELION..... | 41 | NYVEPRIA..... | 116 |
| NOVOLIN R..... | 41 | | |
| NOVOLIN R FLEXPEN..... | 41 | O | |
| NOVOLIN R FLEXPEN RELION..... | 41 | OB COMPLETE..... | 125 |
| NOVOLIN R RELION..... | 41 | OB COMPLETE/DHA..... | 126 |
| NOVOLOG..... | 41 | OB COMPLETE ONE..... | 126 |
| NOVOLOG FLEXPEN..... | 41 | OB COMPLETE PETITE..... | 126 |
| NOVOLOG FLEXPEN RELION..... | 41 | OB COMPLETE PREMIER..... | 126 |
| NOVOLOG MIX 70/30..... | 41 | OBIZUR..... | 113 |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN..... | 41 | OCALIVA..... | 107 |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION..... | 41 | OCREVUS..... | 139 |
| NOVOLOG MIX 70/30 RELION..... | 41 | OCTREOTIDE ACETATE..... | 101 |
| NOVOLOG PENFILL..... | 41 | octreotide acetate inj 200 mcg/ml (0.2 mg/ml)..... | 101 |
| NOVOLOG RELION..... | 42 | octreotide acetate inj 1000 mcg/ml (1 mg/ml)..... | 101 |
| | | octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml) (Sandostatin)..... | 101 |
| | | octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)..... | 101 |
| | | OCUFLOX..... | 133 |
| | | ODEFSEY..... | 70 |
| | | ODOMZO..... | 61 |
| | | OFEV..... | 141 |
| | | OFLOXACIN..... | 20 |
| | | ofloxacin ophth soln 0.3% (Ocuflox)..... | 133 |

| | | | |
|---|-----|---|-----|
| ofloxacin otic soln 0.3%..... | 135 | ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM..... | 153 |
| ofloxacin tab 400 mg..... | 20 | ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION..... | 153 |
| OJJAARA..... | 57 | ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION..... | 153 |
| olanzapine-fluoxetine hcl cap 12-25 mg..... | 137 | ONETOUCH VERIO TEST STRIP..... | 154 |
| olanzapine-fluoxetine hcl cap 3-25 mg, 6-25 mg, 6-50 mg, 12-50 mg (Symbyax)..... | 137 | ONEXTON..... | 90 |
| olanzapine for im inj 10 mg (Zyprexa)..... | 65 | ONFI..... | 30 |
| olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)..... | 65 | ONGENTYS..... | 63 |
| olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)..... | 65 | ONGLYZA..... | 38 |
| olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)..... | 76 | ONUREG..... | 51 |
| olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)..... | 76 | OPSUMIT..... | 84 |
| olmesartan medoxomil tab 20 mg, 40 mg (Benicar)..... | 77 | OPVEE..... | 142 |
| olmesartan medoxomil tab 5 mg (Benicar)..... | 77 | OPZELURA..... | 18 |
| olopatadine hcl nasal soln 0.6% (Patanase)..... | 129 | ORACIT..... | 108 |
| olopatadine hcl ophth soln 0.2% (base equivalent)..... | 133 | oral electrolyte solution..... | 154 |
| OLPRUVA..... | 103 | ORAVIG..... | 124 |
| OLUMIANT..... | 146 | ORENCIA..... | 147 |
| omega-3-acid ethyl esters cap 1 gm (Lovaza)..... | 50 | ORENCIA CLICKJECT..... | 147 |
| omega-3 fatty acids cap 500 mg, 1000 mg..... | 155 | ORENITRAM..... | 84 |
| omeprazole cap delayed release 10 mg, 20 mg, 40 mg..... | 150 | ORENITRAM TITRATION KIT MONTH 1..... | 84 |
| omeprazole-sodium bicarbonate cap 20-1100 mg, 40-1100 mg (Zegerid)..... | 149 | ORENITRAM TITRATION KIT MONTH 2..... | 84 |
| omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, 40-1680 mg (Zegerid)..... | 149 | ORENITRAM TITRATION KIT MONTH 3..... | 84 |
| OMNARIS..... | 129 | ORFADIN..... | 103 |
| OMNIPOD CLASSIC PODS (GEN 3)..... | 110 | ORGOVYX..... | 52 |
| OMNIPOD DASH INTRO KIT (GEN 4)..... | 110 | ORIAHNN..... | 106 |
| OMNIPOD DASH PDM KIT (GEN 4)..... | 110 | ORILISSA..... | 103 |
| OMNIPOD DASH PODS (GEN 4)..... | 111 | ORKAMBI..... | 141 |
| OMNIPOD 5 G6 INTRO KIT (GEN 5)..... | 111 | ORLADEYO..... | 114 |
| OMNIPOD 5 G7 INTRO KIT (GEN 5)..... | 111 | orphenadrine citrate tab er 12hr 100 mg..... | 128 |
| OMNIPOD GO 10 UNITS/DAY..... | 111 | orphenadrine w/ aspirin & caffeine tab 25-385-30 mg..... | 128 |
| OMNIPOD GO 15 UNITS/DAY..... | 111 | orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Norgesic forte)..... | 128 |
| OMNIPOD GO 20 UNITS/DAY..... | 111 | ORSERDU..... | 52 |
| OMNIPOD GO 25 UNITS/DAY..... | 111 | oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)..... | 73 |
| OMNIPOD GO 30 UNITS/DAY..... | 111 | oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)..... | 73 |
| OMNIPOD GO 35 UNITS/DAY..... | 111 | OSMOLEX ER..... | 63 |
| OMNIPOD GO 40 UNITS/DAY..... | 111 | OSPHENA..... | 103 |
| OMNIPOD 5 G6 PODS (GEN 5)..... | 111 | OTEZLA..... | 147 |
| OMNIPOD 5 G7 PODS (GEN 5)..... | 111 | OTREXUP..... | 5 |
| OMNITROPE..... | 101 | OVACE PLUS..... | 98 |
| OMVOH..... | 147 | OVAL TAPE..... | 110 |
| ondansetron hcl oral soln 4 mg/5ml..... | 46 | oxaprozin tab 600 mg (Daypro)..... | 8 |
| ondansetron hcl tab 4 mg, 8 mg (Zofran)..... | 46 | oxazepam cap 30 mg..... | 14 |
| ondansetron orally disintegrating tab 4 mg, 8 mg..... | 46 | oxazepam cap 10 mg, 15 mg..... | 14 |
| ONETOUCH DELICA PLUS LANCING DEVICE..... | 153 | OXBRYTA..... | 5 |
| ONETOUCH ULTRA..... | 153 | oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)..... | 30 |
| ONETOUCH ULTRA 2..... | 153 | oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)..... | 30 |
| ONETOUCH ULTRA CONTROL..... | 153 | OXERVATE..... | 131 |
| ONETOUCH ULTRA CONTROL SOLUTION..... | 153 | oxiconazole nitrate cream 1% (Oxistat)..... | 92 |

| | | | |
|--|-----|--|-----|
| OXISTAT..... | 92 | PEDIARIX..... | 119 |
| OXTELLAR XR..... | 30 | <i>pediatric multiple vitamin chew tab.....</i> | 154 |
| OXYBUTYNIN CHLORIDE..... | 150 | PEDVAX HIB..... | 119 |
| <i>oxybutynin chloride solution 5 mg/5ml.....</i> | 151 | PEGASYS..... | 72 |
| <i>oxybutynin chloride tab er 24hr 15 mg.....</i> | 151 | <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | |
| <i>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl).....</i> | 151 | <i>(Golytely).....</i> | 121 |
| <i>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl).....</i> | 151 | <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/</i> | |
| <i>oxybutynin chloride tab 5 mg.....</i> | 151 | <i>flavor pack).....</i> | 121 |
| <i>oxycodone hcl cap 5 mg.....</i> | 11 | PEMAZYRE..... | 57 |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml).....</i> | 11 | PENBRAYA..... | 119 |
| OXYCODONE HCL ER..... | 11 | <i>penciclovir cream 1% (Denavir).....</i> | 98 |
| <i>oxycodone hcl soln 5 mg/5ml.....</i> | 11 | <i>penicillamine cap 250 mg (Cuprimine).....</i> | 45 |
| <i>oxycodone hcl tab 10 mg, 20 mg.....</i> | 11 | <i>penicillamine tab 250 mg (Depen titrat tabs).....</i> | 45 |
| <i>oxycodone hcl tab 15 mg, 30 mg (Roxicodone).....</i> | 11 | PENICILLIN V POTASSIUM..... | 25 |
| <i>oxycodone hcl tab 5 mg (Roxicodone).....</i> | 11 | <i>penicillin v potassium tab 250 mg, 500 mg.....</i> | 25 |
| OXYCODONE HYDROCHLORIDE/ ACETAMINOPHEN..... | 12 | PENNSAID..... | 98 |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i> | | PENTACEL..... | 119 |
| <i>(Percocet).....</i> | 12 | <i>pentamidine isethionate for nebulization soln 300 mg</i> | |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | | <i>(Nebupent).....</i> | 22 |
| <i>(Percocet).....</i> | 12 | PENTASA..... | 106 |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | | <i>pentazocine w/ naloxone hcl tab 50-0.5 mg.....</i> | 11 |
| <i>(Percocet).....</i> | 12 | <i>pentoxifylline tab er 400 mg.....</i> | 114 |
| OXYCONTIN..... | 11 | PEPCID..... | 148 |
| <i>oxymorphone hcl tab 5 mg.....</i> | 11 | PERCOCET..... | 12 |
| <i>oxymorphone hcl tab 10 mg (Opana).....</i> | 11 | PERFOROMIST..... | 17 |
| OXYMORPHONE HYDROCHLORIDE ER..... | 11 | PERINDOPRIL ERBUMINE..... | 75 |
| OXYTROL..... | 151 | <i>perindopril erbumine tab 4 mg.....</i> | 75 |
| OZEMPIC..... | 38 | <i>permethrin cream 5% (Elimite).....</i> | 100 |
| P | | <i>permethrin creme rinse 1%.....</i> | 100 |
| <i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega).....</i> | 64 | PERPHENAZINE/AMITRIPTYLINE..... | 137 |
| <i>paliperidone tab er 24hr 6 mg (Invega).....</i> | 64 | <i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....</i> | 67 |
| PAMELOR..... | 33 | PERSERIS..... | 64 |
| PANDEL..... | 96 | PERTZYE..... | 100 |
| <i>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg</i> | | PHEBURANE..... | 103 |
| <i>(base equiv) (Protonix).....</i> | 150 | <i>phenazopyridine hcl tab 100 mg, 200 mg (Pyridium).....</i> | 108 |
| <i>pantoprazole sodium for delayed release susp packet 40</i> | | PHENELZINE SULFATE..... | 33 |
| <i>mg (Protonix).....</i> | 150 | <i>phenobarbital elixir 20 mg/5ml.....</i> | 117 |
| PARADIGM REAL-TIME TRANSMITTER..... | 110 | <i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60</i> | |
| <i>paricalcitol cap 4 mcg.....</i> | 104 | <i>mg, 64.8 mg, 97.2 mg, 100 mg.....</i> | 117 |
| <i>paricalcitol cap 1 mcg, 2 mcg (Zemiplar).....</i> | 104 | <i>phenoxybenzamine hcl cap 10 mg (Dibenzyline).....</i> | 81 |
| PARLODEL..... | 63 | <i>phenylephrine-guaifenesin tab 10-400 mg.....</i> | 153 |
| <i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i> | | <i>phenylephrine hcl ophth soln 2.5%, 10%.....</i> | 131 |
| <i>(Paxil).....</i> | 34 | <i>phenylephrine hcl tab 10 mg.....</i> | 155 |
| <i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg (Paxil cr).....</i> | 34 | <i>phenytoin chew tab 50 mg (Dilantin infatabs).....</i> | 30 |
| <i>paroxetine hcl tab er 24hr 12.5 mg (Paxil cr).....</i> | 34 | <i>phenytoin sodium extended cap 200 mg, 300 mg</i> | |
| <i>paroxetine hcl tab 10 mg, 20 mg, 40 mg (Paxil).....</i> | 34 | <i>(Phenytek).....</i> | 30 |
| <i>paroxetine hcl tab 30 mg (Paxil).....</i> | 34 | <i>phenytoin sodium extended cap 100 mg (Dilantin).....</i> | 30 |
| <i>paroxetine mesylate cap 7.5 mg (base equiv)</i> | | <i>phenytoin susp 125 mg/5ml (Dilantin-125).....</i> | 30 |
| <i>(Brisdelle).....</i> | 137 | PHEXXI..... | 152 |
| PAXIL..... | 34 | PHOSPHOLINE IODIDE..... | 132 |
| PAXIL CR..... | 35 | <i>phytonadione tab 5 mg (Mephyton).....</i> | 152 |
| PAXLOVID..... | 73 | PIFELTRO..... | 70 |
| <i>pazopanib hcl tab 200 mg (base equiv) (Votrient).....</i> | 57 | <i>pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto</i> | |
| PEDIA-LAX..... | 154 | <i>carpine).....</i> | 132 |
| | | <i>pilocarpine hcl tab 5 mg, 7.5 mg (Salagen).....</i> | 124 |
| | | <i>pimecrolimus cream 1% (Elidel).....</i> | 98 |

| | | | |
|--|-----|--|-----|
| PIMOZIDE..... | 137 | <i>pot phos monobasic w/sod phos di & monobas tab</i> | |
| <i>pindolol tab 5 mg, 10 mg.....</i> | 79 | <i>155-852-130mg (K-phos neutral).....</i> | 123 |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg</i> | | PRADAXA..... | 26 |
| <i>(Duetact).....</i> | 37 | PRALUENT..... | 50 |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i> | | <i>pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75</i> | |
| <i>(Actoplus met).....</i> | 37 | <i>mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex</i> | |
| <i>pioglitazone hcl tab 15 mg (base equiv), 30 mg (base</i> | | <i>er).....</i> | 63 |
| <i>equiv), 45 mg (base equiv) (Actos).....</i> | 43 | <i>pramipexole dihydrochloride tab 0.25 mg.....</i> | 63 |
| PIQRAY 200MG DAILY DOSE..... | 57 | <i>pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75</i> | |
| PIQRAY 250MG DAILY DOSE..... | 57 | <i>mg, 1 mg, 1.5 mg (Mirapex).....</i> | 63 |
| PIQRAY 300MG DAILY DOSE..... | 57 | <i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)</i> | |
| PIRFENIDONE..... | 141 | <i>(Effient).....</i> | 115 |
| <i>pirfenidone cap 267 mg (Esbriet).....</i> | 141 | <i>pravastatin sodium tab 10 mg.....</i> | 50 |
| <i>pirfenidone tab 267 mg (Esbriet).....</i> | 141 | <i>pravastatin sodium tab 80 mg.....</i> | 50 |
| <i>pirfenidone tab 801 mg (Esbriet).....</i> | 141 | <i>pravastatin sodium tab 20 mg, 40 mg (Pravachol).....</i> | 50 |
| <i>piroxicam cap 10 mg (Feldene).....</i> | 8 | <i>praziquantel tab 600 mg (Biltricide).....</i> | 62 |
| <i>piroxicam cap 20 mg (Feldene).....</i> | 8 | <i>prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress).....</i> | 77 |
| <i>pitavastatin calcium tab 1 mg, 2 mg (Livalo).....</i> | 50 | PRED FORTE..... | 134 |
| <i>pitavastatin calcium tab 4 mg (Livalo).....</i> | 50 | PRED MILD..... | 134 |
| PLAVIX..... | 115 | PREDNISOLONE ACETATE..... | 134 |
| PLEGRIDY..... | 139 | PREDNISOLONE SODIUM PHOSPHATE..... | 134 |
| PLEGRIDY STARTER PACK..... | 139 | PREDNISOLONE SODIUM PHOSPHATE ODT..... | 88 |
| PNEUMOVAX 23..... | 119 | <i>prednisolone sodium phosphate oral soln 25 mg/5ml</i> | |
| PNEUMOVAX 23/1 DOSE..... | 119 | <i>(base eq).....</i> | 88 |
| PNV-DHA..... | 126 | <i>prednisolone sod phosphate oral soln 15 mg/5ml (base</i> | |
| PNV-DHA+DOCUSATE..... | 126 | <i>equiv).....</i> | 88 |
| PNV-OMEGA..... | 126 | <i>prednisolone sod phosphate oral soln 10 mg/5ml (base</i> | |
| PNV-SELECT..... | 126 | <i>equiv).....</i> | 88 |
| PODOCON-25..... | 98 | <i>prednisolone sod phosphate oral soln 20 mg/5ml (base</i> | |
| PODOFILOX..... | 98 | <i>equiv).....</i> | 88 |
| <i>podofilox gel 0.5% (Condylox).....</i> | 98 | <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml</i> | |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop.....</i> | 154 | <i>base) (Pediapred).....</i> | 88 |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | | <i>prednisolone soln 15 mg/5ml.....</i> | 88 |
| <i>(Polytrim).....</i> | 133 | <i>prednisolone tab 5 mg.....</i> | 88 |
| POMALYST..... | 61 | PREDNISONE..... | 88 |
| PONVORY..... | 139 | PREDNISONE INTENSOL..... | 89 |
| PONVORY 14-DAY STARTER PACK..... | 139 | <i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50</i> | |
| <i>posaconazole susp 40 mg/ml (Noxafil).....</i> | 47 | <i>mg.....</i> | 89 |
| <i>posaconazole tab delayed release 100 mg (Noxafil).....</i> | 47 | <i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg</i> | |
| <i>pot & sod citrates w/ cit ac soln 550-500-334</i> | | <i>(21), 10 mg (48).....</i> | 89 |
| <i>mg/5ml.....</i> | 108 | <i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg,</i> | |
| <i>potassium bicarbonate effer tab 25 meq.....</i> | 123 | <i>200 mg, 225 mg, 300 mg (Lyrica).....</i> | 30 |
| <i>potassium chloride cap er 8 meq, 10 meq.....</i> | 123 | <i>pregabalin soln 20 mg/ml (Lyrica).....</i> | 30 |
| <i>potassium chloride microencapsulated crys er tab 10</i> | | <i>pregabalin tab er 24hr 82.5 mg, 165 mg (Lyrica cr).....</i> | 137 |
| <i>meq, 20 meq.....</i> | 123 | <i>pregabalin tab er 24hr 330 mg (Lyrica cr).....</i> | 137 |
| <i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40</i> | | PREHEVBRIO..... | 119 |
| <i>meq/15ml).....</i> | 123 | PREMARIN..... | 106 |
| <i>potassium chloride powder packet 20 meq.....</i> | 123 | PREMESISRX..... | 126 |
| <i>potassium chloride tab er 10 meq (K-tab).....</i> | 123 | PREMPHASE..... | 106 |
| <i>potassium citrate & citric acid soln 1100-334 mg/5ml.....</i> | 108 | PREMPRO..... | 106 |
| <i>potassium citrate tab er 5 meq (540 mg) (Urocit-k 5).....</i> | 108 | PRENAISSANCE..... | 126 |
| <i>potassium citrate tab er 10 meq (1080 mg) (Urocit-k</i> | | PRENAISSANCE PLUS..... | 126 |
| <i>10).....</i> | 108 | PRENATAL PLUS VITAMIN AND MINERAL..... | 126 |
| <i>potassium citrate tab er 15 meq (1620 mg) (Urocit-k</i> | | PRENATE..... | 126 |
| <i>15).....</i> | 108 | PRENATE AM..... | 126 |
| | | PRENATE DHA..... | 126 |

| | | | |
|--|-----|---|-----|
| PRENATE ELITE..... | 126 | <i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la).....</i> | 79 |
| PRENATE ENHANCE..... | 126 | <i>propranolol hcl oral soln 20 mg/5ml.....</i> | 79 |
| PRENATE ESSENTIAL..... | 126 | <i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....</i> | 79 |
| PRENATE MINI..... | 126 | <i>propylthiouracil tab 50 mg.....</i> | 143 |
| PRENATE PIXIE..... | 126 | PROQUAD..... | 119 |
| PRENATE RESTORE..... | 126 | PROSCAR..... | 109 |
| PRENATRIX..... | 126 | PROTONIX..... | 150 |
| PRENATRYL..... | 126 | <i>protriptyline hcl tab 5 mg, 10 mg.....</i> | 33 |
| PRESERVISION AREDS 2..... | 154 | PROVENTIL HFA..... | 17 |
| PRESERVISION AREDS 2 + MULTI VITAMIN..... | 155 | PROVERA..... | 135 |
| PRETOMANID..... | 23 | PROVIGIL..... | 4 |
| PREVACID..... | 150 | PROZAC..... | 35 |
| PREVACID SOLUTAB..... | 150 | PRUDOXIN..... | 98 |
| PREVNAR 20..... | 119 | <i>psyllium powder 28.3%, 43%.....</i> | 154 |
| PREVYMIS..... | 73 | PULMICORT..... | 19 |
| PREZCOBIX..... | 70 | PULMICORT FLEXHALER..... | 19 |
| PREZISTA..... | 70 | PULMOZYME..... | 141 |
| PRIFTIN..... | 23 | PURIXAN..... | 51 |
| PRIOSEC..... | 150 | PYLERA..... | 149 |
| PRIMACARE..... | 126 | <i>pyrazinamide tab 500 mg.....</i> | 23 |
| PRIMAQUINE PHOSPHATE..... | 62 | <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%.....</i> | 100 |
| <i>primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate).....</i> | 62 | PYRIDIDIUM..... | 108 |
| PRIMIDONE..... | 30 | PYRIDOSTIGMINE BROMIDE..... | 51 |
| <i>primidone tab 50 mg, 250 mg (Mysoline).....</i> | 30 | <i>pyridostigmine bromide oral soln 60 mg/5ml (Mestinon).....</i> | 51 |
| PRIORIX..... | 119 | <i>pyridostigmine bromide tab er 180 mg (Mestinon timespan).....</i> | 51 |
| PRISTIQ..... | 36 | <i>pyridostigmine bromide tab 60 mg (Mestinon).....</i> | 51 |
| PROAIR RESPICLICK..... | 17 | <i>pyridoxine hcl tab 25 mg, 50 mg, 100 mg.....</i> | 155 |
| <i>probenecid tab 500 mg.....</i> | 111 | <i>pyrimethamine tab 25 mg (Daraprim).....</i> | 62 |
| PROCARDIA XL..... | 80 | Q | |
| <i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent).....</i> | 67 | QBRELIS..... | 75 |
| <i>prochlorperazine suppos 25 mg.....</i> | 67 | QELBREE..... | 2 |
| PROCRIT..... | 116 | QINLOCK..... | 57 |
| PROCTOFOAM HC..... | 14 | QNASL..... | 129 |
| PROCYSBI..... | 108 | QNASL CHILDRENS..... | 129 |
| PROFILNINE..... | 113 | QTERN..... | 37 |
| <i>progesterone cap 100 mg, 200 mg (Prometrium).....</i> | 135 | QUADRACEL..... | 119 |
| <i>progesterone im in oil 50 mg/ml.....</i> | 135 | QUALAQUIN..... | 62 |
| PROGLYCEM..... | 43 | QUAZEPAM..... | 116 |
| PROGRAF..... | 121 | QUDEXY XR..... | 30 |
| PROLATE..... | 13 | QUESTRAN..... | 50 |
| PROLENSA..... | 132 | QUESTRAN LIGHT..... | 50 |
| PROMACTA..... | 116 | QUETIAPINE FUMARATE..... | 65 |
| <i>promethazine hcl oral soln 6.25 mg/5ml.....</i> | 47 | <i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr).....</i> | 66 |
| <i>promethazine hcl suppos 12.5 mg, 25 mg.....</i> | 47 | <i>quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr).....</i> | 66 |
| <i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....</i> | 47 | <i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel).....</i> | 66 |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml.....</i> | 141 | <i>quetiapine fumarate tab 300 mg, 400 mg (Seroquel).....</i> | 66 |
| PROMETRIUM..... | 135 | QUILLICHEW ER..... | 4 |
| <i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr).....</i> | 82 | QUILLIVANT XR..... | 4 |
| <i>propafenone hcl tab 150 mg, 225 mg, 300 mg.....</i> | 82 | | |
| <i>proparacaine hcl ophth soln 0.5% (Alcaine).....</i> | 132 | | |
| PROPEL MINI/STRAIGHT DELIVERY SYSTEM..... | 129 | | |
| PROPRANOLOL HCL..... | 79 | | |

| | | | |
|--|-----|---|-----|
| quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)..... | 75 | repaglinide tab 0.5 mg..... | 44 |
| quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)..... | 74 | repaglinide tab 1 mg..... | 44 |
| quinidine gluconate tab er 324 mg..... | 82 | repaglinide tab 2 mg..... | 44 |
| QUINIDINE SULFATE..... | 82 | REPATHA..... | 50 |
| quinine sulfate cap 324 mg (Qualaquin)..... | 62 | REPATHA PUSHTRONEX SYSTEM..... | 50 |
| QULIPTA..... | 122 | REPATHA SURECLICK..... | 50 |
| QUTENZA..... | 98 | RESTASIS..... | 132 |
| QUVIVIQ..... | 117 | RESTASIS MULTIDOSE..... | 132 |
| QVAR REDIHALER..... | 20 | RESTORIL..... | 116 |
| R | | RETACRIT..... | 116 |
| RABAVERT..... | 119 | RETEVMO..... | 57 |
| rabeprazole sodium ec tab 20 mg (Aciphex)..... | 150 | RETIN-A..... | 90 |
| RADIAURA..... | 96 | RETIN-A MICRO..... | 90 |
| RADICAVA ORS..... | 129 | RETIN-A MICRO PUMP..... | 90 |
| RADICAVA ORS STARTER KIT..... | 129 | RETROVIR..... | 71 |
| raloxifene hcl tab 60 mg (Evista)..... | 103 | REVATIO..... | 84 |
| ramelteon tab 8 mg (Rozerem)..... | 117 | REVLIMID..... | 124 |
| ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)..... | 75 | REXULTI..... | 68 |
| ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)..... | 81 | REYATAZ..... | 71 |
| RAPAFLO..... | 109 | REYVOW..... | 122 |
| RAPAMUNE..... | 121 | REZLIDHIA..... | 57 |
| rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)..... | 63 | REZUROCK..... | 124 |
| RASUVO..... | 5 | REZVOGLAR KWIKPEN..... | 42 |
| RAVICTI..... | 103 | RHOFADÉ..... | 98 |
| RAYALDEE..... | 104 | RHOPRESSA..... | 132 |
| RAYOS..... | 89 | RIBAVIRIN..... | 72 |
| REBIF..... | 139 | ribavirin for inhal soln 6 gm (Virazole)..... | 73 |
| REBIF REBIDOSE..... | 139 | RIDAURA..... | 5 |
| REBIF REBIDOSE TITRATION..... | 140 | rifabutin cap 150 mg (Mycobutin)..... | 23 |
| REBIF TITRATION PACK..... | 140 | rifampin cap 150 mg, 300 mg (Rifadin)..... | 23 |
| REBINYN..... | 113 | RILUTEK..... | 129 |
| REBLOZYL..... | 116 | riluzole tab 50 mg (Rilutek)..... | 129 |
| RECOMBINATE..... | 113 | RIMANTADINE HYDROCHLORIDE..... | 73 |
| RECOMBIVAX HB..... | 119 | ringer's solution for irrigation..... | 124 |
| RECORLEV..... | 103 | RINVOQ..... | 147 |
| RECTIV..... | 14 | risedronate sodium tab delayed release 35 mg (Atelvia)..... | 100 |
| REGLAN..... | 107 | risedronate sodium tab 5 mg, 30 mg (Actonel)..... | 100 |
| RELAFEN DS..... | 8 | risedronate sodium tab 35 mg (Actonel)..... | 100 |
| RELENZA DISKHALER..... | 73 | risedronate sodium tab 150 mg (Actonel)..... | 101 |
| RELEUKO..... | 116 | RISPERDAL..... | 64 |
| RELEXXII..... | 4 | RISPERDAL CONSTA..... | 65 |
| RELISTOR..... | 107 | risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)..... | 65 |
| RELNATE DHA..... | 127 | RISPERIDONE ODT..... | 65 |
| RELPAK..... | 122 | risperidone orally disintegrating tab 4 mg..... | 65 |
| RELTONE..... | 107 | risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg..... | 65 |
| RELYVRIO..... | 129 | risperidone soln 1 mg/ml (Risperdal)..... | 65 |
| REMERON..... | 33 | risperidone tab 0.25 mg..... | 65 |
| REMERON SOLTAB..... | 33 | risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg (Risperdal)..... | 65 |
| REMICADE..... | 147 | risperidone tab 3 mg (Risperdal)..... | 65 |
| REMODULIN..... | 84 | RITALIN..... | 4 |
| RENFLEXIS..... | 147 | RITALIN LA..... | 5 |
| RENVELA..... | 108 | ritonavir tab 100 mg (Norvir)..... | 71 |

| | | | |
|---|-----|--|-----|
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i> | 136 | <i>salicylic acid foam 6% (Salvax)</i> | 99 |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)</i> | 136 | <i>salicylic acid gel 6% (Keralyt)</i> | 99 |
| RIXUBIS..... | 113 | <i>saline nasal spray 0.65%</i> | 155 |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> | 122 | <i>salsalate tab 500 mg, 750 mg</i> | 8 |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)</i> | 122 | SALYCIM..... | 99 |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i> | 122 | SAMSCA..... | 104 |
| <i>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)</i> | 122 | SANCUSO..... | 46 |
| ROBINUL..... | 149 | SANDIMMUNE..... | 121 |
| ROBINUL FORTE..... | 149 | SANDOSTATIN..... | 101 |
| ROCALTROL..... | 104 | SANDOSTATIN LAR DEPOT..... | 101 |
| ROCKLATAN..... | 132 | SAPHRIS..... | 66 |
| <i>roflumilast tab 250 mcg (Daliresp)</i> | 18 | <i>sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)</i> | 104 |
| <i>roflumilast tab 500 mcg (Daliresp)</i> | 18 | <i>sapropterin dihydrochloride tab 100 mg (Kuvan)</i> | 104 |
| ROLVEDON..... | 116 | SAVAYSA..... | 26 |
| <i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 8 mg (base equivalent)</i> | 63 | SAVELLA..... | 137 |
| <i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent), 12 mg (base equivalent) (Requip xl)</i> | 63 | SAVELLA TITRATION PACK..... | 137 |
| <i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 63 | <i>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)</i> | 38 |
| <i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)</i> | 50 | <i>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)</i> | 37 |
| ROTARIX..... | 119 | <i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)</i> | 37 |
| ROTATEQ..... | 119 | SCSEMBLIX..... | 58 |
| ROWASA..... | 106 | <i>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</i> | 46 |
| ROXICODONE..... | 11 | SECUADO..... | 66 |
| ROXYBOND..... | 11 | SEGLENTIS..... | 13 |
| ROZEREM..... | 117 | SEGLUROMET..... | 37 |
| ROZLYTREK..... | 57 | SELECT-OB..... | 127 |
| RUBRACA..... | 58 | SELECT-OB+DHA..... | 127 |
| RUCONEST..... | 114 | <i>selegiline hcl cap 5 mg</i> | 64 |
| <i>rufinamide susp 40 mg/ml (Banzel)</i> | 30 | <i>selegiline hcl tab 5 mg</i> | 64 |
| <i>rufinamide tab 200 mg, 400 mg (Banzel)</i> | 30 | <i>selenium sulfide lotion 2.5%</i> | 99 |
| RU-HIST D..... | 153 | <i>selenium sulfide shampoo 2.25%</i> | 99 |
| RUKOBIA..... | 71 | SELZENTRY..... | 71 |
| RYALTRIS..... | 129 | SEMGLEE..... | 42 |
| RYBELSUS..... | 38 | SE-NATAL 19..... | 127 |
| RYDAPT..... | 58 | <i>sennosides tab 8.6 mg</i> | 154 |
| RYKINDO..... | 65 | SENSIPAR..... | 104 |
| RYSTIGGO..... | 124 | SEREVENT DISKUS..... | 17 |
| RYTARY..... | 63 | SEROQUEL..... | 66 |
| S | | SEROQUEL XR..... | 66 |
| SABRIL..... | 30 | SEROSTIM..... | 101 |
| SAFYRAL..... | 87 | <i>sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)</i> | 35 |
| SAIZEN..... | 101 | <i>sertraline hcl tab 25 mg (Zoloft)</i> | 35 |
| SALICATE..... | 98 | <i>sertraline hcl tab 50 mg (Zoloft)</i> | 35 |
| SALICYLIC ACID..... | 99 | <i>sertraline hcl tab 100 mg (Zoloft)</i> | 35 |
| <i>salicylic acid film forming liquid 27.5% (Virasal)</i> | 99 | SERTRALINE HYDROCHLORIDE..... | 35 |
| | | <i>sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)</i> | 108 |
| | | <i>sevelamer carbonate tab 800 mg (Renvela)</i> | 108 |
| | | <i>sevelamer hcl tab 400 mg</i> | 108 |
| | | <i>sevelamer hcl tab 800 mg (Renagel)</i> | 108 |
| | | SEVENFACT..... | 113 |

| | | | |
|--|-----|--|-----|
| SFROWASA..... | 106 | SOLQUA 100/33..... | 37 |
| SHINGRIX..... | 119 | SOLIRIS..... | 114 |
| SIGNIFOR..... | 104 | SOLODYN..... | 25 |
| SIGNIFOR LAR..... | 104 | SOLOSEC..... | 22 |
| SIKLOS..... | 5 | SOLTAMOX..... | 52 |
| <i>sildenafil citrate for suspension 10 mg/ml (Revatio)</i> | 84 | SOMA..... | 128 |
| <i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i> <i>(Revatio)</i> | 84 | SOMATULINE DEPOT..... | 104 |
| <i>sildenafil citrate tab 20 mg (Revatio)</i> | 84 | <i>sorafenib tosylate tab 200 mg (base equivalent)</i> <i>(Nexavar)</i> | 58 |
| SILIQ..... | 93 | SORILUX..... | 93 |
| <i>silodosin cap 4 mg, 8 mg (Rapaflo)</i> | 109 | <i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg (Betapace</i> <i>af)</i> | 79 |
| SILVADENE..... | 99 | <i>sotalol hcl tab 240 mg</i> | 79 |
| SILVER NITRATE..... | 99 | <i>sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)</i> | 79 |
| <i>silver sulfadiazine cream 1% (Silvadene)</i> | 99 | SOTYKTU..... | 93 |
| SIMBRINZA..... | 132 | SOTYLIZE..... | 79 |
| <i>simethicone chew tab 80 mg</i> | 153 | SOVALDI..... | 72 |
| <i>simethicone susp 40 mg/0.6ml</i> | 153 | SPIKEVAX COVID-19 VACCINE /2023-24..... | 119 |
| SIMPONI..... | 147 | SPINOSAD..... | 100 |
| SIMPONI ARIA..... | 147 | SPIRIVA HANDIHALER..... | 16 |
| <i>simvastatin tab 5 mg</i> | 50 | SPIRIVA RESPIMAT..... | 16 |
| <i>simvastatin tab 10 mg, 20 mg, 40 mg, 80 mg (Zocor)</i> | 50 | <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> <i>(Aldactazide)</i> | 82 |
| SINEMET..... | 64 | <i>spironolactone susp 25 mg/5ml (Carospir)</i> | 82 |
| SINGULAIR..... | 17 | <i>spironolactone tab 25 mg, 50 mg, 100 mg</i> <i>(Aldactone)</i> | 82 |
| SINUVA..... | 129 | SPORANOX..... | 47 |
| <i>sirolimus oral soln 1 mg/ml (Rapamune)</i> | 121 | SPRAVATO 56MG DOSE..... | 33 |
| <i>sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)</i> | 121 | SPRAVATO 84MG DOSE..... | 33 |
| SIRTURO..... | 23 | SPRITAM..... | 31 |
| SITAVIG..... | 73 | SPRYCEL..... | 58 |
| SIVEXTRO..... | 22 | SPS..... | 124 |
| SKYRIZI..... | 93 | SSS 10-5..... | 90 |
| SKYRIZI PEN..... | 93 | STALEVO 150..... | 64 |
| SKYTROFA..... | 101 | STEGLATRO..... | 44 |
| SLYND..... | 87 | STEGLUJAN..... | 37 |
| <i>sodium bicarbonate tab 325 mg, 650 mg</i> | 152 | STELARA..... | 93 |
| <i>sodium chloride irrigation soln 0.9%</i> | 108 | STIMUFEND..... | 116 |
| <i>sodium chloride soln nebu 0.9%, 3%, 10%</i> | 141 | STIOLTO RESPIMAT..... | 16 |
| <i>sodium chloride soln nebu 7% (Hyper-sal)</i> | 142 | STIVARGA..... | 58 |
| <i>sodium citrate & citric acid soln 500-334 mg/5ml</i> | 108 | STRATTERA..... | 2 |
| <i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf),</i> <i>0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg</i> <i>naf)</i> | 123 | STRENSIQ..... | 104 |
| <i>sodium fluoride cream 1.1% (Prevident 5000 plus)</i> | 124 | STRIBILD..... | 71 |
| <i>sodium fluoride gel 1.1% (0.5% f) (Prevident</i> <i>fluoride)</i> | 125 | STRIVERDI RESPIMAT..... | 17 |
| <i>sodium fluoride paste 1.1% (Prevident 5000 boost)</i> | 125 | STROMECTOL..... | 62 |
| <i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml</i> <i>naf)</i> | 123 | SUBLOCADE..... | 11 |
| SODIUM OXYBATE..... | 137 | SUBOXONE..... | 142 |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> <i>(Buphenyl)</i> | 104 | <i>sucralfate susp 1 gm/10ml (Carafate)</i> | 149 |
| <i>sodium phenylbutyrate tab 500 mg (Buphenyl)</i> | 104 | <i>sucralfate tab 1 gm (Carafate)</i> | 149 |
| <i>sodium polystyrene sulfonate powder</i> | 124 | SULAR..... | 80 |
| SOFOSBUVIR/VELPATASVIR..... | 72 | SULFACETAMIDE SODIUM..... | 133 |
| SOGROYA..... | 102 | SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM | |
| SOHONOS..... | 128 | PHOSPHATE..... | 134 |
| <i>solifenacin succinate tab 5 mg, 10 mg (Vesicare)</i> | 151 | <i>sulfacetamide sodium cleansing gel 10% (Ovace plus</i> <i>wash)</i> | 99 |
| | | <i>sulfacetamide sodium liquid 10% (Ovace wash)</i> | 99 |

| | | | |
|--|-----|---|-----|
| <i>sulfacetamide sodium lotion 10% (acne) (Klaron)</i> | 90 | SYMPAZAN..... | 31 |
| <i>sulfacetamide sodium ophth soln 10% (Bleph-10)</i> | 133 | SYMPROIC..... | 107 |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> | 90 | SYMTUZA..... | 71 |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-2% (Avar Is cleanser)</i> | 90 | SYNAGIS..... | 119 |
| <i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Plexion cleanser)</i> | 90 | SYNALAR..... | 96 |
| <i>sulfacetamide sodium w/ sulfur cleanser 9-4.5% (Sumadan wash)</i> | 90 | SYNAREL..... | 104 |
| <i>sulfacetamide sodium w/ sulfur cleanser 9-4% (Sumaxin wash)</i> | 90 | SYNJARDY..... | 37 |
| <i>sulfacetamide sodium w/ sulfur cream 10-5%</i> | 90 | SYNJARDY XR..... | 37 |
| <i>sulfacetamide sodium w/ sulfur cream 10-2% (Avar-e Is)</i> | 90 | SYNTHROID..... | 143 |
| <i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> | 90 | SYPRINE..... | 45 |
| <i>sulfacetamide sodium w/ sulfur susp 8-4%</i> | 91 | T | |
| <i>sulfacetamide sodium w/ sulfur susp 10-5%</i> | 91 | TABRECTA..... | 58 |
| SULFADIAZINE..... | 22 | TACLONEX..... | 96 |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 22 | <i>tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)</i> | 121 |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)</i> | 22 | <i>tacrolimus oint 0.03%, 0.1% (Protopic)</i> | 99 |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)</i> | 22 | <i>tadalafil tab 5 mg (Cialis)</i> | 83 |
| SULFAMYLON..... | 99 | <i>tadalafil tab 20 mg (pah) (Adcirca)</i> | 84 |
| <i>sulfasalazine tab delayed release 500 mg (Azulfidine en- tabs)</i> | 106 | TADLIQ..... | 84 |
| <i>sulfasalazine tab 500 mg (Azulfidine)</i> | 106 | TAFINLAR..... | 58 |
| <i>sulindac tab 150 mg, 200 mg</i> | 8 | <i>tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)</i> | 132 |
| SUMADAN KIT..... | 91 | TAGRISSO..... | 58 |
| SUMADAN WASH..... | 91 | TAKHZYRO..... | 114 |
| <i>sumatriptan-naproxen sodium tab 85-500 mg (Treximet)</i> | 121 | TALICIA..... | 149 |
| <i>sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)</i> | 122 | TALTZ..... | 93 |
| <i>sumatriptan succinate inj 6 mg/0.5ml (Imitrex)</i> | 122 | TALZENNA..... | 58 |
| SUMATRIPTAN SUCCINATE REFILL..... | 122 | TAMIFLU..... | 73 |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose system)</i> | 123 | <i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i> | 52 |
| <i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)</i> | 123 | <i>tamsulosin hcl cap 0.4 mg (Flomax)</i> | 109 |
| SUMAXIN..... | 91 | <i>taperdex 6-day</i> | 89 |
| SUMAXIN CP KIT..... | 91 | TAPERDEX 7-DAY..... | 89 |
| <i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)</i> | 58 | TAPERDEX 12-DAY..... | 89 |
| <i>sunitinib malate cap 12.5 mg (base equivalent) (Sutent)</i> | 58 | TARCEVA..... | 58 |
| SUNLENCA..... | 71 | TARGRETIN..... | 61 |
| SUNOSI..... | 2 | TARON-C DHA..... | 127 |
| SUTENT..... | 58 | TARPEYO..... | 89 |
| SYMBICORT..... | 16 | TASCENSO ODT..... | 140 |
| SYMBYAX..... | 137 | TASIGNA..... | 59 |
| SYMDEKO..... | 141 | <i>tasimelteon capsule 20 mg (Hetlioz)</i> | 117 |
| SYMFI..... | 71 | TASMAR..... | 64 |
| SYMFI LO..... | 71 | <i>tavaborole soln 5% (Kerydin)</i> | 92 |
| SYMLINPEN 60..... | 44 | TAVALISSE..... | 114 |
| SYMLINPEN 120..... | 44 | TAVNEOS..... | 114 |
| | | TAYTULLA..... | 87 |
| | | TAZAROTENE..... | 91 |
| | | <i>tazarotene cream 0.1% (Tazorac)</i> | 93 |
| | | <i>tazarotene gel 0.05%, 0.1% (Tazorac)</i> | 93 |
| | | TAZVERIK..... | 59 |
| | | TDVAX..... | 119 |
| | | TECFIDERA..... | 140 |
| | | TECFIDERA STARTER PACK..... | 140 |
| | | TEGLUTIK..... | 129 |
| | | TEGRETOL..... | 31 |
| | | TEGRETOL-XR..... | 31 |

| | | | |
|---|-----|--|-----|
| TEGSEDI..... | 137 | TIKOSYN..... | 82 |
| TEKTURNA..... | 81 | <i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i> | |
| TELMISARTAN/AMLODIPINE..... | 76 | (Timoptic-xe)..... | 130 |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i> | | <i>timolol maleate ophth soln 0.25%, 0.5% (Timoptic).....</i> | 130 |
| (Micardis hct)..... | 76 | <i>timolol maleate ophth soln 0.5% (once-daily)</i> | |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis</i> | | (Istalol)..... | 130 |
| <i>hct).....</i> | 76 | <i>timolol maleate preservative free ophth soln 0.25%, 0.5%</i> | |
| <i>telmisartan tab 20 mg, 40 mg, 80 mg (Micardis).....</i> | 77 | (Timoptic ocudose)..... | 130 |
| <i>temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg</i> | | <i>timolol maleate tab 5 mg, 10 mg, 20 mg.....</i> | 79 |
| (Restoril)..... | 117 | TIMOPTIC OCUDOSE..... | 130 |
| <i>temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180</i> | | <i>tinidazole tab 250 mg, 500 mg.....</i> | 22 |
| <i>mg, 250 mg (Temodar).....</i> | 51 | <i>tiopronin tab 100 mg (Thiola).....</i> | 108 |
| TENIVAC..... | 119 | <i>tiotropium bromide monohydrate inhal cap 18 mcg (base</i> | |
| <i>tenofovir disoproxil fumarate tab 300 mg (Viread).....</i> | 71 | <i>equiv) (Spiriva handihaler).....</i> | 16 |
| TENORETIC 50..... | 78 | TIROSINT..... | 143 |
| TENORETIC 100..... | 78 | TIROSINT-SOL..... | 143 |
| TENORMIN..... | 79 | TIVICAY..... | 71 |
| TEPMETKO..... | 59 | TIVICAY PD..... | 71 |
| <i>terazosin hcl cap 10 mg (base equivalent).....</i> | 77 | <i>tizanidine hcl cap 2 mg (base equivalent), 4 mg (base</i> | |
| <i>terazosin hcl cap 1 mg (base equivalent), 2 mg (base</i> | | <i>equivalent), 6 mg (base equivalent) (Zanaflex).....</i> | 128 |
| <i>equivalent), 5 mg (base equivalent).....</i> | 77 | <i>tizanidine hcl tab 2 mg (base equivalent).....</i> | 128 |
| <i>terbinafine hcl tab 250 mg.....</i> | 47 | <i>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....</i> | 128 |
| <i>terbutaline sulfate tab 2.5 mg, 5 mg.....</i> | 17 | TOBI..... | 20 |
| <i>terconazole vaginal cream 0.4%, 0.8%.....</i> | 152 | TOBI PODHALER..... | 20 |
| <i>terconazole vaginal suppos 80 mg.....</i> | 152 | TOBRADEX..... | 134 |
| <i>teriflunomide tab 7 mg, 14 mg (Aubagio).....</i> | 140 | TOBRADEX ST..... | 134 |
| <i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i> | | TOBRAMYCIN..... | 20 |
| (Depo-testosterone)..... | 121 | <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | |
| TESTOSTERONE ENANTHATE..... | 121 | (Tobradex)..... | 134 |
| <i>tetrabenazine tab 12.5 mg (Xenazine).....</i> | 137 | <i>tobramycin nebu soln 300 mg/4ml (Bethkis).....</i> | 20 |
| <i>tetrabenazine tab 25 mg (Xenazine).....</i> | 137 | <i>tobramycin nebu soln 300 mg/5ml (Tobi).....</i> | 20 |
| <i>tetracaine hcl ophth soln 0.5%.....</i> | 132 | <i>tobramycin ophth soln 0.3% (Tobrex).....</i> | 133 |
| <i>tetracycline hcl cap 250 mg, 500 mg.....</i> | 25 | TOBREX..... | 133 |
| <i>tetrahydroz-dextran-peg-povidone ophth soln</i> | | <i>tolcapone tab 100 mg (Tasmar).....</i> | 64 |
| <i>0.05-0.1-1-1%.....</i> | 155 | TOLMETIN SODIUM..... | 8 |
| TEXACORT..... | 96 | <i>tolnaftate soln 1%.....</i> | 155 |
| TEZSPIRE..... | 19 | TOLSURA..... | 47 |
| THALITONE..... | 82 | <i>tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol</i> | |
| THALOMID..... | 124 | <i>la).....</i> | 151 |
| THEO-24..... | 18 | <i>tolterodine tartrate tab 1 mg, 2 mg (Detrol).....</i> | 151 |
| <i>theophylline elixir 80 mg/15ml.....</i> | 18 | <i>tolvaptan tab 15 mg (Samsca).....</i> | 104 |
| THEOPHYLLINE ER..... | 18 | <i>tolvaptan tab 30 mg (Samsca).....</i> | 104 |
| <i>theophylline soln 80 mg/15ml.....</i> | 18 | TOPAMAX..... | 31 |
| <i>theophylline tab er 12hr 300 mg, 450 mg.....</i> | 18 | TOPAMAX SPRINKLE..... | 31 |
| <i>theophylline tab er 24hr 400 mg, 600 mg.....</i> | 18 | TOPICORT..... | 96 |
| THIOLA..... | 108 | <i>topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi</i> | |
| THIOLA EC..... | 108 | <i>xr).....</i> | 31 |
| <i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....</i> | 67 | <i>topiramate cap er 24hr 200 mg (Trokendi xr).....</i> | 31 |
| <i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....</i> | 67 | <i>topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg,</i> | |
| THRIVITE RX..... | 127 | <i>150 mg (Qudexy xr).....</i> | 31 |
| THYQUIDITY..... | 143 | <i>topiramate cap er 24hr sprinkle 200 mg (Qudexy xr).....</i> | 31 |
| THYROID..... | 143 | <i>topiramate sprinkle cap 15 mg, 25 mg (Topamax</i> | |
| <i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril).....</i> | 31 | <i>sprinkle).....</i> | 31 |
| TIAZAC..... | 80 | <i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i> | |
| TIBSOVO..... | 59 | (Topamax)..... | 31 |
| TICOVAC..... | 119 | TOPROL XL..... | 79 |

| U | |
|---|-----|
| UBRELVY..... | 122 |
| UCERIS..... | 14 |
| UDENYCA..... | 116 |
| UDENYCA ONBODY..... | 116 |
| ULORIC..... | 111 |
| ULTOMIRIS..... | 114 |
| ULTRAVATE..... | 96 |
| UPTRAVI..... | 85 |
| UPTRAVI TITRATION PACK..... | 85 |
| UREA..... | 99 |
| UREA/SALICYLIC ACID..... | 99 |
| <i>urea cream 20%, 39%, 40%</i> | 99 |
| <i>urea cream 41% (Utopic)</i> | 99 |
| UREA HYDRATING..... | 99 |
| <i>urea lotion 40%</i> | 99 |
| URIBEL..... | 22 |
| UROCIT-K 5..... | 109 |
| UROCIT-K 10..... | 109 |
| UROCIT-K 15..... | 109 |
| UROGESIC-BLUE..... | 22 |
| URSO 250..... | 107 |
| <i>ursodiol cap 300 mg (Actigall)</i> | 107 |
| <i>ursodiol tab 250 mg (Urso 250)</i> | 107 |
| <i>ursodiol tab 500 mg (Urso forte)</i> | 107 |
| URSO FORTE..... | 107 |
| UZEDY..... | 65 |
| V | |
| VAGIFEM..... | 152 |
| <i>valacyclovir hcl tab 500 mg, 1 gm (Valtrex)</i> | 73 |
| VALCHLOR..... | 99 |
| VALCYTE..... | 73 |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> <i>(Valcyte)</i> | 73 |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i> <i>(Valcyte)</i> | 73 |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | 31 |
| <i>valproic acid cap 250 mg</i> | 31 |
| VALSARTAN..... | 77 |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5</i> <i>mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan</i> <i>hct)</i> | 76 |
| <i>valsartan tab 40 mg, 80 mg, 160 mg (Diovan)</i> | 77 |
| <i>valsartan tab 320 mg (Diovan)</i> | 77 |
| VALTOCO 5 MG DOSE..... | 31 |
| VALTOCO 10 MG DOSE..... | 31 |
| VALTOCO 15 MG DOSE..... | 31 |
| VALTOCO 20 MG DOSE..... | 31 |
| VALTRES..... | 73 |
| VANCOCIN..... | 22 |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i> <i>(Vancocin)</i> | 22 |
| <i>vancomycin hcl cap 125 mg (base equivalent) (Vancocin</i> <i>hcl)</i> | 22 |
| <i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i> <i>(Firvanq)</i> | 22 |
| <i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i> <i>(Vancomycin hydrochlo)</i> | 22 |
| VANDAZOLE..... | 152 |
| VANFLYTA..... | 59 |
| VANOS..... | 96 |
| VAQTA..... | 120 |
| <i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base</i> <i>equiv)</i> | 140 |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start</i> <i>pack</i> | 140 |
| VARIVAX..... | 120 |
| VASCEPA..... | 50 |
| VASERETIC..... | 74 |
| VASOTEC..... | 75 |
| VAXCHORA..... | 120 |
| VAXELIS..... | 120 |
| VAXNEUVANCE..... | 120 |
| VELETRI..... | 85 |
| VELIVET..... | 87 |
| VELPHORO..... | 108 |
| VELTASSA..... | 124 |
| VEMLIDY..... | 72 |
| VENCLEXTA..... | 61 |
| VENCLEXTA STARTING PACK..... | 61 |
| VENLAFAXINE BESYLATE ER..... | 36 |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent),</i> <i>150 mg (base equivalent) (Effexor xr)</i> | 36 |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> <i>(Effexor xr)</i> | 36 |
| <i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> | 36 |
| <i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent),</i> <i>150 mg (base equivalent), 225 mg (base equivalent)</i> | 36 |
| <i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg</i> <i>(base equivalent), 50 mg (base equivalent), 75 mg (base</i> <i>equivalent), 100 mg (base equivalent)</i> | 36 |
| VENTAVIS..... | 85 |
| VENTOLIN HFA..... | 17 |
| VEOPOZ..... | 114 |
| <i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i> <i>(Verelan)</i> | 80 |
| <i>VERAPAMIL HCL ER</i> | 80 |
| <i>VERAPAMIL HCL SR</i> | 80 |
| <i>verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan</i> <i>sr)</i> | 80 |
| <i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i> | 80 |
| <i>VERAPAMIL HYDROCHLORIDE ER</i> | 80 |
| VEREGEN..... | 99 |
| VERELAN..... | 80 |
| <i>VERELAN PM</i> | 80 |
| VERKAZIA..... | 132 |
| VERQUVO..... | 83 |
| VERSACLOZ..... | 66 |
| VERZENIO..... | 59 |
| VESICARE..... | 151 |

| | | | |
|---|-----|---|-----|
| VESICARE LS..... | 151 | VYVANSE..... | 2 |
| VEVYE..... | 132 | VYVGART..... | 124 |
| VFEND..... | 47 | VYVGART HYTRULO..... | 124 |
| V-GO 20..... | 111 | VYZULTA..... | 132 |
| V-GO 30..... | 111 | W | |
| V-GO 40..... | 111 | WAINUA..... | 138 |
| VIBERZI..... | 107 | WAKIX..... | 3 |
| VIBRAMYCIN..... | 25 | <i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg (Coumadin)</i> | 25 |
| VICTOZA..... | 38 | WELCHOL..... | 50 |
| <i>vigabatrin powd pack 500 mg (Sabril)</i> | 31 | WELLBUTRIN SR..... | 33 |
| <i>vigabatrin tab 500 mg (Sabril)</i> | 31 | WELLBUTRIN XL..... | 33 |
| VIGAMOX..... | 133 | WESCAP-C DHA..... | 127 |
| VIIBRYD..... | 33 | WESCAP-PN DHA..... | 127 |
| <i>vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)</i> | 33 | WESNATAL DHA COMPLETE..... | 127 |
| VIMOVO..... | 8 | WESNATE DHA..... | 128 |
| VIMPAT..... | 31 | WESTAB PLUS..... | 128 |
| VINATE DHA RF..... | 127 | WESTGEL DHA..... | 128 |
| VIOKACE..... | 100 | WILATE..... | 113 |
| VIRACEPT..... | 71 | WINLEVI..... | 91 |
| VIRAZOLE..... | 73 | <i>wixela inhub aer powder ba 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (Advair diskus)</i> | 16 |
| VIREAD..... | 71 | X | |
| VISTARIL..... | 15 | XACIATO..... | 152 |
| VITAFOL FE+..... | 127 | XADAGO..... | 64 |
| VITAFOL GUMMIES..... | 127 | XALATAN..... | 132 |
| VITAFOL-NANO..... | 127 | XALKORI..... | 59 |
| VITAFOL-OB..... | 127 | XANAX..... | 14 |
| VITAFOL-OB+DHA..... | 127 | XANAX XR..... | 14 |
| VITAFOL-ONE..... | 127 | XARELTO..... | 26 |
| VITAFOL STRIPS..... | 127 | XARELTO STARTER PACK..... | 26 |
| VITAFOL ULTRA..... | 127 | XATMEP..... | 51 |
| VITAMEDMD ONE RX/QUATREFOLIC..... | 127 | XCOPRI..... | 32 |
| VITAMIN A/C/D INFANT/TODDLER..... | 155 | XDEMVY..... | 133 |
| <i>vitamins a & d oint</i> | 155 | XELJANZ..... | 147 |
| VITAPEARL..... | 127 | XELJANZ XR..... | 147 |
| VITRAKVI..... | 59 | XELODA..... | 51 |
| VIVELLE-DOT..... | 106 | XELPROS..... | 132 |
| VIVITROL..... | 142 | XELSTRYM..... | 2 |
| VIVJOA..... | 47 | XENAZINE..... | 138 |
| VIVOTIF..... | 120 | XEPI..... | 91 |
| VIZIMPRO..... | 59 | XERAC AC..... | 99 |
| VONJO..... | 59 | XERESE..... | 99 |
| VONVENDI..... | 113 | XHANCE..... | 129 |
| <i>voriconazole for susp 40 mg/ml (Vfend)</i> | 47 | XIFAXAN..... | 22 |
| <i>voriconazole tab 50 mg, 200 mg (Vfend)</i> | 47 | XIGDUO XR..... | 38 |
| VOSEVI..... | 73 | XIIDRA..... | 132 |
| VOTRIENT..... | 59 | XOFLUZA..... | 73 |
| VRAYLAR..... | 67 | XOLAIR..... | 19 |
| VTAMA..... | 93 | XOPENEX HFA..... | 17 |
| VUITY..... | 132 | XOSPATA..... | 60 |
| VUMERITY..... | 140 | XPOVIO..... | 61 |
| VUSION..... | 92 | XPOVIO 60 MG TWICE WEEKLY..... | 61 |
| VYEPTI..... | 122 | XPOVIO 80 MG TWICE WEEKLY..... | 61 |
| VYJUVEK..... | 99 | XTAMPZA ER..... | 12 |
| VYNDAMAX..... | 83 | | |
| VYNDAQEL..... | 83 | | |
| VYTORIN..... | 50 | | |

| | | | |
|--|-----|---|-----|
| XTANDI..... | 52 | ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)..... | 67 |
| XULTOPHY 100/3.6..... | 38 | ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)..... | 67 |
| XYLIDERM..... | 99 | ZIRGAN..... | 133 |
| XYNTHA..... | 113 | ZITHROMAX..... | 24 |
| XYNTHA SOLOFUSE..... | 113 | ZITHROMAX TRI-PAK..... | 24 |
| XYREM..... | 138 | ZITHROMAX Z-PAK..... | 24 |
| XYWAV..... | 138 | ZITUVIO..... | 38 |
| Y | | ZOCOR..... | 51 |
| YASMIN 28..... | 87 | ZOLINZA..... | 60 |
| YAZ..... | 87 | zolmitriptan nasal spray 5 mg/spray unit (Zomig)..... | 123 |
| YCANTH..... | 99 | zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt)..... | 123 |
| YF-VAX..... | 120 | zolmitriptan tab 2.5 mg, 5 mg (Zomig)..... | 123 |
| YONSA..... | 53 | ZOLOFT..... | 35 |
| YUFLYMA CD/UC/HS STARTER..... | 147 | ZOLPIDEM TARTRATE..... | 117 |
| YUFLYMA 1-PEN KIT..... | 147 | zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)..... | 117 |
| YUFLYMA 2-PEN KIT..... | 148 | zolpidem tartrate tab 5 mg, 10 mg (Ambien)..... | 117 |
| YUFLYMA 2-SYRINGE KIT..... | 148 | ZOMACTON..... | 102 |
| YUPELRI..... | 16 | ZOMIG..... | 123 |
| YUSIMRY..... | 148 | ZONALON..... | 99 |
| Z | | ZONISADE..... | 32 |
| zafirlukast tab 10 mg, 20 mg (Accolate)..... | 18 | zonisamide cap 50 mg..... | 32 |
| zaleplon cap 5 mg, 10 mg..... | 117 | zonisamide cap 25 mg, 100 mg (Zonegran)..... | 32 |
| ZANAFLEX..... | 129 | ZORTRESS..... | 121 |
| ZARONTIN..... | 32 | ZORYVE..... | 93 |
| ZARXIO..... | 116 | ZOVIRAX..... | 99 |
| ZAVZPRET..... | 122 | ZTALMY..... | 32 |
| ZEGALOGUE..... | 44 | ZTLIDO..... | 99 |
| ZEGERID..... | 149 | ZUBSOLV..... | 142 |
| ZEJULA..... | 60 | ZURZUVAE..... | 33 |
| ZELAPAR..... | 64 | ZYCLARA..... | 99 |
| ZELBORAF..... | 60 | ZYCLARA PUMP..... | 99 |
| ZEMBRACE SYMTOUCH..... | 123 | ZYDELIG..... | 60 |
| ZEMPLAR..... | 104 | ZYFLO..... | 18 |
| ZENPEP..... | 100 | ZYKADIA..... | 60 |
| ZEPATIER..... | 73 | ZYLET..... | 134 |
| ZEPOSIA..... | 140 | ZYPITAMAG..... | 51 |
| ZEPOSIA 7-DAY STARTER PACK..... | 140 | ZYPREXA..... | 66 |
| ZEPOSIA STARTER KIT..... | 140 | ZYPREXA RELPREVV..... | 66 |
| ZERVIAE..... | 133 | ZYPREXA ZYDIS..... | 66 |
| ZESTORETIC..... | 74 | ZYTIGA..... | 53 |
| ZESTRIL..... | 75 | ZYVOX..... | 22 |
| ZETIA..... | 51 | | |
| ZETONNA..... | 129 | | |
| ZIAGEN..... | 72 | | |
| ZIANA..... | 91 | | |
| zidovudine cap 100 mg (Retrovir)..... | 72 | | |
| zidovudine syrup 10 mg/ml (Retrovir)..... | 72 | | |
| zidovudine tab 300 mg..... | 72 | | |
| ZIEXTENZO..... | 116 | | |
| ZILBRYSQ..... | 114 | | |
| zileuton tab er 12hr 600 mg..... | 18 | | |
| ZIMHI..... | 142 | | |
| zinc oxide oint 20%..... | 155 | | |
| ZIOPTAN..... | 132 | | |

To ask for supportive aids and services, or materials in other formats and languages for free, please call,
1-877-860-2837 TTY/TDD:711.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

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

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

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

Complaint forms are available at <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-860-2837 (TTY/TDD: 711)**.

ESPAÑOL (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-860-2837 (TTY/TDD: 711)**.

POLSKI (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-860-2837 (TTY/TDD: 711)**.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-860-2837 (TTY/TDD: 711)**。

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-860-2837 (TTY/TDD: 711)**번으로 전화해 주십시오.

TAGALOG (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-860-2837 (TTY/TDD: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-860-2837 (رقم هاتف الصم والبكم: 711)**.

РУССКИЙ (Russian): ВНИМАНИЕ: Если Вы говорите на русском языке, то Вам доступны бесплатные услуги перевода. Звоните **1-877-860-2837 (Телетайп: 711)**.

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-877-860-2837 (TTY/TDD: 711)**.

اردو (Urdu):

یاد رکھیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ **1-877-860-2837 (TTY: 711)** پر کال کریں۔

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-860-2837 (TTY/TDD: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-860-2837 (TTY/TDD: 711)**.

हिन्दी (Hindi): ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। **1-877-860-2837 (TTY/TDD: 711)** पर कॉल करें।

FRENCH (French): ATTENTION: Si vous parlez français, des services d'assistance linguistique vous sont proposés gratuitement. Appelez le **1-877-860-2837 (TTY/TDD : 711)**.

ΕΛΛΗΝΙΚΑ (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-860-2837 (TTY/TDD: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-860-2837 (TTY/TDD: 711)**.



This Formulary (Drug List) was updated on 07/01/2024

Blue Cross Community Health Plans is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.