



**Blue Cross Community
Health PlansSM**



**HealthChoice
Illinois**
Illinois Department of
Healthcare and Family Services

Blue Cross Community Health Plans

Formulary (List of Drugs)

Effective Date: 1/1/2024

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 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: January 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)
EVEKEO ODT – amphetamine sulfate orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	NP	PA (<=5 yr & >=19 yr), QL (60 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)
ZENZEDI – dextroamphetamine sulfate tab 2.5 mg, 7.5 mg	NP	PA (<=5 yr & >=19 yr), QL (90 tablets/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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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)
<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 er 24hr 27 mg, 54 mg</i>	NP	PA (<=5 yr & >=19 yr), QL (30 tablets/30 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	NP	PA (<=5 yr & >=19 yr), QL (60 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 24hr 18 mg	NP	PA (<=5 yr & >=19 yr), QL (30 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)
<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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
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
DROXIA – hydroxyurea cap 200 mg, 300 mg, 400 mg	P	
ENDARI – glutamine (sickle cell) powd pack 5 gm	P	SP
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		
ARAVAL – 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
<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
FELDENE – piroxicam cap 10 mg	NP	PA, QL (60 capsules/30 days), 90
FELDENE – piroxicam cap 20 mg	NP	PA, QL (30 capsules/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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
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)
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
<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
TOLMETIN SODIUM – tolmetin sodium tab 600 mg	NP	PA, QL (90 tablets/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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
<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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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 tab 50 mg	NP	ME, PA, QL (360 tablets/30 days)
MEPERIDINE HCL – meperidine hcl oral soln 50 mg/5ml	NP	ME, PA, QL (1800 mls/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 oral soln 20 mg/5ml	P	ME, QL (1350 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 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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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)
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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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)
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 soln 120-12 mg/5ml</i>	P	ME, QL (2700 mls/30 days)
<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)
<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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
PERCOCET – oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg	NP	ME, PA, QL (360 tablets/30 days)
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)
<i>tramadol-acetaminophen tab 37.5-325 mg (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)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)</i>	P	QL (4 pens/1 prescription)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (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
<i>budesonide rectal foam 2 mg/act (Uceris)</i>	NP	PA
CORTENEMA – hydrocortisone enema 100 mg/60ml	NP	PA
CORTIFOAM – hydrocortisone acetate perianal foam 10% (90 mg/dose)	NP	PA
<i>hydrocortisone enema 100 mg/60ml (Cortenema)</i>	P	
<i>hydrocortisone perianal cream 1% (Proctocort)</i>	P	
<i>hydrocortisone perianal cream 2.5% (Anusol-hc)</i>	P	
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE – lidocaine-hydrocortisone acetate rectal gel 2.8-0.55%	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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
LIDOCAINE HCL/HYDROCORTISONE ACETATE – lidocaine-hydrocortisone acetate rectal cream kit 3-1%	NP	PA
<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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
XANAX XR – alprazolam tab er 24hr 3 mg	NP	PA, QL (60 tablets/30 days)
ANTI-ANXIETY 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
ANTI-ASTHMATIC 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 DIGIHALER 113/14 – fluticasone-salmeterol aer powder ba 113-14 mcg/act w/sensor	P	QL (1 inhaler/30 days), 90
AIRDUO DIGIHALER 232/14 – fluticasone-salmeterol aer powder ba 232-14 mcg/act w/sensor	P	QL (1 inhaler/30 days), 90
AIRDUO DIGIHALER 55/14 – fluticasone-salmeterol aer powder ba 55-14 mcg/act w/ sensor	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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
TUDORZA PRESSAIR – acclidinium bromide aerosol powd breath activated 400 mcg/act	NP	PA, QL (1 pack/30 days), 90
YUPELRI – revefenacin inhalation solution 175 mcg/3ml	NP	PA, 90
ANTIASTHMATIC AND BRONCHODILATOR AGENTS : BETA ADRENERGICS		
ALBUTEROL SULFATE – albuterol sulfate soln nebu 0.5% (5 mg/ml)	P	QL (60 mls/30 days)
ALBUTEROL SULFATE HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	NP	PA, QL (3 inhalers/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	P	QL (3 inhalers/30 days)
<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 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 DIGIHALER – albuterol sulfate aer pow ba 108 mcg/act with sensor	NP	PA, QL (3 inhalers/30 days)
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
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	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
ARMONAIR DIGIHALER – fluticasone propionate aer pow ba 55 mcg/act with sensor, 113 mcg/act with sensor, 232 mcg/act with sensor	NP	PA, QL (1 inhaler/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 (50/valve)	P	QL (1 inhaler/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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
FLUTICASONE PROPIONATE HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	P	QL (1 inhaler/30 days), 90
FLUTICASONE PROPIONATE HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	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
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	
LEVOFLOXACIN – levofloxacin oral soln 25 mg/ml	P	
<i>levofloxacin tab 250 mg</i>	P	
<i>levofloxacin tab 500 mg, 750 mg (Lеваquin)</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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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		
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
<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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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	
<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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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 cap 750 mg	P	
CEPHALEXIN – cephalixin tab 250 mg, 500 mg	P	
<i>cephalexin cap 250 mg, 500 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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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	
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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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	
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 – doxycycline hyclate tab delayed release 50 mg	NP	PA
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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
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 (Lovenox)</i>	P	QL (30 syringes/365 days)
<i>enoxaparin sodium inj 300 mg/3ml (Lovenox)</i>	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 (Arixtra)</i>	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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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	
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
DIACOMIT – stiripentol cap 250 mg, 500 mg	NP	
DIACOMIT – stiripentol packet 250 mg, 500 mg	NP	
DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg, 20 mg	P	QL (2 packs/30 days)
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg	P	QL (2 packs/30 days)
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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	
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
XCOPRI – cenobamate tab 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
VIIBRYD STARTER PACK – vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	NP	PA, QL (30 tablets/180 days)
<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
ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs)		
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
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
KAZANO – alogliptin-metformin hcl tab 12.5-500 mg, 12.5-1000 mg	NP	PA, QL (60 tablets/30 days), ST, 90
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	NP	PA, QL (60 tablets/30 days), ST, 90
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg	NP	PA, QL (30 tablets/30 days), ST, 90
OSENI – 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
<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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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-linaglip-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
NESINA – 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
ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv), 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) (Onglyza)</i>	NP	PA, QL (30 tablets/30 days), 90
TRADJENTA – linagliptin tab 5 mg	P	QL (30 tablets/30 days), 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, 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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 – insulin glargine inj 100 unit/ml	NP	PA, QL (45 mls/30 days), 90
INSULIN GLARGINE SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	NP	PA, QL (45 mls/30 days), 90
INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen-injector 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
GLUCAGEN HYPOKIT – glucagon hcl (rdna) for inj 1 mg (base equiv)	NP	PA, QL (6 kits/365 days)
<i>glucagon (rdna) for inj kit 1 mg (Glucagon emergency kit)</i>	NP	PA, QL (6 kits/365 days)
GLUCAGON EMERGENCY KIT – 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
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 6 mg	P	QL (60 tablets/30 days), 90
<i>glyburide micronized tab 3 mg (Glynase)</i>	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 0.5 mg/0.1ml, 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
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	
<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
RIOMET – metformin hcl oral soln 500 mg/5ml	NP	PA, QL (780 mls/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		
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
<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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
<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		

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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, 150 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
<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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<i>cyproheptadine hcl tab 4 mg</i>	SC	
<i>desloratadine tab 5 mg (Clarinet)</i>	SC	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	SC	
<i>levocetirizine dihydrochloride tab 5 mg</i>	SC	
<i>promethazine hcl suppos 12.5 mg, 25 mg</i>	SC	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	SC	
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</i>	SC	
ANTHYPERLIPIDEMICS		
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
COLESTID – colestipol hcl granule packets 5 gm	NP	PA, 90
COLESTID FLAVORED – colestipol hcl granules 5 gm	NP	PA, 90
COLESTID FLAVORED – colestipol hcl granule packets 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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), 20 mg (base equiv), 30 mg (base equiv)	NP	PA, QL (30 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
<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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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 – colestevlam hcl tab 625 mg	NP	PA, 90
WELCHOL – colestevlam hcl packet for susp 3.75 gm	NP	PA, QL (30 packets/30 days), 90
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	
MELPHALAN – melphalan tab 2 mg	P	SP
<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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
<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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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)
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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 – mobocertinib succinate cap 40 mg	NP	PA, QL (120 capsules/30 days), 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)
FRUZAQLA – fruquintinib cap 5 mg	NP	PA, QL (21 capsules/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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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
<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), 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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
TAGRISSO – 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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)
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
XALKORI – crizotinib cap sprinkle 20 mg, 50 mg	NP	PA, QL (120 capsules/30 days), SF, SP
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

<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: January 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: January 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: January 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
COMTAN – entacapone tab 200 mg	NP	PA, 90
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, 1.5 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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
RYTARY – carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	NP	PA
<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 100 – carbidopa-levodopa-entacapone tabs 25-100-200 mg	NP	PA
STALEVO 125 – carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	NP	PA
STALEVO 150 – carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	NP	PA
STALEVO 200 – carbidopa-levodopa-entacapone tabs 50-200-200 mg	NP	PA
STALEVO 50 – carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	NP	PA
STALEVO 75 – carbidopa-levodopa-entacapone tabs 18.75-75-200 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
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)
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
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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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 – <i>quetiapine fumarate tab 150 mg</i>	P	QL (30 tablets/30 days), 90
<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 – <i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i>	NP	PA, QL (60 tablets/30 days), 90
SECUADO – <i>asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr</i>	NP	PA, QL (30 patches/30 days)
SEROQUEL – <i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	NP	PA, QL (90 tablets/30 days), 90
SEROQUEL – <i>quetiapine fumarate tab 300 mg, 400 mg</i>	NP	PA, QL (60 tablets/30 days), 90
SEROQUEL XR – <i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>	NP	PA, QL (60 tablets/30 days), 90
SEROQUEL XR – <i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	NP	PA, QL (30 tablets/30 days), 90
VERSACLOZ – <i>clozapine susp 50 mg/ml</i>	NP	PA, QL (540 mls/30 days)
ZYPREXA – <i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg</i>	NP	PA, QL (30 tablets/30 days), 90
ZYPREXA – <i>olanzapine for im inj 10 mg</i>	NP	PA, QL (90 vials/30 days)
ZYPREXA RELPREVV – <i>olanzapine pamoate for extended rel im susp 210 mg (base eq), 300 mg (base eq)</i>	NP	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV – <i>olanzapine pamoate for extended rel im susp 405 mg (base eq)</i>	NP	PA, QL (1 vial/28 days)
ZYPREXA ZYDIS – <i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	NP	PA, QL (30 tablets/30 days), 90
ANTIPSYCHOTICS / ANTIMANIC AGENTS : MISC		
CAPLYTA – <i>lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg</i>	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 – <i>chlorpromazine hcl conc 30 mg/ml, 100 mg/ml</i>	P	90
EQUETRO – <i>carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
<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 – lithium oral solution 8 meq/5ml	P	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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
APRETUDE – cabotegravir im extended release susp 600 mg/3ml	P	
APTIVUS – tipranavir cap 250 mg	P	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)</i>	P	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg (base equiv) (Reyataz)</i>	P	QL (60 capsules/30 days)
BIKTARVY – bicitgravir-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)
COMBIVIR – lamivudine-zidovudine tab 150-300 mg	NP	PA, QL (60 tablets/30 days)
COMPLERA – emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	P	QL (30 tablets/30 days)
<i>darunavir tab 600 mg (Prezista)</i>	P	QL (60 tablets/30 days)
<i>darunavir tab 800 mg (Prezista)</i>	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)
<i>efavirenz tab 600 mg (Sustiva)</i>	P	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)</i>	P	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)</i>	NP	PA, QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)</i>	NP	PA, QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg (Emtriva)</i>	P	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)</i>	P	QL (30 tablets/30 days)
EMTRIVA – emtricitabine caps 200 mg	P	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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
EPZICOM – abacavir sulfate-lamivudine tab 600-300 mg	NP	PA, QL (30 tablets/30 days)
<i>etravirine tab 100 mg, 200 mg (Intelence)</i>	P	QL (60 tablets/30 days)
EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	NP	PA, QL (30 tablets/30 days)
<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-tenofovir 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)
LEXIVA – fosamprenavir calcium tab 700 mg (base equiv)	P	QL (120 tablets/30 days)
LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv)	P	QL (8 bottles/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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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)
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 25 mg	NP	PA, QL (240 tablets/30 days)
SELZENTRY – maraviroc tab 75 mg, 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 10 mg (base equiv)	P	QL (240 tablets/30 days)
TIVICAY – dolutegravir sodium tab 25 mg (base equiv), 50 mg (base equiv)	P	QL (60 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
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
BARACLUDE – entecavir tab 0.5 mg, 1 mg	NP	PA
BARACLUDE – 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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/180 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/180 days)
PAXLOVID – nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	P	QL (30 tablets/180 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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	
VALTRES – 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
<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
QUINAPRIL/HYDROCHLOROTHIAZIDE – quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg	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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
<i>moexipril hcl tab 7.5 mg, 15 mg</i>	P	90
PERINDOPRIL ERBUMINE – perindopril erbumine tab 8 mg	NP	PA, 90
<i>perindopril erbumine tab 2 mg, 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
<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 IIRECEPTOR BLOCKERS		
ATACAND – candesartan cilexetil tab 4 mg, 8 mg, 16 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
CARDURA – doxazosin mesylate tab 8 mg	NP	PA, QL (60 tablets/30 days), 90
CLONIDINE ER – clonidine hcl tab er 24hr 0.17 mg (base equivalent)	NP	PA, 90
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)</i>	P	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 1 mg, 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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
COREG CR – carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg	NP	PA, 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
<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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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)
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
<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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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 PUMPSPRAY – 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
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
RYTHMOL SR – propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg	NP	PA, 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, QL (450 mls/30 days)
<i>chlorthalidone tab 25 mg, 50 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<i>dichlorphenamide tab 50 mg (Keveyis)</i>	NP	PA, QL (120 tablets/30 days)
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
MAXZIDE – triamterene & hydrochlorothiazide tab 75-50 mg	NP	PA, 90
MAXZIDE-25 – triamterene & hydrochlorothiazide tab 37.5-25 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, QL (450 mls/30 days)
<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
<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 – isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	P	90
CADUET – 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	NP	PA, 90
CAMZYOS – mavacamten cap 2.5 mg, 10 mg, 15 mg	NP	PA, QL (30 capsules/30 days), SP
CAMZYOS – mavacamten cap 5 mg	NP	PA, QL (30 capsule/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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
CIALIS – tadalafil tab 5 mg	NP	PA
CORLANOR – ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	NP	PA, QL (60 tablets/30 days)
CORLANOR – ivabradine hcl oral soln 5 mg/5ml (base equiv)	NP	PA, QL (600 mls/30 days)
<i>droxidopa cap 100 mg (Northera)</i>	NP	PA, QL (450 capsules/30 days)
<i>droxidopa cap 200 mg, 300 mg (Northera)</i>	NP	PA, QL (180 capsules/30 days)
ENTRESTO – sacubitril-valsartan tab 24-26 mg	P	QL (180 tablets/30 days), 90
ENTRESTO – sacubitril-valsartan tab 49-51 mg, 97-103 mg	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 – droxidopa cap 100 mg	NP	PA, QL (450 capsules/30 days)
NORTHERA – droxidopa cap 200 mg, 300 mg	NP	PA, QL (180 capsules/30 days)
<i>tadalafil tab 5 mg (Cialis)</i>	NP	PA
VERQUVO – vericiguat tab 2.5 mg, 5 mg, 10 mg	P	PA, QL (30 tablets/30 days)
VYNDAMAX – tafamidis cap 61 mg	NP	PA, QL (30 capsules/30 days), SP
VYNDAQEL – tafamidis meglumine (cardiac) cap 20 mg	NP	PA, QL (120 capsules/30 days), SP
CARDIOVASCULAR AGENTS : PULMONARY HYPERTENSION		
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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 powder 112 x 16mcg & 84 x 32mcg	NP	PA, QL (196 cartridges/180 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
VELETTRI – 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
<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 0.120-0.015 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
MINASTRIN 24 FE – norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	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
<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 0.120-0.015 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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		
ALKINDI SPRINKLE – hydrocortisone cap sprinkle 0.5 mg, 1 mg, 2 mg, 5 mg	NP	PA, SP
<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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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	
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
CLINDACIN PAC – 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)
<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% (Benzacilin)</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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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% (acne) (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)
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	NP	PA (>=25 yr)
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)
SUMADAN XLT – sulfacetamide sod-sulfur wash 9-4.5% & sunscreen kit	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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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)
ZMA CLEAR – sulfacetamide sodium w/ sulfur susp 9-4.5%	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
NEO-SYNALAR KIT – neomycin-fluocinolone cream 0.5-0.025% & emollient cr kit	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)
<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	
KETODAN KIT – ketoconazole foam 2% & cleanser kit	NP	PA
LULICONAZOLE – luliconazole cream 1%	NP	PA
LUZU – luliconazole cream 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM – miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	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>tavaborole 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
<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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
<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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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>clocortolone pivalate cream 0.1% (Cloderm)</i>	NP	PA
CLODAN KIT – clobetasol propionate shampoo 0.05% & cleanser kit	NP	PA
CLODERM – clocortolone 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)
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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
<i>fluocinolone acetonide cream 0.01%</i>	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)
<i>flurandrenolide cream 0.05% (Cordran)</i>	NP	PA
<i>flurandrenolide lotion 0.05% (Cordran)</i>	NP	PA
<i>fluticasone propionate cream 0.05%</i>	P	
<i>fluticasone propionate lotion 0.05% (Cutivate)</i>	NP	PA
<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
HYDROCORTISONE BUTYRATE – hydrocortisone butyrate cream 0.1%	NP	PA
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1% (Locoid lipocream)</i>	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% & shampoo body wash therapy pack	NP	PA
<i>hydrocortisone cream 1%, 2.5%</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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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	
KENALOG – triamcinolone acetonide aerosol soln 0.147 mg/gm	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 soln 0.01%	NP	PA
SYNALAR – fluocinolone acetonide cream 0.025%	NP	PA
SYNALAR – fluocinolone acetonide oint 0.025%	NP	PA
SYNALAR CREAM KIT – fluocinolone cream 0.025%-emollient cream kit	NP	PA
SYNALAR OINTMENT KIT – fluocinolone oint 0.025%-emollient cream kit	NP	PA
SYNALAR TS – fluocinolone acetonide soln 0.01% & cleanser kit	NP	PA
TACLONEX – calcipotriene-betamethasone dipropionate susp 0.005-0.064%	NP	PA, QL (120 grams/30 days)
TACLONEX – calcipotriene-betamethasone dipropionate oint 0.005-0.064%	NP	PA, QL (120 grams/30 days)
TEXACORT – hydrocortisone soln 2.5%	NP	PA
TOPICORT – desoximetasone spray 0.25%	NP	PA, QL (100 mls/30 days)
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)
TOPICORT – desoximetasone oint 0.05%, 0.25%	NP	PA, QL (100 grams/30 days)
TOVET KIT – clobetasol propionate emul foam 0.05% w/ moisturizing cr kit	NP	PA
<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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
<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 LIDOGEL – 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)
DOXYCYCLINE – doxycycline (rosacea) cap delayed release 40 mg	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)
FINACEA – azelaic acid gel 15%	NP	PA (>=25 yr)
FLECTOR – diclofenac epolamine patch 1.3%	NP	PA, QL (60 patches/30 days)
FLUOROURACIL – fluorouracil soln 2%, 5%	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)
HYCLODEX – hypochlorous acid soln 0.012%	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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
<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
PLIAGLIS – lidocaine-tetracaine cream 7-7%	NP	PA, QL (100 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
PODOCON-25 – podophyllum resin soln 25%	NP	PA
PODOFILOX – podofilox soln 0.5%	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
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	
<i>selenium sulfide lotion 2.5%</i>	P	
<i>selenium sulfide shampoo 2.25%</i>	NP	PA
<i>selenium sulfide shampoo 2.3% (Selrx)</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 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
ZONALON – doxepin hcl cream 5%	NP	PA, QL (45 grams/180 days)
ZOVIRAX – acyclovir cream 5%	NP	PA
ZOVIRAX – acyclovir oint 5%	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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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		
CROTAN – crotamiton lotion 10%	NP	PA
<i>malathion lotion 0.5% (Ovide)</i>	NP	PA
NATROBA – spinosad susp 0.9%	P	
OVIDE – malathion lotion 0.5%	NP	PA
<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	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
AELVIA – 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
<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 – somatropin-ghla solution pen-injector 24 mg/1.2ml (20 mg/ml), 60 mg/1.2ml (50 mg/ml)	NP	PA, SP
NORDITROPIN FLEXPOR – 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, 8.8 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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
OLPRUVA – sodium phenylbutyrate packet for susp 3 gm therapy pack	NP	PA
OLPRUVA – sodium phenylbutyrate packet for susp 4 gm therapy pack	NP	PA
OLPRUVA – sodium phenylbutyrate packet for susp 5 gm therapy pack	NP	PA
OLPRUVA – sodium phenylbutyrate packet for susp 6 gm therapy pack	NP	PA
OLPRUVA – sodium phenylbutyrate packet for susp 6.67 gm therapy pack	NP	PA
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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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 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

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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml	P	
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	P	90
sulfasalazine tab 500 mg (Azulfidine)	P	90
GASTROINTESTINAL AGENTS : MISC		
alose tron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	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
CHOLBAM – cholic acid cap 50 mg, 250 mg	NP	PA, SP
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	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
lactulose (encephalopathy) solution 10 gm/15ml	P	90
LINZESS – linaclotide cap 72 mcg, 145 mcg, 290 mcg	NP	PA, QL (30 capsules/30 days)
LOTROXONEX – alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	NP	PA, QL (60 tablets/30 days)
lubiprostone cap 8 mcg, 24 mcg (Amitiza)	NP	PA, QL (60 capsules/30 days), 90
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	P	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	P	
METOCLOPRAMIDE ODT – metoclopramide hcl orally disintegrating tab 5 mg (base eq)	NP	PA
MOTTEGRITY – 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)
OCALIVA – 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 – methyl naltrexone bromide tab 150 mg	NP	PA, QL (90 tablets/30 days)
RELISTOR – methyl naltrexone bromide inj 8 mg/0.4ml (20 mg/ml), 12 mg/0.6ml (20 mg/ml)	NP	PA, QL (30 syringes/30 days)
RELISTOR – methyl naltrexone 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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		
AURYXIA – ferric citrate tab 1 gm (210 mg ferric iron)	NP	PA, 90
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	P	90
<i>calcium acetate (phosphate binder) tab 667 mg</i>	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
<i>lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)</i>	P	90
RENVELA – sevelamer carbonate tab 800 mg	NP	PA, 90
RENVELA – sevelamer carbonate packet 0.8 gm, 2.4 gm	NP	PA, 90
<i>sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)</i>	NP	PA, 90
<i>sevelamer carbonate tab 800 mg (Renvela)</i>	P	90
<i>sevelamer hcl tab 400 mg</i>	P	90
<i>sevelamer hcl tab 800 mg (Renagel)</i>	P	90
VELPHORO – sucroferriic 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	
<i>phenazopyridine hcl tab 100 mg, 200 mg (Pyridium)</i>	P	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	NP	PA
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	NP	PA
<i>potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)</i>	NP	PA
<i>potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)</i>	NP	PA
<i>potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)</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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
PYRIDIUM – phenazopyridine hcl tab 100 mg, 200 mg	NP	PA
<i>sodium chloride irrigation soln 0.9%</i>	SC	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	P	
THIOLA – tiopronin tab 100 mg	NP	PA
THIOLA EC – tiopronin tab delayed release 100 mg, 300 mg	NP	PA
<i>tiopronin tab 100 mg (Thiola)</i>	NP	PA
UROKIT-K 10 – potassium citrate tab er 10 meq (1080 mg)	NP	PA
UROKIT-K 15 – potassium citrate tab er 15 meq (1620 mg)	NP	PA
UROKIT-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
AVODART – dutasteride cap 0.5 mg	NP	PA, QL (30 capsules/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 blood glucose system receiver	P	PA, QL (1 receiver/365 days)
DEXCOM G6 SENSOR – continuous blood glucose system sensor	P	PA, QL (3 sensors/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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
DEXCOM G6 TRANSMITTER – continuous blood glucose system transmitter	P	PA, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER – continuous blood glucose system receiver	P	PA, QL (1 receiver/365 days)
DEXCOM G7 SENSOR – continuous blood glucose system sensor	P	PA, QL (3 sensors/30 days)
ENLITE GLUCOSE SENSOR – continuous blood glucose system sensor	NP	PA, QL (5 sensors/30 days)
EVERSENSE E3 SENSOR/HOLDER – continuous blood glucose system sensor	NP	PA, QL (1 sensor/90 days)
EVERSENSE E3 SMART TRANSMITTER – continuous blood glucose system transmitter	NP	PA, QL (1 transmitter/90 days)
EVERSENSE SENSOR/HOLDER KIT – continuous blood glucose system sensor	NP	PA, QL (1 sensor/90 days)
EVERSENSE SMART TRANSMITTER – continuous blood glucose system transmitter	NP	PA, QL (1 transmitter/90 days)
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM – continuous blood glucose system receiver	P	PA, QL (1 receiver/365 days)
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM – continuous blood glucose system sensor	P	PA, QL (2 sensors/28 days)
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM – continuous blood glucose system receiver	P	PA, QL (1 receiver/365 days)
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM – continuous blood glucose system sensor	P	PA, QL (2 sensors/28 days)
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM – continuous blood glucose system receiver	P	PA, QL (1 receiver/365 days)
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM – continuous blood glucose system sensor	P	PA, QL (2 sensors/28 days)
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM – continuous blood glucose system receiver	NP	PA, QL (1 receiver/365 days)
GUARDIAN CONNECT TRANSMITTER – continuous blood glucose system transmitter	NP	PA, QL (1 transmitter/90 days)
GUARDIAN LINK 3 TRANSMITTER KIT – continuous blood glucose system transmitter	NP	PA, QL (1 transmitter/90 days)
GUARDIAN REAL-TIME CHARGER REPLACEMENT – continuous blood glucose monitor supplies	NP	PA
GUARDIAN REAL-TIME REPLACEMENT MONITOR – continuous blood glucose system receiver	NP	PA, QL (1 receiver/365 days)
GUARDIAN REAL-TIME TEST PLUG REPLACEMENT – continuous blood glucose monitor supplies	NP	PA
GUARDIAN SENSOR (3) – continuous blood glucose system sensor	NP	PA, QL (5 sensors/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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
GUARDIAN 4 GLUCOSE SENSOR – continuous blood glucose system sensor	NP	PA, QL (5 sensors/30 days)
GUARDIAN 4 TRANSMITTER KIT – continuous blood glucose system transmitter	NP	PA, QL (1 transmitter/90 days)
MINILINK REAL-TIME TRANSMITTER – continuous blood glucose system transmitter	NP	PA, QL (1 transmitter/90 days)
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT – continuous blood glucose system transmitter	NP	PA, QL (1 transmitter/90 days)
OVAL TAPE – continuous blood glucose monitor supplies	NP	PA
PARADIGM REAL-TIME TRANSMITTER – continuous blood 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)
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)
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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 (Colcrys)</i>	NP	PA
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	P	90
COLCRYS – colchicine tab 0.6 mg	NP	PA
<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
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 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml	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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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	
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	NP	PA, QL (30 tablets/30 days)
JESDUVROQ – daprodustat tab 6 mg	NP	PA, QL (60 tablets/30 days)
JESDUVROQ – daprodustat tab 8 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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)
<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)
LUNESTA – eszopiclone tab 1 mg, 2 mg, 3 mg	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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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	
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	
AFLURIA QUADRIVALENT 2023-2024 – influenza virus vac split quadrivalent susp pref syr 0.5ml	SC	AL (>=6 mo)
AFLURIA QUADRIVALENT 2023-2024 – influenza virus vaccine split quadrivalent im inj	SC	AL (>=6 mo)
AREXVY – rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	SC	AL (>=60 yr)
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	
FLUAD QUADRIVALENT 2023-2024 – influenza vac type a&b surface ant adj quad pref syr 0.5 ml	SC	AL (>=65 yr)
FLUARIX QUADRIVALENT 2023-2024 – influenza virus vac split quadrivalent susp pref syr 0.5ml	SC	AL (>=6 mo)
FLUBLOK QUADRIVALENT 2023-2024 – influenza vac recomb ha quad pf soln pref syr 0.5 ml	SC	AL (>=6 mo)
FLUCELVAX QUADRIVALENT 2023-2024 – influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	SC	AL (>=6 mo)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
FLUCELVAX QUADRIVALENT 2023-2024 – influenza vac tissue-cultured subunit quadrivalent im susp	SC	AL (>=6 mo)
FLULAVAL QUADRIVALENT 2023-2024 – influenza virus vac split quadrivalent susp pref syr 0.5ml	SC	AL (>=6 mo)
FLUMIST QUADRIVALENT 2023-2024 – influenza virus vaccine live quadrivalent intranasal susp	SC	AL (2 yr to 49 yr)
FLUZONE HIGH-DOSE PF 2023-2024 – influenza vac split high-dose quad pf susp pref syr 0.7 ml	SC	AL (>=65 yr)
FLUZONE QUADRIVALENT 2023-2024 – influenza virus vac split quadrivalent susp pref syr 0.5ml	SC	AL (>=6 mo)
FLUZONE QUADRIVALENT 2023-2024 – influenza virus vaccine split quadrivalent im inj	SC	AL (>=6 mo)
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	
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	
MENACTRA – meningococcal (a, c, y, and w-135) diphth conjugate vaccine	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	
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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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 13 – pneumococcal 13-valent conjugate vaccine inj	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	
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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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	
ENVARISUS 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	
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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-jjmr 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 – sumatriptan nasal spray 5 mg/act, 20 mg/act	NP	PA, QL (12 units/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)
<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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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 – <i>zolmitriptan tab 2.5 mg, 5 mg</i>	NP	PA, QL (18 tablets/30 days)
ZOMIG – <i>zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit</i>	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 – <i>potassium phosphate monobasic tab 500 mg</i>	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 – <i>belimumab subcutaneous solution auto-injector 200 mg/ml</i>	NP	PA, QL (4 syringes/28 days), SP
BENLYSTA – <i>belimumab subcutaneous solution prefilled syringe 200 mg/ml</i>	NP	PA, QL (4 syringes/28 days), SP
JOENJA – <i>leniolisib phosphate tab 70 mg</i>	NP	PA, QL (60 tablets/30 days), SP
<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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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, 100 mg	NP	PA, QL (30 capsules/30 days), SP
THALOMID – thalidomide cap 150 mg, 200 mg	NP	PA, QL (60 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
<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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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	
OB COMPLETE ONE – prenatal w/o a w/febn-fe asp glyc-fa-fish cap 50-1-476 mg	NP	PA
OB COMPLETE PETITE – prenat w/o a w/febn-feaspglyc-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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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/feum-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/feum-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/feeb-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/feum-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
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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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	
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/febn-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/ febn-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/febn-methfol-fa-dha cap 30-0.6-0.4-200 mg	NP	PA
VITAPEARL – prenat w/oa w/febn-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/febn-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
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/febn-methylf-fa-dha cap 31-0.6-0.4-200 mg	NP	PA

MUSCULOSKELETAL THERAPY 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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)
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		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray)</i>	P	QL (2 bottles/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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista)</i>	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)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	P	QL (3 bottles/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	P	QL (1 bottle/30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	NP	PA, QL (2 bottles/30 days), 90
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	NP	PA, QL (3 bottles/30 days), 90
<i>mometasone furoate nasal susp 50 mcg/act (Nasonex)</i>	NP	PA, QL (2 inhalers/30 days)
<i>olopatadine hcl nasal soln 0.6% (Patanase)</i>	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	
TIGLUTIK – riluzole susp 50 mg/10ml	NP	PA, QL (600 mls/30 days)
OPHTHALMIC AGENTS : BETA-BLOCKERS - OPTHALMIC		
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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	
<i>brinzolamide ophth susp 1% (Azopt)</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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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)
CYSTADROPS – 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
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
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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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% (Mydriacyl)</i>	P	
VERKAZIA – cyclosporine (ophth) emulsion 0.1%	NP	PA, QL (120 vials/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	
<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-bacitracin zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	P	
NEOMYCIN/POLYMYXIN/GRAMICIDIN – neomycin-polymyxin-gramicidin 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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
ZIRGAN – ganciclovir ophth gel 0.15%	P	
ZYMAXID – gatifloxacin ophth soln 0.5%	NP	PA
OPHTHALMIC AGENTS : OPHTHALMIC ANTIALLERGIC		
ALOCRIAL – nedocromil sodium ophth soln 2%	NP	PA
ALOMIDE – lodoxamide 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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
LOTEMAX SM – loteprednol etabonate ophth gel 0.38%	NP	PA
LOTEPREDNOL ETABONATE – loteprednol etabonate ophth gel 0.5%	NP	PA
<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
DERMOTIC – fluocinolone acetonide (otic) oil 0.01%	NP	PA
<i>fluocinolone acetonide (otic) oil 0.01% (Dermotic)</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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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
<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 – memantine hcl tab 5 mg, 10 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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	P	PA, QL (30 tablets/30 days), SP
AUSTEDO XR – deutetrabenazine tab er 24hr 24 mg	P	PA, QL (60 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 (pmdd) tab 10 mg, 20 mg	NP	PA, 90
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
LYBALVI – olanzapine-samidorphan 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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
<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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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	
<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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<i>disulfiram tab 250 mg, 500 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)
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 16.25 mg, 32.5 mg, 65 mg, 97.5 mg, 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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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, 300 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, 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	NP	PA
TUMOR NECROSIS FACTOR ALPHA INHIBITORS AND MISC IMMUNOSUPPRESSIVES		
ABRILADA – adalimumab-afzb auto-injector kit 40 mg/0.8ml	NP	PA, QL (2 pens/28 days), SP
ABRILADA – adalimumab-afzb prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	NP	PA, QL (2 syringes/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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
ADALIMUMAB-AACF – 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/0.8ml	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 CROHNS/UC/HS STARTER – adalimumab-adbm auto-injector kit 40 mg/0.8ml	NP	PA, QL (1 kit/180 days), SP
ADALIMUMAB-ADBIM PSORIASIS/UVEITIS STARTER – adalimumab-adbm auto-injector kit 40 mg/0.8ml	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
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 2 x 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/0.8ml	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 STARTER PACKAGE FOR CROHNS DISEASE/UC/HS – adalimumab-adbm auto-injector kit 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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
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 40 mg/0.8ml	P	PA, QL (6 pens/180 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 40 mg/0.8ml	P	PA, QL (4 pens/28 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 – adalimumab-aacf prefilled syringe kit 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
IDACIO – adalimumab-aacf auto-injector kit 40 mg/0.8ml	NP	PA, QL (2 pens/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
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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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 – adalimumab-aaty auto-injector kit 80 mg/0.8ml	NP	PA, QL (2 pens/28 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	NP	PA, QL (2 pens/28 days), SP
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 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		
BELLADONNA/OPIUM – belladonna alkaloids & opium suppos 16.2-60 mg	P	ME
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (Pylera)</i>	NP	PA
BISMUTH SUBCITRATE POT/METRONIDAZOLE/ TETRACYCLINE – bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	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

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
KONVOMEF – 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
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
OMECLAMOX-PAK – amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack	NP	PA
<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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS : PROTON PUMP INHIBITORS		
ACIPHEX – rabeprazole sodium ec tab 20 mg	NP	PA, QL (120 days supply/365 days)
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)
<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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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
<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>trospium chloride cap er 24hr 60 mg</i>	NP	PA, QL (30 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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<i>trosipium 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
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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
OTC ANALGESICS - NONNARCOTIC		
acetaminophen cap 500 mg	SC	
acetaminophen chew tab 80 mg, 160 mg	SC	
acetaminophen liquid 160 mg/5ml	SC	
acetaminophen soln 160 mg/5ml	SC	
acetaminophen suppos 120 mg	SC	
acetaminophen susp 160 mg/5ml	SC	
acetaminophen tab 325 mg, 500 mg	SC	
aspirin chew tab 81 mg	SC	90
aspirin tab delayed release 81 mg, 325 mg	SC	90
aspirin tab 325 mg	SC	90
OTC ANTACIDS		
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml, 400-400-40 mg/5ml	SC	
calcium carbonate (antacid) chew tab 500 mg, 750 mg, 1000 mg	SC	
magnesium oxide tab 400 mg	SC	
sodium bicarbonate tab 325 mg, 650 mg	SC	
OTC ANTIDIARRHEALS		
bismuth subsalicylate susp 262 mg/15ml	SC	
loperamide hcl tab 2 mg	SC	
OTC ANTIHISTAMINES		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	SC	
cetirizine hcl tab 5 mg, 10 mg	SC	
chlorpheniramine maleate tab 4 mg	SC	
diphenhydramine hcl cap 25 mg, 50 mg	SC	
diphenhydramine hcl liquid 12.5 mg/5ml	SC	
diphenhydramine hcl tab 25 mg	SC	
fexofenadine hcl tab 60 mg, 180 mg	SC	
loratadine oral soln 5 mg/5ml	SC	
loratadine tab 10 mg	SC	
OTC COUGH/COLD/ALLERGY		
brompheniramine & phenylephrine elixir 1-2.5 mg/5ml	SC	
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	SC	
guaifenesin liquid 100 mg/5ml	SC	
guaifenesin-codeine soln 100-10 mg/5ml	SC	ME
phenylephrine-guaifenesin tab 10-400 mg	SC	
RU-HIST D – brompheniramine & phenylephrine tab 4-10 mg	SC	
OTC GASTROINTESTINAL AGENTS : MISC		

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
<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)
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)

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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	
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	

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: January 2024

Drug Name	Preferred Status	Drug Status / Restriction
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), 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), 1.25 mg (50000 unit)</i>	SC	
<i>cyanocobalamin tab 1000 mcg</i>	SC	
DECARA – cholecalciferol cap 625 mcg (25000 unit)	SC	
<i>pyridoxine hcl tab 25 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: January 2024

INDEX

A

<i>abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)</i>	69	ACTOS.....	42
<i>abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)</i>	69	ACULAR.....	132
<i>abacavir sulfate tab 300 mg (base equiv) (Ziagen)</i>	69	ACULAR LS.....	132
ABILIFY.....	68	ACUVAIL.....	132
ABILIFY ASIMTUFII.....	68	<i>acyclovir cap 200 mg</i>	73
ABILIFY MAINTENA.....	68	<i>acyclovir cream 5% (Zovirax)</i>	98
ABILIFY MYCITE MAINTENANCE KIT.....	68	<i>acyclovir oint 5% (Zovirax)</i>	98
ABILIFY MYCITE STARTER KIT.....	68	<i>acyclovir susp 200 mg/5ml (Zovirax)</i>	73
<i>abiraterone acetate tab 250 mg (Zytiga)</i>	52	<i>acyclovir tab 400 mg, 800 mg</i>	73
<i>abiraterone acetate tab 500 mg (Zytiga)</i>	52	ADACEL.....	119
ABRILADA.....	145	ADAKVEO.....	5
ABRYSVO.....	119	ADALIMUMAB-AACF.....	146
ABSORICA.....	90	ADALIMUMAB-ADAZ.....	146
ABSORICA LD.....	90	ADALIMUMAB-ADBM.....	146
ACAM2000.....	119	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER.....	146
<i>acamprosate calcium tab delayed release 333 mg</i>	143	ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER.....	146
ACANYA.....	90	ADALIMUMAB-FKJP.....	146
<i>acarbose tab 25 mg, 50 mg (Precose)</i>	42	ADAPALENE/BENZOYL PEROXIDE.....	90
<i>acarbose tab 100 mg (Precose)</i>	42	<i>adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)</i>	90
ACCOLATE.....	17	<i>adapalene-benzoyl peroxide gel 0.3-2.5% (Epiduo forte)</i>	90
ACCUPRIL.....	75	<i>adapalene cream 0.1% (Differin)</i>	90
ACCURETIC.....	74	<i>adapalene gel 0.3% (Differin)</i>	90
<i>acebutolol hcl cap 200 mg, 400 mg</i>	78	ADASUVE.....	65
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE.....	12	ADBRY.....	18
<i>acetaminophen cap 500 mg</i>	154	ADCIRCA.....	84
<i>acetaminophen chew tab 80 mg, 160 mg</i>	154	ADDERALL.....	1
<i>acetaminophen liquid 160 mg/5ml</i>	154	ADDERALL XR.....	1
<i>acetaminophen soln 160 mg/5ml</i>	154	<i>adefovir dipivoxil tab 10 mg (Hepsera)</i>	72
<i>acetaminophen suppos 120 mg</i>	154	ADEMPAS.....	84
<i>acetaminophen susp 160 mg/5ml</i>	154	ADLARITY.....	137
<i>acetaminophen tab 325 mg, 500 mg</i>	154	ADMELOG.....	39
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	12	ADMELOG SOLOSTAR.....	39
<i>acetaminophen w/ codeine tab 300-60 mg</i>	12	ADTHYZA.....	144
<i>acetaminophen w/ codeine tab 300-15 mg (Tylenol/ codeine)</i>	12	ADUHELM.....	137
<i>acetaminophen w/ codeine tab 300-30 mg (Tylenol/ codeine #3)</i>	12	ADVAIR DISKUS.....	15
<i>acetazolamide cap er 12hr 500 mg</i>	82	ADVAIR HFA.....	15
<i>acetazolamide tab 125 mg, 250 mg</i>	82	ADVATE.....	113
<i>acetic acid otic soln 2%</i>	136	ADYNOVATE.....	113
<i>acetylcysteine inhal soln 10%, 20%</i>	143	ADZENYS XR-ODT.....	1
ACIPHEX.....	151	ADZYNMA.....	115
<i>acitretin cap 17.5 mg</i>	93	AEMCOLO.....	21
<i>acitretin cap 10 mg, 25 mg (Soriatane)</i>	93	AFINITOR.....	53
ACTEMRA.....	145	AFINITOR DISPERZ.....	53
ACTEMRA ACTPEN.....	145	AFLURIA QUADRIVALENT 2023-2024.....	119
ACTHIB.....	119	AFREZZA.....	39
ACTIMMUNE.....	60	AFSTYLA.....	113
ACTIVELLA.....	106	AGRYLIN.....	116
ACTONEL.....	101	AIMOVIG.....	123
ACTOPLUS MET.....	36	AIRDUO DIGIHALER 113/14.....	15
		AIRDUO DIGIHALER 232/14.....	15
		AIRDUO DIGIHALER 55/14.....	15
		AIRDUO RESPICLICK 113/14.....	15
		AIRDUO RESPICLICK 232/14.....	15
		AIRDUO RESPICLICK 55/14.....	15

AIRSUPRA.....	15	ALREX.....	135
AJOVY.....	123	ALTACE.....	75
AKEEGA.....	52	ALTOPREV.....	48
AKTEN.....	132	ALTRENO.....	90
AKYNZEO.....	46	alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml, 400-400-40 mg/5ml.....	154
ALADERM PLUS.....	98	ALUNBRIG.....	53
albendazole tab 200 mg (Albenza).....	61	ALVESCO.....	19
ALBUTEROL SULFATE.....	17	amantadine hcl cap 100 mg.....	62
ALBUTEROL SULFATE HFA.....	17	amantadine hcl soln 50 mg/5ml.....	62
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	17	amantadine hcl tab 100 mg.....	62
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	17	AMBIEN.....	118
albuterol sulfate syrup 2 mg/5ml.....	17	AMBIEN CR.....	118
albuterol sulfate tab 2 mg, 4 mg.....	17	ambriasantan tab 5 mg, 10 mg (Letairis).....	84
ALCAINE.....	132	AMELUZ.....	98
alclometasone dipropionate cream 0.05%.....	94	AMILORIDE/HYDROCHLOROTHIAZIDE.....	82
alclometasone dipropionate oint 0.05%.....	94	amiloride hcl tab 5 mg.....	82
ALCOHOL PREP PADS AND SWABS - VARIOUS.....	155	amiodarone hcl tab 100 mg, 200 mg, 400 mg.....	82
ALDACTONE.....	82	AMITIZA.....	108
ALECENSA.....	53	amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	32
ALENDRONATE SODIUM.....	101	AMJEVITA.....	146
alendronate sodium oral soln 70 mg/75ml.....	101	amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg.....	83
alendronate sodium tab 10 mg.....	101	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).....	83
alendronate sodium tab 35 mg.....	101	amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg.....	74
alendronate sodium tab 70 mg (Fosamax).....	101	amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel).....	74
alfuzosin hcl tab er 24hr 10 mg (Uroxatral).....	110	amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor).....	75
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna).....	81	amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc).....	80
ALKINDI SPRINKLE.....	88	amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge).....	75
ALLOPURINOL.....	112	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).....	75
allopurinol tab 100 mg, 300 mg (Zyloprim).....	113	amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg.....	32
ALL OTHER INSULIN PEN NEEDLES.....	155	AMOXICILLIN.....	24
ALL OTHER INSULIN SYRINGES.....	156	AMOXICILLIN/CLAVULANATE POTASSIUM.....	25
almotriptan malate tab 6.25 mg, 12.5 mg.....	124	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml.....	24
ALOCRIAL.....	135	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin).....	24
ALOGLIPTIN.....	38	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600).....	24
ALOGLIPTIN/METFORMIN HCL.....	36	amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg.....	25
ALOGLIPTIN/METFORMIN HYDROCHLORIDE.....	36	amoxicillin & k clavulanate tab 500-125 mg (Augmentin).....	25
ALOGLIPTIN/PIOGLITAZONE.....	36	amoxicillin (trihydrate) cap 250 mg, 500 mg.....	24
ALOMIDE.....	135		
alosepron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex).....	108		
ALPHAGAN P.....	132		
ALPHANATE.....	113		
ALPHANINE SD.....	113		
ALPRAZOLAM INTENSOL.....	14		
alprazolam orally disintegrating tab 2 mg.....	14		
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg.....	14		
alprazolam tab er 24hr 0.5 mg, 1 mg (Xanax xr).....	14		
alprazolam tab er 24hr 2 mg (Xanax xr).....	14		
alprazolam tab er 24hr 3 mg (Xanax xr).....	14		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg (Xanax).....	14		
alprazolam tab 2 mg (Xanax).....	14		
ALPROLIX.....	113		

<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.....	69
<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	ARMONAIR DIGIHALER.....	19
<i>ampicillin cap 500 mg</i>	25	ARMOUR THYROID.....	144
AMPYRA.....	139	ARNUITY ELLIPTA.....	19
AMRIX.....	130	AROMASIN.....	52
AMVUTTRA.....	138	ARTHROTEC 50.....	5
ANAFRANIL.....	32	ARTHROTEC 75.....	5
<i>anagrelide hcl cap 1 mg</i>	116	<i>artificial tear ophth solution</i>	157
<i>anagrelide hcl cap 0.5 mg (Agyrin)</i>	116	<i>ascorbic acid tab 500 mg</i>	157
<i>anastrozole tab 1 mg (Arimidex)</i>	52	<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)</i>	65
ANCOBON.....	47	ASMANEX HFA.....	19
ANGELIQ.....	106	ASMANEX TWISTHALER 30 METERED DOSES.....	19
ANNOVERA.....	86	ASMANEX TWISTHALER 60 METERED DOSES.....	19
ANORO ELLIPTA.....	15	ASMANEX TWISTHALER 120 METERED DOSES.....	19
ANTIVERT.....	46	<i>aspirin chew tab 81 mg</i>	154
ANUSOL-HC.....	13	<i>aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)</i>	116
ANZEMET.....	46	<i>aspirin tab delayed release 81 mg, 325 mg</i>	154
APEXICON E.....	94	<i>aspirin tab 325 mg</i>	154
APIDRA.....	39	ASPRUZYO SPRINKLE.....	81
APIDRA SOLOSTAR.....	39	ASTAGRAF XL.....	122
APLENZIN.....	32	ATACAND.....	76
APOKYN.....	62	ATACAND HCT.....	75
<i>apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)</i>	62	<i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)</i>	69
APRACLONIDINE.....	132	<i>atazanavir sulfate cap 200 mg (base equiv) (Reyataz)</i>	69
<i>aprepitant capsule 125 mg</i>	46	ATELVIA.....	101
<i>aprepitant capsule 40 mg (Emend)</i>	46	<i>atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)</i>	78
<i>aprepitant capsule 80 mg (Emend)</i>	46	<i>atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)</i>	78
<i>aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)</i>	46	<i>atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)</i>	78
APRETUDE.....	69	ATIVAN.....	14
APRISO.....	107	<i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)</i>	2
APTENSIO XR.....	3	<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)</i>	2
APTIOM.....	27	ATORVALIQ.....	48
APTIVUS.....	69	<i>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)</i>	48
AQUORAL.....	126	<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)</i>	62
ARANESP ALBUMIN FREE.....	116	<i>atovaquone susp 750 mg/5ml (Mepron)</i>	21
ARAVA.....	5	ATRALIN.....	90
ARAZLO.....	90	ATROPINE SULFATE.....	132
ARCALYST.....	146	<i>atropine sulfate ophth soln 1% (Atropine sulfate)</i>	132
AREXVY.....	119		
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)</i>	17		
ARICEPT.....	137		
ARIKAYCE.....	20		
ARIMIDEX.....	52		

ATROVENT HFA.....	16	BAQSIMI TWO PACK.....	42
AUBAGIO.....	139	BARACLUDE.....	72
AUGMENTIN.....	25	BASAGLAR KWIKPEN.....	39
AUGMENTIN ES-600.....	25	BASAGLAR TEMPO PEN.....	39
AUGTYRO.....	53	BAXDELA.....	20
AURYXIA.....	109	BCG VACCINE.....	119
AUSTEDO.....	138	<i>b-complex w/ c & folic acid cap 1 mg</i>	126
AUSTEDO XR.....	138	<i>b-complex w/ c & folic acid tab 5 mg</i>	127
AUSTEDO XR PATIENT TITRATION KIT.....	138	<i>b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx)</i>	127
AUVELITY.....	32	BELBUCA.....	8
AUVI-Q.....	13	BELLADONNA/OPIUM.....	149
AVALIDE.....	75	BELSOMRA.....	118
AVAPRO.....	77	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	74
AVODART.....	110	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)</i>	74
AVONEX.....	140	<i>benazepril hcl tab 5 mg</i>	75
AVONEX PEN.....	140	<i>benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)</i>	75
AVSOLA.....	146	BENEFIX.....	113
AYVAKIT.....	53	BENICAR.....	77
AZASITE.....	134	BENICAR HCT.....	76
<i>azathioprine tab 75 mg, 100 mg</i>	122	BENLYSTA.....	125
<i>azathioprine tab 50 mg (Imuran)</i>	122	BENSAL HP.....	98
<i>azelaic acid gel 15% (Finacea)</i>	98	BENZAMYCIN.....	90
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista)</i>	131	BENZNIDAZOLE.....	61
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray)</i>	130	<i>benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)</i>	90
<i>azelastine hcl ophth soln 0.05%</i>	135	<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</i>	62
AZILECT.....	62	<i>bepotastine besilate ophth soln 1.5% (Bepreve)</i>	135
AZITHROMYCIN.....	23	BEPREVE.....	135
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)</i>	24	BERINERT.....	115
<i>azithromycin tab 600 mg</i>	24	BESIVANCE.....	134
<i>azithromycin tab 250 mg, 500 mg (Zithromax)</i>	24	BETADINE OPHTHALMIC PREP.....	134
AZOPT.....	132	<i>betaine powder for oral solution (Cystadane)</i>	103
AZOR.....	75	BETAMETHASONE DIPROPIONATE.....	94
AZSTARYS.....	3	<i>betamethasone dipropionate augmented cream 0.05% (Diprolene af)</i>	94
AZULFIDINE.....	107	<i>betamethasone dipropionate augmented lotion 0.05%</i>	94
AZULFIDINE EN-TABS.....	107	<i>betamethasone dipropionate augmented oint 0.05% (Diprolene)</i>	94
B		<i>betamethasone dipropionate cream 0.05%</i>	94
BACITRACIN.....	134	<i>betamethasone dipropionate lotion 0.05%</i>	94
<i>bacitracin oint 500 unit/gm</i>	156	<i>betamethasone dipropionate oint 0.05%</i>	94
<i>bacitracin-polymyxin b ophth oint</i>	134	<i>betamethasone valerate aerosol foam 0.12% (Luxiq)</i>	94
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	135	<i>betamethasone valerate cream 0.1% (base equivalent)</i>	95
<i>bacitracin zinc oint 500 unit/gm</i>	156	<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	95
BACLOFEN.....	130	<i>betamethasone valerate oint 0.1% (base equivalent)</i>	95
<i>baclofen susp 25 mg/5ml (Fleqsuvy)</i>	130	BETAPACE.....	78
<i>baclofen tab 5 mg, 10 mg, 20 mg</i>	130	BETAPACE AF.....	78
BACTRIM.....	21	BETASERON.....	140
BACTRIM DS.....	21	BETAXOLOL HCL.....	131
BAFIERTAM.....	140	<i>betaxolol hcl tab 10 mg, 20 mg</i>	78
BALCOLTRA.....	86	<i>bethanechol chloride tab 5 mg, 10 mg</i>	152
<i>balsalazide disodium cap 750 mg (Colazal)</i>	107	<i>bethanechol chloride tab 25 mg, 50 mg (Urecholine)</i>	152
BALVERSA.....	53	BETHKIS.....	20
BANZEL.....	27		
BAQSIMI ONE PACK.....	42		

BETIMOL.....	131	BROVANA.....	17
BETOPTIC-S.....	131	BRUKINSA.....	54
BEVESPI AEROSPHERE.....	15	BRYHALI.....	95
<i>bexarotene cap 75 mg (Targretin).....</i>	60	<i>budesonide delayed release particles cap 3 mg (Entocort ec).....</i>	88
<i>bexarotene gel 1% (Targretin).....</i>	98	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort).....</i>	15
BEXSERO.....	119	<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml (Pulmicort).....</i>	19
BEYAZ.....	86	<i>budesonide inhalation susp 1 mg/2ml (Pulmicort).....</i>	19
<i>bicalutamide tab 50 mg (Casodex).....</i>	52	<i>budesonide rectal foam 2 mg/act (Uceris).....</i>	13
BIDIL.....	83	<i>budesonide tab er 24hr 9 mg (Uceris).....</i>	88
BIJUVA.....	106	<i>bumetanide tab 0.5 mg, 1 mg, 2 mg (Bumex).....</i>	82
BIKTARVY.....	69	BUMEX.....	82
BILTRICIDE.....	61	BUPHENYL.....	103
<i>bimatoprost ophth soln 0.03%.....</i>	132	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone).....</i>	143
BIMZELX.....	93	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone).....</i>	143
BINOSTO.....	101	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone).....</i>	143
BIOTHRAX.....	119	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone).....</i>	143
<i>bisacodyl tab delayed release 5 mg.....</i>	155	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....</i>	143
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (Pylera).....</i>	149	<i>buprenorphine hcl sl tab 2 mg (base equiv).....</i>	9
BISMUTH SUBCITRATE POT/METRONIDAZOLE/TETRACYCLINE.....	149	<i>buprenorphine hcl sl tab 8 mg (base equiv).....</i>	9
<i>bismuth subsalicylate susp 262 mg/15ml.....</i>	154	<i>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans).....</i>	9
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac).....</i>	78	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....</i>	142
<i>bisoprolol fumarate tab 5 mg, 10 mg.....</i>	78	<i>bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr).....</i>	32
BONJESTA.....	46	<i>bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl).....</i>	32
BOOSTRIX.....	119	<i>bupropion hcl tab 75 mg.....</i>	32
<i>bosentan tab 62.5 mg, 125 mg (Tracleer).....</i>	84	<i>bupropion hcl tab 100 mg.....</i>	32
BOSULIF.....	54	BUPROPION HYDROCHLORIDE ER (XL).....	32
BRAFTOVI.....	54	<i>buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg.....</i>	15
BREO ELLIPTA.....	15	<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg.....</i>	8
BREXAFEMME.....	47	<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet).....</i>	8
BREZTRI AEROSPHERE.....	15	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic).....</i>	8
BRILINTA.....	116	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....</i>	12
<i>brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso).....</i>	98	<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Fioricet/codeine).....</i>	12
<i>brimonidine tartrate ophth soln 0.2%.....</i>	132	<i>butalbital-acetaminophen cap 50-300 mg (Butalbital/acetaminophen).....</i>	8
<i>brimonidine tartrate ophth soln 0.1%, 0.15% (Alphagan p).....</i>	132	<i>butalbital-acetaminophen tab 50-300 mg, 50-325 mg.....</i>	8
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan).....</i>	131	<i>butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal).....</i>	8
<i>brinzolamide ophth susp 1% (Azopt).....</i>	132	<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3).....</i>	12
BRIUMVI.....	140		
BRIVIACT.....	27		
BRIXADI.....	9		
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....</i>	132		
<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>	154		
BROMSITE.....	132		
BRONCHITOL.....	142		
BRONCHITOL TOLERANCE TEST.....	142		

<i>butorphanol tartrate nasal soln 10 mg/ml</i>	9	CARBATROL.....	27
BUTRANS.....	9	CARBIDOPA/LEVODOPA ODT.....	63
BYDUREON BCISE.....	38	<i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i>	62
BYETTA.....	38	<i>carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg (Sinemet)</i>	62
BYSTOLIC.....	78	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)</i>	62
C		<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)</i>	63
CABENUVA.....	69	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)</i>	63
<i>cabergoline tab 0.5 mg</i>	103	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)</i>	63
CABOMETYX.....	54	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)</i>	63
CABTREO.....	90	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)</i>	63
CADUET.....	83	<i>carbidopa tab 25 mg (Lodosyn)</i>	62
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	86	CARBINOXAMINE MALEATE.....	47
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)</i>	95	<i>carbinoxamine maleate tab 4 mg</i>	47
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)</i>	95	CARDIZEM.....	80
<i>calcipotriene cream 0.005% (Dovonex)</i>	93	CARDIZEM CD.....	80
<i>calcipotriene oint 0.005%</i>	93	CARDIZEM LA.....	80
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	93	CARDURA.....	77
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	101	CARDURA XL.....	110
CALCITRIOL.....	93	<i>carglumic acid soluble tab 200 mg (Carbaglu)</i>	103
<i>calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)</i>	105	<i>carisoprodol tab 250 mg, 350 mg (Soma)</i>	130
<i>calcitriol oral soln 1 mcg/ml (Rocaltrol)</i>	105	CARNITOR.....	103
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	109	CARNITOR SF.....	103
<i>calcium acetate (phosphate binder) tab 667 mg</i>	109	CAROSPIR.....	82
<i>calcium carbonate (antacid) chew tab 500 mg, 750 mg, 1000 mg</i>	154	CARTEOLOL HCL.....	132
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	156	<i>carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg cr)</i>	78
CALQUENCE.....	54	<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)</i>	78
CAMZYOS.....	83	CASODEX.....	52
CANASA.....	107	CAYSTON.....	21
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)</i>	76	CEFACTOR.....	23
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)</i>	77	CEFACTOR ER.....	23
<i>candesartan cilexetil tab 32 mg (Atacand)</i>	77	CEFADROXIL.....	23
<i>capecitabine tab 150 mg, 500 mg (Xeloda)</i>	51	<i>cefadroxil cap 500 mg</i>	23
CAPLYTA.....	66	<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	23
CAPRELSA.....	54	<i>cefdinir cap 300 mg</i>	23
CAPTOPRIL/HYDROCHLOROTHIAZIDE.....	74	<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	23
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	75	<i>cefixime cap 400 mg (Suprax)</i>	23
CARAC.....	98	<i>cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)</i>	23
CARAFATE.....	149	<i>cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>	23
CARBAGLU.....	103	<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	23
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)</i>	27	<i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i>	23
<i>carbamazepine chew tab 100 mg</i>	27	<i>cefprozil tab 250 mg, 500 mg</i>	23
<i>carbamazepine susp 100 mg/5ml (Tegretol)</i>	27	<i>cefuroxime axetil tab 250 mg, 500 mg</i>	23
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)</i>	27	CELEBRES.....	5
<i>carbamazepine tab 200 mg (Tegretol)</i>	27	<i>celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex)</i>	6
<i>carbamide peroxide 6.5% otic soln</i>	157	<i>celecoxib cap 400 mg (Celebrex)</i>	6
		CELEXA.....	34
		CELLCEPT.....	122

CELONTIN.....	27	CINQAIR.....	18
CEPHALEXIN.....	23	CINRYZE.....	115
<i>cephalexin cap 250 mg, 500 mg (Keflex)</i>	23	CIPRO.....	20
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	23	CIPROFLOXACIN.....	136
CEQUA.....	132	CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF.....	136
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	154	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> (Ciprodex).....	136
<i>cetirizine hcl tab 5 mg, 10 mg</i>	154	CIPROFLOXACIN HCL.....	20
<i>cevimeline hcl cap 30 mg (Evoxac)</i>	126	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> (Ciloxan).....	134
CHEMET.....	44	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	20
CHENODAL.....	108	<i>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)</i>	20
CHLORDIAZEPOXIDE/AMITRIPTYLINE.....	138	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</i> (Librax).....	149	<i>citalopram hydrobromide tab 10 mg (base equiv), 20 mg</i> (base equiv), 40 mg (base equiv) (Celexa).....	34
<i>chlorhexidine gluconate soln 0.12% (Peridex)</i>	126	CITRANATAL ASSURE.....	127
<i>chloroquine phosphate tab 250 mg, 500 mg</i>	62	CITRANATAL B-CALM.....	127
<i>chlorpheniramine maleate tab 4 mg</i>	154	CITRANATAL 90 DHA.....	127
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg,</i> <i>200 mg</i>	66	CITRANATAL HARMONY.....	127
CHLORPROMAZINE HYDROCHLORIDE.....	66	CITRANATAL MEDLEY.....	127
<i>chlorthalidone tab 25 mg, 50 mg</i>	82	CLARITHROMYCIN.....	24
<i>chlorzoxazone tab 250 mg, 375 mg, 500 mg, 750</i> <i>mg</i>	130	<i>clarithromycin tab er 24hr 500 mg</i>	24
CHOLBAM.....	108	<i>clarithromycin tab 250 mg, 500 mg</i>	24
<i>cholecalciferol cap 50 mcg (2000 unit), 125 mcg (5000</i> <i>unit), 1.25 mg (50000 unit)</i>	157	CLEOCIN.....	21
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	157	CLEOCIN PEDIATRIC GRANULES.....	21
<i>cholecalciferol tab 10 mcg (400 unit), 1.25 mg (50000</i> <i>unit)</i>	157	CLEOCIN-T.....	90
<i>cholestyramine light powder 4 gm/dose (Questran</i> <i>light)</i>	48	CLIMARA.....	106
<i>cholestyramine light powder packets 4 gm</i>	48	CLIMARA PRO.....	106
<i>cholestyramine powder 4 gm/dose (Questran)</i>	48	CLINDACIN ETZ.....	90
<i>cholestyramine powder packets 4 gm (Questran)</i>	48	CLINDACIN PAC.....	90
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> (Trilipix).....	48	CLINDAGEL.....	90
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> (Trilipix).....	48	<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i> (Cleocin).....	21
CIALIS.....	84	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> (Cleocin pediatric granules).....	21
CIBINQO.....	18	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (Acanya).....	90
<i>ciclopirox gel 0.77%</i>	92	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (Benzaclin).....	90
<i>ciclopirox olamine cream 0.77% (base equiv)</i> (Loprox).....	92	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (Onexton).....	90
<i>ciclopirox olamine susp 0.77% (base equiv) (Loprox)</i>	92	<i>clindamycin phosphate foam 1% (Evoclin)</i>	90
<i>ciclopirox shampoo 1% (Loprox shampoo)</i>	92	<i>clindamycin phosphate gel 1%</i>	90
<i>ciclopirox solution 8% (Penlac Nail Lacquer)</i>	92	<i>clindamycin phosphate lotion 1% (Cleocin-t)</i>	90
CICLOPIROX TREATMENT.....	92	<i>clindamycin phosphate soln 1%</i>	90
<i>cilostazol tab 50 mg, 100 mg</i>	116	<i>clindamycin phosphate swab 1%</i>	90
CILOXAN.....	134	<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (Ziana).....	90
CIMDUO.....	69	<i>clindamycin phosphate vaginal cream 2% (Cleocin)</i>	153
<i>cimetidine tab 200 mg</i>	149	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2</i> (1)-5%.....	90
<i>cimetidine tab 300 mg, 400 mg, 800 mg</i>	149	CLINDESSE.....	153
CIMZIA.....	146	<i>clobazam suspension 2.5 mg/ml (Onfi)</i>	27
CIMZIA STARTER KIT.....	146		
<i>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base</i> <i>equiv), 90 mg (base equiv) (Sensipar)</i>	103		

clobazam tab 10 mg, 20 mg (Onfi).....	27	COLCRYS.....	113
clobetasol propionate cream 0.05% (Temovate).....	95	colesevelam hcl packet for susp 3.75 gm (Welchol).....	48
clobetasol propionate emollient base cream 0.05%.....	95	colesevelam hcl tab 625 mg (Welchol).....	48
clobetasol propionate emulsion foam 0.05% (Olux-e).....	95	COLESTID.....	48
clobetasol propionate foam 0.05% (Olux).....	95	COLESTID FLAVORED.....	48
clobetasol propionate gel 0.05%.....	95	colestipol hcl granule packets 5 gm (Colestid flavored).....	48
clobetasol propionate lotion 0.05% (Clobex).....	95	colestipol hcl granules 5 gm (Colestid flavored).....	48
clobetasol propionate oint 0.05% (Temovate).....	95	colestipol hcl tab 1 gm (Colestid).....	48
clobetasol propionate shampoo 0.05% (Clobex).....	95	COMBIGAN.....	132
clobetasol propionate soln 0.05%.....	95	COMBIPATCH.....	106
clobetasol propionate spray 0.05% (Clobex).....	95	COMBIVENT RESPIMAT.....	16
clocortolone pivalate cream 0.1% (Cloderm).....	95	COMBIVIR.....	69
CLODAN KIT.....	95	COMETRIQ.....	54
CLODERM.....	95	COMIRNATY 2023-24.....	119
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil).....	33	COMPLERA.....	69
clonazepam orally disintegrating tab 2 mg.....	27	COMPLETE NATAL DHA.....	127
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg.....	27	COMPLETENATE.....	127
clonazepam tab 0.5 mg, 1 mg (Klonopin).....	27	COMTAN.....	63
clonazepam tab 2 mg (Klonopin).....	27	CONCERTA.....	3
CLONIDINE ER.....	78	CONDYLOX.....	98
clonidine hcl tab er 12hr 0.1 mg (Kapvay).....	2	CONZIP.....	9
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres).....	78	COPAXONE.....	140
clonidine td patch weekly 0.1 mg/24hr (Catapres- tts-1).....	78	COPIKTRA.....	54
clonidine td patch weekly 0.2 mg/24hr (Catapres- tts-2).....	78	COREG CR.....	79
clonidine td patch weekly 0.3 mg/24hr (Catapres- tts-3).....	78	CORGARD.....	79
clopidogrel bisulfate tab 300 mg (base equiv).....	116	CORIFACT.....	113
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....	116	CORLANOR.....	84
clorazepate dipotassium tab 3.75 mg.....	14	CORTEF.....	88
clorazepate dipotassium tab 15 mg.....	14	CORTENEMA.....	13
clorazepate dipotassium tab 7.5 mg (Tranxene t).....	14	CORTIFOAM.....	13
clotrimazole cream 1%.....	92	CORTISONE ACETATE.....	88
clotrimazole soln 1%.....	92	CORTISPORIN-TC.....	136
clotrimazole troche 10 mg.....	126	CORVITA.....	127
clotrimazole w/ betamethasone cream 1-0.05%.....	92	COSENTYX.....	93
clotrimazole w/ betamethasone lotion 1-0.05%.....	92	COSENTYX SENSOREADY PEN.....	93
CLOZAPINE ODT.....	65	COSENTYX UNOREADY.....	93
clozapine orally disintegrating tab 200 mg.....	65	COSOPT.....	132
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg.....	65	COSOPT PF.....	132
clozapine tab 25 mg, 50 mg (Clozaril).....	65	COTELLIC.....	54
clozapine tab 100 mg (Clozaril).....	65	COTEMPLA XR-ODT.....	3
clozapine tab 200 mg (Clozaril).....	65	COZAAR.....	77
CLOZARIL.....	65	CREON.....	101
COAGADEX.....	113	CRESEMBA.....	47
COARTEM.....	62	CRESTOR.....	48
CODEINE SULFATE.....	9	CRINONE.....	153
codeine sulfate tab 30 mg (Codeine sulfate).....	9	CROMOLYN SODIUM.....	135
COLAZAL.....	107	cromolyn sodium oral conc 100 mg/5ml (Gastrocrom).....	108
colchicine cap 0.6 mg (Mitigare).....	113	cromolyn sodium soln nebu 20 mg/2ml.....	16
colchicine tab 0.6 mg (Colcrys).....	113	CROTAN.....	101
colchicine w/ probenecid tab 0.5-500 mg.....	113	CUPRIMINE.....	44
		CUVPOSA.....	149
		CUVRIOR.....	45
		cyanocobalamin inj 1000 mcg/ml.....	118
		cyanocobalamin tab 1000 mcg.....	157

<i>cyclobenzaprine hcl cap er 24hr 15 mg, 30 mg</i> (Amrix).....	130	DECARA.....	157
<i>cyclobenzaprine hcl tab 5 mg, 10 mg</i>	130	<i>deferasirox granules packet 90 mg, 180 mg</i> (Jadenu sprinkle).....	45
<i>cyclobenzaprine hcl tab 7.5 mg</i> (Fexmid).....	130	<i>deferasirox granules packet 360 mg</i> (Jadenu sprinkle).....	45
CYCLOGYL.....	132	<i>deferasirox tab for oral susp 125 mg, 250 mg</i> (Exjade).....	45
CYCLOMYDRIL.....	133	<i>deferasirox tab for oral susp 500 mg</i> (Exjade).....	45
<i>cyclopentolate hcl ophth soln 1%</i> (Cyclogyl).....	133	<i>deferasirox tab 90 mg, 180 mg</i> (Jadenu).....	45
CYCLOPHOSPHAMIDE.....	51	<i>deferasirox tab 360 mg</i> (Jadenu).....	45
<i>cyclophosphamide cap 25 mg, 50 mg</i> (Cyclophosphamide).....	51	<i>deferiprone tab 500 mg</i> (Ferriprox).....	45
<i>cycloserine cap 250 mg</i>	23	<i>deferiprone tab 1000 mg</i> (Ferriprox).....	45
CYCLOSET.....	42	DELESTROGEN.....	106
<i>cyclosporine cap 25 mg, 100 mg</i> (Sandimmune).....	122	DELSTRIGO.....	69
<i>cyclosporine modified cap 50 mg</i>	122	DELZICOL.....	107
<i>cyclosporine modified cap 25 mg, 100 mg</i> (Neoral).....	122	<i>demeclocycline hcl tab 150 mg, 300 mg</i>	25
<i>cyclosporine modified oral soln 100 mg/ml</i> (Neoral).....	122	DEMSEK.....	81
<i>cyclosporine (ophth) emulsion 0.05%</i> (Restasis).....	133	DENAVIR.....	98
CYLTEZO.....	146	DENGVAXIA.....	119
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS.....	146	DEPAKOTE.....	27
CYLTEZO STARTER PACKAGE FOR PSORIASIS.....	146	DEPAKOTE ER.....	27
CYMBALTA.....	35	DEPAKOTE SPRINKLES.....	27
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	47	DEPEN TITRATABS.....	45
<i>cyproheptadine hcl tab 4 mg</i>	48	DEPO-ESTRADIOL.....	106
CYSTADANE.....	103	DEPO-PROVERA CONTRACEPTIVE.....	88
CYSTADROPS.....	133	DEPO-SUBQ PROVERA 104.....	88
CYSTAGON.....	109	DERMACINRX LIDOGEL.....	98
CYSTARAN.....	133	DERMACINRX PRETRATE.....	127
CYTOMEL.....	144	DERMA-SMOOTH/FS BODY.....	95
CYTOTEC.....	150	DERMA-SMOOTH/FS SCALP.....	95
D		DERMOTIC.....	136
<i>dabigatran etexilate mesylate cap 75 mg</i> (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa).....	26	DESCOVY.....	69
<i>dalfampridine tab er 12hr 10 mg</i> (Ampyra).....	140	<i>desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg</i>	33
DALIRESP.....	18	<i>desipramine hcl tab 10 mg, 25 mg</i> (Norpramin).....	33
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	123	<i>desloratadine tab 5 mg</i> (Clarinet).....	48
DANTRIUM.....	130	<i>desmopressin acetate nasal spray soln 0.01%</i> (Ddavp).....	103
<i>dantrolene sodium cap 100 mg</i>	130	<i>desmopressin acetate nasal spray soln 0.01%</i> (refrigerated).....	103
<i>dantrolene sodium cap 25 mg, 50 mg</i> (Dantrium).....	130	<i>desmopressin acetate tab 0.1 mg, 0.2 mg</i> (Ddavp).....	103
<i>dapsone gel 5%, 7.5%</i> (Aczone).....	90	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01</i> mg(21/5) (Mircette).....	86
<i>dapsone tab 25 mg, 100 mg</i>	21	<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	86
DAPTACEL.....	119	<i>desonide cream 0.05%</i> (Desowen).....	95
DARAPRIM.....	62	<i>desonide lotion 0.05%</i>	95
<i>darifenacin hydrobromide tab er 24hr 15 mg</i> (base equiv).....	152	<i>desonide oint 0.05%</i>	95
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i> (base equiv) (Enablex).....	152	<i>desoximetasone cream 0.05%, 0.25%</i> (Topicort).....	95
<i>darunavir tab 600 mg</i> (Prezista).....	69	<i>desoximetasone gel 0.05%</i> (Topicort).....	95
<i>darunavir tab 800 mg</i> (Prezista).....	69	<i>desoximetasone oint 0.05%, 0.25%</i> (Topicort).....	95
DAURISMO.....	60	<i>desoximetasone spray 0.25%</i> (Topicort).....	95
DAYBUE.....	131	DESVENLAFAXINE ER.....	35
DAYPRO.....	6	<i>desvenlafaxine succinate tab er 24hr 25 mg</i> (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq).....	36
DAYTRANA.....	3	DETROL.....	152
DAYVIGO.....	118	DETROL LA.....	152
DDAVP.....	103	DEXAMETHASONE.....	88

DEXAMETHASONE 10-DAY DOSE PACK.....	88	<i>diclofenac sodium tab delayed release 75 mg</i>	6
DEXAMETHASONE 13-DAY DOSE PACK.....	89	<i>diclofenac sodium tab delayed release 25 mg, 50 mg</i>	6
<i>dexamethasone elixir 0.5 mg/5ml</i>	88	<i>diclofenac sodium tab er 24hr 100 mg</i>	6
DEXAMETHASONE INTENSOL.....	88	<i>diclofenac sod soln 1.5% & capsaicin cream 0.025% ther</i> <i>pack (Dermacinrx Iexitral)</i>	98
DEXAMETHASONE SODIUM PHOSPHATE.....	135	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> <i>(Arthrotec 50)</i>	6
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg,</i> <i>4 mg, 6 mg</i>	88	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> <i>(Arthrotec 75)</i>	6
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	88	<i>dicloxacillin sodium cap 250 mg, 500 mg</i>	25
DEXCOM G6 RECEIVER.....	110	<i>dicyclomine hcl cap 10 mg</i>	150
DEXCOM G7 RECEIVER.....	111	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	150
DEXCOM G6 SENSOR.....	110	<i>dicyclomine hcl tab 20 mg</i>	150
DEXCOM G7 SENSOR.....	111	DIFICID.....	24
DEXCOM G6 TRANSMITTER.....	111	DIFLORASONE DIACETATE.....	95
DEXEDRINE.....	1	<i>diflorasone diacetate oint 0.05%</i>	95
DEXILANT.....	151	DIFLUCAN.....	47
<i>dexlansoprazole cap delayed release 30 mg, 60 mg</i> <i>(Dexilant)</i>	151	<i>diflunisal tab 500 mg</i>	8
<i>dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg,</i> <i>20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)</i>	3	<i>difluprednate ophth emulsion 0.05% (Durezol)</i>	135
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i> <i>(Focalin)</i>	3	DIGOXIN.....	81
DEXTENZA.....	135	<i>digoxin oral soln 0.05 mg/ml (Digoxin)</i>	81
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i> <i>(Dexedrine)</i>	1	<i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> <i>(Lanoxin)</i>	81
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> <i>(Dexedrine)</i>	1	<i>digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)</i>	81
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> <i>(Migranal)</i>	123
<i>dextroamphetamine sulfate tab 10 mg</i>	1	DILANTIN.....	28
<i>dextroamphetamine sulfate tab 30 mg</i>	1	DILANTIN-125.....	28
<i>dextroamphetamine sulfate tab 5 mg, 15 mg, 20 mg</i>	1	DILANTIN INFATABS.....	28
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	154	DILAUDID.....	9
DHIVY.....	63	<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	80
DIACOMIT.....	28	<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	80
DIASTAT ACUDIAL.....	28	<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg,</i> <i>240 mg, 300 mg, 360 mg (Cardizem cd)</i>	80
DIASTAT PEDIATRIC.....	28	<i>diltiazem hcl extended release beads cap er 24hr 120 mg,</i> <i>180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)</i>	80
<i>diazepam conc 5 mg/ml</i>	14	<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300</i> <i>mg, 360 mg, 420 mg (Cardizem la)</i>	80
<i>diazepam oral soln 1 mg/ml</i>	14	<i>diltiazem hcl tab 90 mg</i>	80
DIAZEPAM RECTAL GEL.....	28	<i>diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)</i>	80
<i>diazepam rectal gel delivery system 10 mg, 20 mg</i> <i>(Diastat acudial)</i>	28	<i>dimethyl fumarate capsule delayed release 120 mg</i> <i>(Tecfidera)</i>	140
<i>diazepam tab 2 mg, 5 mg, 10 mg (Valium)</i>	14	<i>dimethyl fumarate capsule delayed release 240 mg</i> <i>(Tecfidera)</i>	140
<i>diazoxide susp 50 mg/ml (Proglycem)</i>	42	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240</i> <i>mg (Tecfidera starter pack)</i>	140
<i>dichlorphenamide tab 50 mg (Keveyis)</i>	83	DIOVAN.....	77
DICLEGIS.....	46	DIOVAN HCT.....	76
DICLOFENAC EPOLAMINE.....	98	DIPENTUM.....	107
<i>diclofenac potassium cap 25 mg (Zipsor)</i>	6	<i>diphenhydramine hcl cap 25 mg, 50 mg</i>	154
<i>diclofenac potassium (migraine) packet 50 mg</i> <i>(Cambia)</i>	123	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	48
<i>diclofenac potassium tab 25 mg</i>	6	<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	154
<i>diclofenac potassium tab 50 mg</i>	6	<i>diphenhydramine hcl tab 25 mg</i>	154
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	98	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)</i>	44
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> <i>(Voltaren)</i>	98	DIPROLENE.....	95
<i>diclofenac sodium ophth soln 0.1%</i>	133	<i>dipyridamole tab 25 mg, 50 mg, 75 mg</i>	116
<i>diclofenac sodium soln 1.5%</i>	98		
<i>diclofenac sodium soln 2% (Pennsaid)</i>	98		

<i>disopyramide phosphate cap 100 mg, 150 mg (Norpace)</i>	82	<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	46
<i>disulfiram tab 250 mg, 500 mg (Antabuse)</i>	144	<i>drosiprenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)</i>	86
DIURIL.....	83	<i>drosiprenone-ethinyl estradiol tab 3-0.02 mg (Yaz)</i>	86
<i>divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)</i>	28	<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)</i>	86
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)</i>	28	<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)</i>	86
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)</i>	28	DROXIA.....	5
DIVIGEL.....	106	<i>droxidopa cap 200 mg, 300 mg (Northera)</i>	84
<i>docusate sodium cap 100 mg</i>	155	<i>droxidopa cap 100 mg (Northera)</i>	84
<i>docusate sodium liquid 150 mg/15ml</i>	155	DUAKLIR PRESSAIR.....	16
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)</i>	82	DUAVEE.....	106
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>	137	DUETACT.....	36
<i>donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)</i>	137	DUEXIS.....	6
DOPTELET.....	116	DULERA.....	16
DORAL.....	118	<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	36
DORYX.....	25	<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq) (Cymbalta)</i>	36
DORYX MPC.....	25	<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)</i>	36
<i>dorzolamide hcl ophth soln 2% (Trusopt)</i>	133	DUOBRII.....	95
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)</i>	132	DUPIXENT.....	18
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)</i>	132	DUREZOL.....	135
DOVATO.....	69	<i>dutasteride cap 0.5 mg (Avodart)</i>	110
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg (Cardura)</i>	78	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)</i>	110
<i>doxazosin mesylate tab 8 mg (Cardura)</i>	78	DYANAVEL XR.....	1
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	33	DYMISTA.....	131
<i>doxepin hcl conc 10 mg/ml</i>	33	E	
<i>doxepin hcl cream 5% (Prudoxin)</i>	98	<i>econazole nitrate cream 1%</i>	92
<i>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)</i>	118	EDARBI.....	77
<i>doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg</i>	105	EDARBYCLOR.....	76
DOXYCYCLINE.....	98	EDECIN.....	83
<i>doxycycline hyclate cap 50 mg</i>	25	EDLUAR.....	118
<i>doxycycline hyclate cap 100 mg (Vibramycin)</i>	25	EDURANT.....	69
DOXYCYCLINE HYCLATE DR.....	25	E.E.S. 400.....	24
<i>doxycycline hyclate tab delayed release 75 mg, 100 mg, 150 mg</i>	25	E.E.S. GRANULES.....	24
<i>doxycycline hyclate tab delayed release 50 mg, 200 mg (Doryx)</i>	25	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)</i>	69
<i>doxycycline hyclate tab 20 mg, 50 mg, 100 mg</i>	25	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)</i>	69
<i>doxycycline hyclate tab 75 mg, 150 mg (Acticlate)</i>	25	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)</i>	69
<i>doxycycline monohydrate cap 50 mg, 75 mg, 100 mg, 150 mg</i>	25	<i>efavirenz tab 600 mg (Sustiva)</i>	69
<i>doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)</i>	25	EFFEXOR XR.....	36
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg</i>	25	EFFIENT.....	116
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)</i>	46	EFUDEX.....	98
		EGRIFTA SV.....	103
		ELEPSIA XR.....	28
		ELESTRIN.....	106
		<i>eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)</i>	124
		ELIDEL.....	98
		ELIQUIS.....	26

ELIQUIS STARTER PACK.....	26	EPIPEN 2-PAK.....	13
ELITE-OB.....	127	EPIVIR.....	70
ELLA.....	88	<i>eplerenone tab 25 mg, 50 mg (Inspra)</i>	81
ELMIRON.....	109	EPOGEN.....	116
ELOCTATE.....	113	<i>epoprostenol sodium for inj 0.5 mg, 1.5 mg (Flolan)</i>	84
ELYXYB.....	123	EPRONTIA.....	28
EMCYT.....	52	EPZICOM.....	70
EMEND.....	46	EQUETRO.....	66
EMEND TRIPACK.....	46	<i>ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)</i>	153
EMFLAZA.....	89	ERGOLOID MESYLATES.....	138
EMGALITY.....	123	ERIVEDGE.....	60
EMPAVELI.....	115	ERLEADA.....	52
EMSAM.....	33	<i>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)</i>	54
<i>emtricitabine caps 200 mg (Emtriva)</i>	69	<i>erlotinib hcl tab 25 mg (base equivalent) (Tarceva)</i>	54
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)</i>	69	ERMEZA.....	144
EMTRIVA.....	69	ERTACZO.....	92
EMVERM.....	61	ERY.....	90
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	74	ERYGEL.....	91
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)</i>	74	ERYPED 200.....	24
<i>enalapril maleate oral soln 1 mg/ml (Epaned)</i>	75	ERYPED 400.....	24
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)</i>	75	ERYTHROCIN STEARATE.....	24
ENBRACE HR.....	127	ERYTHROMYCIN.....	24
ENBREL.....	146	ERYTHROMYCIN ETHYLSUCCINATE.....	24
ENBREL MINI.....	146	<i>erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)</i>	24
ENBREL SURECLICK.....	146	<i>erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)</i>	24
ENDARI.....	5	<i>erythromycin gel 2% (Erygel)</i>	91
ENDOMETRIN.....	153	<i>erythromycin ophth oint 5 mg/gm</i>	134
ENGERIX-B.....	119	<i>erythromycin soln 2%</i>	91
ENJAYMO.....	115	<i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	24
ENLITE GLUCOSE SENSOR.....	111	<i>erythromycin tab 250 mg, 500 mg</i>	24
<i>enoxaparin sodium inj 300 mg/3ml (Lovenox)</i>	26	ESBRIET.....	143
<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 soln 5 mg/5ml (base equiv)</i>	34
ENSTILAR.....	96	<i>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)</i>	34
<i>entacapone tab 200 mg (Comtan)</i>	63	ESGIC.....	8
<i>entecavir tab 0.5 mg, 1 mg (Baraclude)</i>	72	<i>esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium)</i>	151
ENTRESTO.....	84	<i>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)</i>	151
ENTYVIO.....	147	ESPEROCT.....	113
ENVARUSUS XR.....	122	<i>estazolam tab 1 mg, 2 mg</i>	118
EPANED.....	75	ESTRACE.....	106
EPCLUSA.....	72	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	106
EPIDIOLEX.....	28	<i>estradiol & norethindrone acetate tab 1-0.5 mg (Activella)</i>	106
EPIFOAM.....	96	<i>estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)</i>	106
<i>epinastine hcl ophth soln 0.05%</i>	135	<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>	106
EPINEPHRINE.....	13	<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>	106
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)</i>	13		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)</i>	13		
EPIPEN-JR 2-PAK.....	13		

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).....	106
estradiol vaginal cream 0.1 mg/gm (Estrace).....	153
estradiol vaginal tab 10 mcg (Vagifem).....	153
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen).....	106
ESTRING.....	153
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta).....	118
ethacrynic acid tab 25 mg (Edecrin).....	83
ethambutol hcl tab 100 mg.....	23
ethambutol hcl tab 400 mg (Myambutol).....	23
ethosuximide cap 250 mg (Zarontin).....	28
ethosuximide soln 250 mg/5ml (Zarontin).....	28
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	86
etodolac cap 200 mg, 300 mg.....	6
etodolac tab er 24hr 600 mg.....	6
etodolac tab er 24hr 400 mg, 500 mg.....	6
etodolac tab 500 mg.....	6
etodolac tab 400 mg (Lodine).....	6
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring).....	86
ETOPOSIDE.....	61
etravirine tab 100 mg, 200 mg (Intelence).....	70
EUCRISA.....	98
EVAMIST.....	106
EVEKEO.....	2
EVEKEO ODT.....	2
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz).....	54
everolimus tab for oral susp 3 mg (Afinitor disperz).....	54
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor).....	54
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress).....	122
EVERSENSE E3 SENSOR/HOLDER.....	111
EVERSENSE E3 SMART TRANSMITTER.....	111
EVERSENSE SENSOR/HOLDER KIT.....	111
EVERSENSE SMART TRANSMITTER.....	111
EVISTA.....	103
EVOTAZ.....	70
EVOXAC.....	126
EXELON.....	137
exemestane tab 25 mg (Aromasin).....	52
EXFORGE.....	76
EXFORGE HCT.....	76
EXJADE.....	45
EXKIVITY.....	54
EXSERVAN.....	131
EXTAVIA.....	140
EYSUVIS.....	135
EZALLOR SPRINKLE.....	48
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin).....	48
ezetimibe tab 10 mg (Zetia).....	48

F

FABIOR.....	91
famciclovir tab 125 mg, 250 mg, 500 mg.....	73
famotidine for susp 40 mg/5ml.....	149
famotidine tab 20 mg, 40 mg (Pepcid).....	149
FANAPT.....	64
FANAPT TITRATION PACK.....	64
FARESTON.....	52
FARXIGA.....	44
FASENRA.....	18
FASENRA PEN.....	18
febuxostat tab 40 mg, 80 mg (Uloric).....	113
fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg.....	125
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg.....	125
fe fum-iron polysacch complex-fa-b cplx-c-zn-mn-cu cap.....	125
FEIBA.....	113
felbamate susp 600 mg/5ml (Felbatol).....	28
felbamate tab 400 mg, 600 mg (Felbatol).....	28
FELBATOL.....	28
FELDENE.....	6
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	80
FEMARA.....	52
FEMRING.....	153
FENOFIBRATE.....	49
fenofibrate micronized cap 43 mg.....	49
fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg.....	49
fenofibrate tab 54 mg.....	49
fenofibrate tab 160 mg.....	49
fenofibrate tab 40 mg (Fenoglide).....	49
fenofibrate tab 120 mg (Fenoglide).....	49
fenofibrate tab 48 mg (Tricor).....	49
fenofibrate tab 145 mg (Tricor).....	49
FENOGLIDE.....	49
fenopropfen calcium cap 400 mg (Nalfon).....	6
fenopropfen calcium tab 600 mg (Nalfon).....	6
FENTANYL CITRATE.....	9
fantanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq).....	9
fantanyl td patch 72hr 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr.....	9
fantanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic).....	9
FENTORA.....	9
FERRIPROX.....	45
FERRIPROX TWICE-A-DAY.....	45
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg.....	125
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).....	156
ferrous sulfate tab ec 325 mg (65 mg fe equivalent).....	156

<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	156	FLUORESCEIN SODIUM/BENOXINATE	
<i>fesoterodine fumarate tab er 24hr 4 mg, 8 mg</i>		HYDROCHLORIDE.....	133
(<i>Toviaz</i>).....	152	<i>fluorometholone ophth susp 0.1% (Fml liquifilm)</i>	135
FETZIMA.....	36	FLUOROURACIL.....	98
FETZIMA TITRATION PACK.....	36	<i>fluorouracil cream 5% (Efudex)</i>	98
<i>fexofenadine hcl tab 60 mg, 180 mg</i>	154	FLUOXETINE DR.....	34
FIASP.....	39	<i>fluoxetine hcl cap 10 mg (Prozac)</i>	34
FIASP FLEXTOUCH.....	39	<i>fluoxetine hcl cap 20 mg (Prozac)</i>	34
FIASP PENFILL.....	39	<i>fluoxetine hcl cap 40 mg (Prozac)</i>	34
FIASP PUMPCART.....	39	<i>fluoxetine hcl solution 20 mg/5ml</i>	34
FINACEA.....	98	<i>fluoxetine hcl tab 10 mg</i>	34
<i>finasteride tab 5 mg (Proscar)</i>	110	<i>fluoxetine hcl tab 20 mg</i>	34
<i> fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)</i>	140	<i>fluoxetine hcl tab 60 mg (Fluoxetine hydrochloride)</i>	34
FINTEPLA.....	28	FLUOXETINE HYDROCHLORIDE.....	34
FIORICET.....	8	FLUPHENAZINE HCL.....	67
FIORICET/CODEINE.....	12	<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	67
FIRAZYR.....	115	FLUPHENAZINE HYDROCHLORIDE.....	67
FIRDAPSE.....	51	<i>flurandrenolide cream 0.05% (Cordran)</i>	96
FIRST PANTOPRAZOLE.....	151	<i>flurandrenolide lotion 0.05% (Cordran)</i>	96
FIRVANQ.....	21	FLURAZEPAM HYDROCHLORIDE.....	118
FLAGYL.....	21	FLURBIPROFEN.....	6
FLAREX.....	135	FLURBIPROFEN SODIUM.....	133
<i>flavoxate hcl tab 100 mg</i>	152	<i>flurbiprofen tab 100 mg</i>	6
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>	82	FLUTICASONE FUROATE/VILANTEROL ELLIPTA.....	16
FLECTOR.....	98	FLUTICASONE PROPIONATE/SALMETEROL.....	16
FLEET LIQUID GLYCERIN SUPPOSITORIES.....	155	FLUTICASONE PROPIONATE/SALMETEROL HFA.....	16
FLEQSUVY.....	130	<i>fluticasone propionate cream 0.05%</i>	96
FLOLAN.....	84	FLUTICASONE PROPIONATE DISKUS.....	19
FLOMAX.....	110	FLUTICASONE PROPIONATE HFA.....	19
FLUAD QUADRIVALENT 2023-2024.....	119	<i>fluticasone propionate lotion 0.05% (Cutivate)</i>	96
FLUARIX QUADRIVALENT 2023-2024.....	119	<i>fluticasone propionate nasal susp 50 mcg/act</i>	131
FLUBLOK QUADRIVALENT 2023-2024.....	119	<i>fluticasone propionate oint 0.005%</i>	96
FLUCELVAX QUADRIVALENT 2023-2024.....	119	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act,</i> <i>250-50 mcg/act, 500-50 mcg/act (Advair diskus)</i>	16
<i>fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)</i>	47	<i>fluvastatin sodium cap 20 mg (base equivalent), 40 mg</i> <i>(base equivalent)</i>	49
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>		<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> <i>(Lescol xl)</i>	49
(<i>Diflucan</i>).....	47	<i>fluvoxamine maleate cap er 24hr 100 mg, 150 mg</i>	34
<i>flucytosine cap 250 mg, 500 mg (Ancobon)</i>	47	<i>fluvoxamine maleate tab 100 mg</i>	34
<i>fludrocortisone acetate tab 0.1 mg</i>	89	<i>fluvoxamine maleate tab 25 mg, 50 mg</i>	34
FLULAVAL QUADRIVALENT 2023-2024.....	120	FLUZONE HIGH-DOSE PF 2023-2024.....	120
FLUMIST QUADRIVALENT 2023-2024.....	120	FLUZONE QUADRIVALENT 2023-2024.....	120
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	131	FML FORTE.....	135
<i>fluocinolone acetonide cream 0.01%</i>	96	FML LIQUIFILM.....	135
<i>fluocinolone acetonide cream 0.025% (Synalar)</i>	96	FOCALIN.....	3
<i>fluocinolone acetonide oil 0.01% (body oil) (Derma-</i> <i>smoothe/fs body)</i>	96	FOCALIN XR.....	3
<i>fluocinolone acetonide oil 0.01% (scalp oil) (Derma-</i> <i>smoothe/fs scalp)</i>	96	FOLBEE PLUS CZ.....	127
<i>fluocinolone acetonide oint 0.025% (Synalar)</i>	96	<i>folic acid tab 1 mg</i>	118
<i>fluocinolone acetonide (otic) oil 0.01% (Dermotic)</i>	136	<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg,</i> <i>2.5-25-1 mg</i>	125
<i>fluocinolone acetonide soln 0.01% (Synalar)</i>	96	FOLIVANE-OB.....	127
<i>fluocinonide cream 0.05%</i>	96	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5</i> <i>mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)</i>	26
<i>fluocinonide cream 0.1% (Vanos)</i>	96	FORFIVO XL.....	33
<i>fluocinonide emulsified base cream 0.05%</i>	96		
<i>fluocinonide gel 0.05%</i>	96		
<i>fluocinonide oint 0.05%</i>	96		
<i>fluocinonide soln 0.05%</i>	96		

<i>formoterol fumarate soln nebu 20 mcg/2ml</i> (Perforomist).....	17	GATTEX.....	108
FOSAMAX.....	101	GAVRETO.....	55
FOSAMAX PLUS D.....	101	<i>gefitinib tab 250 mg (Iressa)</i>	55
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> (Lexiva).....	70	GELNIQUE.....	152
<i>fosfomycin tromethamine powd pack 3 gm (base</i> <i>equivalent) (Monurol)</i>	21	GELX.....	126
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg,</i> <i>20-12.5 mg</i>	74	<i>gemfibrozil tab 600 mg (Lopid)</i>	49
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i>	75	GEMTESA.....	152
FOSRENOL.....	109	GENOTROPIN.....	102
FOTIVDA.....	54	GENOTROPIN MINIQUICK.....	102
FRAGMIN.....	26	<i>gentamicin sulfate cream 0.1%</i>	92
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM.....	111	<i>gentamicin sulfate oint 0.1%</i>	92
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM.....	111	<i>gentamicin sulfate ophth soln 0.3%</i>	134
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM.....	111	GENVOYA.....	70
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM.....	111	GEODON.....	67
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM.....	111	GILENYA.....	140
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM.....	111	GILOTRIF.....	55
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM.....	111	GIMOTI.....	108
FROVA.....	124	<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (Copaxone).....	140
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> (Frova).....	124	<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (Copaxone).....	140
FRUZAQLA.....	54	GLEEVEC.....	55
FULPHILA.....	116	<i>glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)</i>	42
FUROSEMIDE.....	83	GLIPIZIDE.....	42
<i>furosemide oral soln 10 mg/ml</i>	83	<i>glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500</i> <i>mg</i>	36
<i>furosemide tab 20 mg, 40 mg, 80 mg (Lasix)</i>	83	<i>glipizide tab er 24hr 2.5 mg, 10 mg (Glucotrol xl)</i>	42
FUZEON.....	70	<i>glipizide tab er 24hr 5 mg (Glucotrol xl)</i>	42
FYCOMPA.....	28	<i>glipizide tab 5 mg, 10 mg (Glucotrol)</i>	42
FYLNETRA.....	116	GLOSTRIPS.....	133
G		GLUCAGEN HYPOKIT.....	43
<i>gabapentin cap 100 mg (Neurontin)</i>	28	GLUCAGON EMERGENCY KIT.....	43
<i>gabapentin cap 300 mg (Neurontin)</i>	28	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR.....	43
<i>gabapentin cap 400 mg (Neurontin)</i>	28	<i>glucagon (rdna) for inj kit 1 mg (Glucagon emergency</i> <i>kit)</i>	43
<i>gabapentin oral soln 250 mg/5ml (Neurontin)</i>	28	GLUCOTROL XL.....	43
<i>gabapentin tab 600 mg (Neurontin)</i>	28	GLUMETZA.....	43
<i>gabapentin tab 800 mg (Neurontin)</i>	28	<i>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500</i> <i>mg</i>	37
GALAFOLD.....	103	GLYBURIDE MICRONIZED.....	43
GALANTAMINE HYDROBROMIDE.....	137	<i>glyburide micronized tab 3 mg (Glynase)</i>	43
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24</i> <i>mg (Razadyne er)</i>	137	<i>glyburide tab 5 mg</i>	43
<i>galantamine hydrobromide tab 8 mg, 12 mg</i>	137	<i>glyburide tab 1.25 mg, 2.5 mg</i>	43
<i>galantamine hydrobromide tab 4 mg (Razadyne)</i>	137	GLYCATE.....	150
GARDASIL 9.....	120	<i>glycopyrrolate oral soln 1 mg/5ml (Cuvposa)</i>	150
GASTROCROM.....	108	<i>glycopyrrolate tab 1 mg, 2 mg</i>	150
<i>gatifloxacin ophth soln 0.5% (Zymaxid)</i>	134	GLYXAMBI.....	37
		GOCOVRI.....	63
		GRALISE.....	138
		<i>granisetron hcl tab 1 mg</i>	46
		GRANIX.....	116
		<i>griseofulvin microsize susp 125 mg/5ml</i>	47
		<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>	154

<i>guaifenesin liquid 100 mg/5ml</i>	154	HUMALOG MIX 50/50 KWIKPEN.....	40
<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	HUMALOG MIX 75/25 KWIKPEN.....	40
<i>guanfacine hcl tab 1 mg, 2 mg</i>	78	HUMALOG TEMPO PEN.....	40
GUARDIAN CONNECT TRANSMITTER.....	111	HUMATE-P.....	114
GUARDIAN 4 GLUCOSE SENSOR.....	112	HUMATROPE.....	102
GUARDIAN LINK 3 TRANSMITTER KIT.....	111	HUMIRA.....	147
GUARDIAN REAL-TIME CHARGER REPLACEMENT.....	111	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	147
GUARDIAN REAL-TIME REPLACEMENT MONITOR.....	111	HUMIRA PEN.....	147
GUARDIAN REAL-TIME TEST PLUG REPLACEMENT.....	111	HUMIRA PEN-CD/UC/HS STARTER.....	147
GUARDIAN SENSOR (3).....	111	HUMIRA PEN-PEDIATRIC UC STARTER KIT.....	147
GUARDIAN 4 TRANSMITTER KIT.....	112	HUMIRA PEN-PS/UV STARTER.....	147
GVOKE HYPOPEN 1-PACK.....	43	HUMULIN 70/30.....	40
GVOKE HYPOPEN 2-PACK.....	43	HUMULIN 70/30 KWIKPEN.....	40
GVOKE KIT.....	43	HUMULIN N.....	40
GVOKE PFS.....	43	HUMULIN N KWIKPEN.....	40
GYNAZOLE-1.....	153	HUMULIN R.....	40
H		HUMULIN R U-500 (CONCENTRATED).....	40
HADLIMA.....	147	HUMULIN R U-500 KWIKPEN.....	40
HADLIMA PUSH TOUCH.....	147	HYCANTIN.....	60
HAEGARDA.....	115	HYCLODEX.....	98
<i>halcinonide cream 0.1% (Halog)</i>	96	<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	81
HALCION.....	118	HYDREA.....	60
<i>halobetasol propionate cream 0.05%</i>	96	<i>hydrochlorothiazide cap 12.5 mg</i>	83
<i>halobetasol propionate foam 0.05% (Lexette)</i>	96	<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i>	83
<i>halobetasol propionate oint 0.05%</i>	96	HYDROCODONE/IBUPROFEN.....	12
HALOG.....	96	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	12
<i>haloperidol lactate oral conc 2 mg/ml</i>	67	<i>hydrocodone-acetaminophen tab 5-300 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 7.5-300 mg, 10-300 mg</i>	12
HARVONI.....	72	<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg (Norco)</i>	12
HAVRIX.....	120	<i>hydrocodone-acetaminophen tab 5-325 mg (Norco)</i>	12
HEMADY.....	89	HYDROCODONE BITARTRATE ER.....	9
HEMANGEOL.....	79	<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
HEMLIBRA.....	113	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	12
HEMOFIL M.....	114	HYDROCORTISONE/ACETIC ACID.....	136
HEPARIN SODIUM.....	27	HYDROCORTISONE BUTYRATE.....	96
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	27	<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1% (Locoid lipocream)</i>	96
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	27	<i>hydrocortisone butyrate lotion 0.1% (Locoid)</i>	96
HEPLISAV-B.....	120	<i>hydrocortisone butyrate oint 0.1%</i>	96
HETLIOZ.....	118	HYDROCORTISONE COMPLETE KIT.....	96
HETLIOZ LQ.....	118	<i>hydrocortisone cream 0.5%</i>	156
HIBERIX.....	120	<i>hydrocortisone cream 1%, 2.5%</i>	96
HIPREX.....	21	<i>hydrocortisone enema 100 mg/60ml (Cortenema)</i>	13
HORIZANT.....	138	<i>hydrocortisone lotion 2.5%</i>	97
HULIO.....	147	<i>hydrocortisone oint 0.5%</i>	156
HUMALOG.....	39	<i>hydrocortisone oint 1%, 2.5%</i>	97
HUMALOG JUNIOR KWIKPEN.....	39	<i>hydrocortisone perianal cream 2.5% (Anusol-hc)</i>	13
HUMALOG KWIKPEN.....	40	<i>hydrocortisone perianal cream 1% (Proctocort)</i>	13
HUMALOG MIX 50/50.....	40	<i>hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)</i>	89
HUMALOG MIX 75/25.....	40	<i>hydrocortisone valerate cream 0.2%</i>	97
		<i>hydrocortisone valerate oint 0.2%</i>	97
		HYDROMORPHONE HCL.....	9

<i>hydromorphone hcl liqd 1 mg/ml (Dilaudid)</i>9	<i>imatinib mesylate tab 100 mg (base equivalent)</i> (Gleevec).....55
<i>hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg</i>9	<i>imatinib mesylate tab 400 mg (base equivalent)</i> (Gleevec).....55
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)</i> 10	IMBRUVICA.....55
<i>hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg</i>62	<i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i>33
<i>hydroxychloroquine sulfate tab 200 mg (Plaquenil)</i>62	<i>imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150 mg</i>33
<i>hydroxyurea cap 500 mg (Hydrea)</i>60	<i>imiquimod cream 5% (Aldara)</i>99
<i>hydroxyzine hcl syrup 10 mg/5ml</i>15	<i>imiquimod cream 3.75% (Zyclara Pump)</i>99
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i>15	IMITREX.....124
HYDROXYZINE PAMOATE.....15	IMITREX STATDOSE REFILL.....124
<i>hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)</i>15	IMITREX STATDOSE SYSTEM.....124
HYFTOR.....99	IMOVAX RABIES (H.D.C.V.).....120
HYLATOPIC PLUS.....99	IMURAN.....122
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>150	IMVEXXY MAINTENANCE PACK.....153
<i>hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl)</i>150	IMVEXXY STARTER PACK.....153
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>150	INBRIJA.....63
<i>hyoscyamine sulfate tab disint 0.125 mg (Anaspaz)</i>150	INCRELEX.....103
<i>hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid)</i>150	INCRUSE ELLIPTA.....16
<i>hyoscyamine sulfate tab 0.125 mg (Levsin)</i>150	<i>indapamide tab 1.25 mg, 2.5 mg</i>83
HYRIMOZ.....147	INDERAL LA.....79
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK.....147	INDERAL XL.....79
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK.....147	<i>indomethacin cap er 75 mg</i>6
HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK.....147	<i>indomethacin cap 25 mg</i>7
HYRIMOZ PLAQUE PSORIASIS STARTER PACK.....147	<i>indomethacin cap 50 mg</i>7
HYSINGLA ER.....10	<i>indomethacin suppos 50 mg</i>7
HYZAAR.....76	INFANRIX.....120
I	INFLECTRA.....148
<i>ibandronate sodium tab 150 mg (base equivalent)</i> (Boniva).....102	INFLIXIMAB.....148
IBRANCE.....55	INGREZZA.....138
IBSRELA.....108	INLYTA.....55
<i>ibuprofen-famotidine tab 800-26.6 mg (Duexis)</i>6	INNOPRAN XL.....79
<i>ibuprofen susp 100 mg/5ml</i>6	INQOVI.....60
<i>ibuprofen tab 600 mg</i>6	INREBIC.....55
<i>ibuprofen tab 400 mg, 800 mg</i>6	INSPRA.....81
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> (Firazyr).....115	INSULIN ASPART.....40
ICLUSIG.....55	INSULIN ASPART FLEXPEN.....40
<i>icosapent ethyl cap 0.5 gm (Vascepa)</i>49	INSULIN ASPART PENFILL.....40
<i>icosapent ethyl cap 1 gm (Vascepa)</i>49	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN.....40
IDACIO.....147	INSULIN DEGLUDEC.....40
IDACIO STARTER PACKAGE FOR CROHNS DISEASE.....148	INSULIN DEGLUDEC FLEXTOUCH.....40
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS.....148	INSULIN GLARGINE.....40
IDELVION.....114	INSULIN GLARGINE SOLOSTAR.....40
IDHIFA.....55	INSULIN GLARGINE-YFGN.....40
ILARIS.....148	INSULIN LISPRO.....41
ILEVRO.....133	INSULIN LISPRO JUNIOR KWIKPEN.....41
ILUMYA.....93	INSULIN LISPRO KWIKPEN.....41
	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN.....41
	INSULIN PEN NEEDLES - TRUEPLUS.....156
	INSULIN SYRINGES - TRUEPLUS.....156
	INTELENCE.....70
	INTRAROSA.....153
	INTUNIV.....2

INVEGA.....	64	JANUVIA.....	38
INVEGA HAFYERA.....	64	JARDIANCE.....	44
INVEGA SUSTENNA.....	64	JAYPIRCA.....	55
INVEGA TRINZA.....	64	JENTADUETO.....	37
INVELTYS.....	135	JENTADUETO XR.....	37
INVOKAMET.....	37	JESDUVROQ.....	116
INVOKAMET XR.....	37	JIVI.....	114
INVOKANA.....	44	JOENJA.....	125
IOPIDINE.....	133	JORNAY PM.....	3
IPOL INACTIVATED IPV.....	120	JUBLIA.....	92
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....</i>	16	JULUCA.....	70
<i>ipratropium bromide inhal soln 0.02%.....</i>	16	JUXTAPID.....	49
<i>ipratropium bromide nasal soln 0.03% (21 mcg/ spray).....</i>	131	JYLAMVO.....	51
<i>ipratropium bromide nasal soln 0.06% (42 mcg/ spray).....</i>	131	JYNARQUE.....	104
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide).....</i>	76	JYNNEOS.....	120
<i>irbesartan tab 75 mg, 150 mg, 300 mg (Avapro).....</i>	77	K	
IRESSA.....	55	KALBITOR.....	115
<i>iron combination cap.....</i>	125	KALETRA.....	70
<i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg (Corvite 150).....</i>	125	KALYDECO.....	142
ISENTRESS.....	70	KAPSPARGO SPRINKLE.....	79
ISENTRESS HD.....	70	KATERZIA.....	80
ISONIAZID.....	23	KAZANO.....	37
<i>isoniazid syrup 50 mg/5ml.....</i>	23	KENALOG.....	97
<i>isoniazid tab 300 mg.....</i>	23	KEPPRA.....	28
ISORDIL TITRADOSE.....	81	KEPPRA XR.....	29
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil).....</i>	84	KERENDIA.....	104
<i>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....</i>	81	KESIMPTA.....	140
<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>	91	<i>ketoconazole tab 200 mg.....</i>	47
<i>isotretinoin cap 25 mg, 35 mg (Absorica).....</i>	91	KETODAN KIT.....	92
<i>isradipine cap 2.5 mg, 5 mg.....</i>	80	KETOPROFEN ER.....	7
ISTALOL.....	132	<i>ketorolac tromethamine ophth soln 0.5% (Acular).....</i>	133
ISTURISA.....	103	<i>ketorolac tromethamine ophth soln 0.4% (Acular Is).....</i>	133
<i>itraconazole cap 100 mg (Sporanox).....</i>	47	<i>ketorolac tromethamine tab 10 mg.....</i>	7
<i>itraconazole oral soln 10 mg/ml (Sporanox).....</i>	47	<i>ketotifen fumarate ophth soln 0.035%.....</i>	157
<i>ivermectin cream 1%.....</i>	99	KEVEYIS.....	83
<i>ivermectin tab 3 mg (Stromectol).....</i>	62	KEVZARA.....	148
IXIARO.....	120	KINERET.....	148
IXINITY.....	114	KINRIX.....	120
IYUZEH.....	133	KISQALI.....	56
J		KISQALI FEMARA 200 DOSE.....	60
JADENU.....	45	KISQALI FEMARA 400 DOSE.....	60
JADENU SPRINKLE.....	45	KISQALI FEMARA 600 DOSE.....	60
JAKAFI.....	55	KITABIS PAK.....	21
JALYN.....	110	KLARON.....	91
JANUMET.....	37	KLONOPIN.....	29
JANUMET XR.....	37	KLOXXADO.....	144
		KOATE.....	114
		KOATE-DVI.....	114
		KOGENATE FS.....	114
		KOMBIGLYZE XR.....	37
		KONSYL DAILY FIBER.....	155
		KONVOMEPEP.....	150

KORLYM.....	43	LAMPIT.....	21
KOSELUGO.....	56	LANCETS - ONETOUCH AND LIFESCAN	
KOVALTRY.....	114	PRODUCTS.....	155
K-PHOS.....	125	LANREOTIDE ACETATE.....	104
K-PHOS NO 2.....	109	LANSOPRAZOLE/AMOXICILLIN/	
KRAZATI.....	56	CLARITHROMYCIN.....	150
KRINTAFEL.....	62	<i>lansoprazole cap delayed release 15 mg, 30 mg</i>	
KUVAN.....	104	(<i>Prevacid</i>).....	151
L		<i>lansoprazole tab delayed release orally disintegrating 15</i>	
<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>	79	<i>mg, 30 mg (Prevacid solutab)</i>	151
LAC-HYDRIN FIVE.....	157	<i>lanthanum carbonate chew tab 500 mg (elemental), 750</i>	
<i>lacosamide oral solution 10 mg/ml (Vimpat)</i>	29	<i>mg (elemental), 1000 mg (elemental) (Fosrenol)</i>	109
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>		LANTUS.....	41
(<i>Vimpat</i>).....	29	LANTUS SOLOSTAR.....	41
LACRISERT.....	133	<i>lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)</i>	56
<i>lactated ringer's for irrigation</i>	125	LASIX.....	83
<i>lactic acid (ammonium lactate) cream 12%</i>	99	<i>latanoprost ophth soln 0.005% (Xalatan)</i>	133
<i>lactic acid (ammonium lactate) lotion 12%</i>	99	LATUDA.....	67
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	108	LEDIPASVIR/SOFOSBUVIR.....	73
LAGEVRIO.....	73	<i>leflunomide tab 10 mg, 20 mg (Arava)</i>	5
LAMICTAL.....	29	LEMTRADA.....	140
LAMICTAL CHEWABLE DISPERSIBLE.....	29	<i>lenalidomide cap 2.5 mg, 5 mg, 10 mg (Revlimid)</i>	125
LAMICTAL ODT.....	29	<i>lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid)</i>	125
LAMICTAL STARTER/NOT TAKING		LENVIMA 4 MG DAILY DOSE.....	56
CARBAMAZEPINE.....	29	LENVIMA 8 MG DAILY DOSE.....	56
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT		LENVIMA 10 MG DAILY DOSE.....	56
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.....	137
<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>		LETAIRIS.....	84
<i>mg, 200 mg (Lamictal odt)</i>	29	<i>letrozole tab 2.5 mg (Femara)</i>	52
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>		<i>leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg</i>	60
(<i>Lamictal chewable dispersible</i>).....	29	LEUKINE.....	117
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7)</i>		<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base</i>	
<i>kit (Lamictal odt)</i>	29	<i>equiv)</i>	17
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>		<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63</i>	
(<i>Lamictal odt</i>).....	29	<i>mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</i>	17
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>		LEVAlBUTEROL TARTRATE HFA.....	17
(<i>Lamictal odt</i>).....	29	LEVAMLODIPINE.....	80
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg,</i>		LEVEMIR.....	41
<i>250 mg, 300 mg (Lamictal xr)</i>	29	LEVEMIR FLEXPEN.....	41
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>		<i>levetiracetam oral soln 100 mg/ml (Keppra)</i>	30
(<i>Lamictal</i>).....	30	<i>levetiracetam tab er 24hr 500 mg, 750 mg (Keppra</i>	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>		<i>xr)</i>	30
(<i>Lamictal starter/not taking carbamazepine</i>).....	30	<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter</i>		(<i>Keppra</i>).....	30
<i>kit (Lamictal starter/taking carbamazepine/not taking</i>		LEVOBUNOLOL HCL.....	132
<i>valproate)</i>	30	<i>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)</i>	104
<i>lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/</i>		<i>levocarnitine tab 330 mg (Carnitor)</i>	104
<i>taking valproate)</i>	30	<i>levocetirizine dihydrochloride tab 5 mg</i>	48
		LEVOFLOXACIN.....	20

levofloxacin tab 250 mg.....	20	LIDOTRAL/MENTHOL.....	99
levofloxacin tab 500 mg, 750 mg (Levaquin).....	20	LIDOTRAN.....	99
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette).....	86	linezolid for susp 100 mg/5ml (Zyvox).....	21
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	86	linezolid tab 600 mg (Zyvox).....	21
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	86	LINZESS.....	108
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	86	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel).....	145
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	87	LIPITOR.....	49
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra).....	87	LIPOFEN.....	49
levonorgestrel tab 1.5 mg.....	88	LIQREV.....	84
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique).....	86	lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse).....	2
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique).....	86	lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse).....	2
LEVORPHANOL TARTRATE.....	10	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic).....	74
levorphanol tartrate tab 2 mg.....	10	lisinopril tab 2.5 mg, 5 mg, 30 mg, 40 mg (Zestril).....	75
LEVOTHYROXINE SODIUM.....	145	lisinopril tab 10 mg, 20 mg (Prinivil).....	75
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).....	145	LITHIUM.....	67
LEVSIN.....	150	LITHIUM CARBONATE.....	67
LEVSIN/SL.....	150	lithium carbonate cap 300 mg.....	67
LEVULAN KERASTICK.....	99	lithium carbonate cap 150 mg, 600 mg (Lithium carbonate).....	67
LEXAPRO.....	34	lithium carbonate tab er 450 mg.....	67
LEXETTE.....	97	lithium carbonate tab er 300 mg (Lithobid).....	67
LEXIVA.....	70	lithium carbonate tab 300 mg.....	67
LIALDA.....	107	LITHOBID.....	67
LIBRAX.....	150	LITHOSTAT.....	109
LICART.....	99	LIVALO.....	49
LIDOCAINE HCL.....	126	LIVTENCITY.....	73
LIDOCAINE HCL/HYDROCORTISONE ACETATE.....	14	LOCOID.....	97
lidocaine hcl cream 3%.....	99	LOCOID LIPOCREAM.....	97
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE.....	13	LODOSYN.....	63
lidocaine hcl soln 4%.....	99	LOKELMA.....	126
lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	99	LO LOESTRIN FE.....	87
lidocaine hcl viscous soln 2%.....	126	LONSURF.....	61
LIDOCAINE HYDROCHLORIDE.....	99	loperamide hcl cap 2 mg.....	44
lidocaine-hydrocortisone acetate perianal cream 3-0.5%.....	14	loperamide hcl tab 2 mg.....	154
lidocaine-hydrocortisone acetate rectal cream kit 2-2%, 3-0.5%.....	14	LOPID.....	50
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%.....	99	lopinavir-ritonavir tab 100-25 mg (Kaletra).....	70
lidocaine patch 5% (Lidoderm).....	99	lopinavir-ritonavir tab 200-50 mg (Kaletra).....	70
lidocaine-prilocaine cream 2.5-2.5%.....	99	LOPRESSOR.....	79
lidocaine-prilocaine cream kit 2.5-2.5%.....	99	loratadine oral soln 5 mg/5ml.....	154
LIDODERM.....	99	loratadine tab 10 mg.....	154
LIDOREX.....	99	lorazepam conc 2 mg/ml.....	14
LIDOTRAL.....	99	lorazepam tab 0.5 mg, 1 mg (Ativan).....	14
		lorazepam tab 2 mg (Ativan).....	14
		LORBRENA.....	56
		LOREEV XR.....	14
		losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar).....	76
		losartan potassium tab 25 mg, 50 mg (Cozaar).....	77
		losartan potassium tab 100 mg (Cozaar).....	77
		LOTEMAX.....	135

LOTEMAX SM.....	136	MAVENCLAD.....	140
LOTENSIN.....	75	MAVYRET.....	73
LOTENSIN HCT.....	74	MAXALT.....	124
LOTEPREDNOL ETABONATE.....	136	MAXALT-MLT.....	124
<i>loteprednol etabonate ophth susp 0.5% (Lotemax)</i>	136	MAXIDEX.....	136
LOTREL.....	74	MAXITROL.....	136
LOTRONEX.....	108	MAXZIDE.....	83
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	50	MAXZIDE-25.....	83
LOVAZA.....	50	MAYZENT.....	141
LOVENOX.....	27	MAYZENT STARTER PACK.....	141
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	66	<i>meclizine hcl tab 12.5 mg, 25 mg</i>	46
<i>lubiprostone cap 8 mcg, 24 mcg (Amitiza)</i>	108	MECLIZINE HYDROCHLORIDE.....	46
LUCEMYRA.....	144	MECLOFENAMATE SODIUM.....	7
LULICONAZOLE.....	92	MEDROL.....	89
LUMAKRAS.....	56	MEDROL DOSEPAK.....	89
LUMIGAN.....	133	<i>medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contraceptive)</i>	88
LUNESTA.....	118	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contraceptive)</i>	88
LUPKYNIS.....	122	<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)</i>	137
LUPRON DEPOT (1-MONTH).....	61	<i>mefenamic acid cap 250 mg</i>	7
LUPRON DEPOT (3-MONTH).....	61	<i>mefloquine hcl tab 250 mg</i>	62
LUPRON DEPOT (4-MONTH).....	61	<i>megestrol acetate susp 40 mg/ml</i>	52
LUPRON DEPOT (6-MONTH).....	61	<i>megestrol acetate susp 625 mg/5ml (Megace es)</i>	137
LUPRON DEPOT-PED (1-MONTH).....	104	<i>megestrol acetate tab 20 mg, 40 mg</i>	52
LUPRON DEPOT-PED (3-MONTH).....	104	MEKINIST.....	57
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)</i>	67	MEKTOVI.....	57
<i>lurasidone hcl tab 80 mg (Latuda)</i>	67	<i>meloxicam cap 5 mg (Vivlodex)</i>	7
LUZU.....	92	<i>meloxicam cap 10 mg (Vivlodex)</i>	7
LYBALVI.....	139	<i>meloxicam tab 7.5 mg (Mobic)</i>	7
LYDEXA.....	99	<i>meloxicam tab 15 mg (Mobic)</i>	7
LYNPARZA.....	57	MELPHALAN.....	51
LYRICA.....	30	<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg (Namenda xr)</i>	137
LYRICA CR.....	139	<i>memantine hcl oral solution 2 mg/ml</i>	137
LYSODREN.....	52	<i>memantine hcl tab 5 mg, 10 mg (Namenda)</i>	137
LYTGOBI.....	57	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pack)</i>	137
LYUMJEV.....	41	MENACTRA.....	120
LYUMJEV KWIKPEN.....	41	MENEST.....	106
LYUMJEV TEMPO PEN.....	41	MENOSTAR.....	107
LYVISPAH.....	130	MENQUADFI.....	120
M		MENVEO.....	120
MACROBID.....	21	MEPERIDINE HCL.....	10
MACRODANTIN.....	21	<i>meprobamate tab 200 mg, 400 mg</i>	15
<i>mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)</i>	99	MEPRON.....	21
<i>magnesium citrate soln</i>	155	<i>mercaptopurine tab 50 mg</i>	51
<i>magnesium oxide tab 400 mg</i>	154	<i>mesalamine cap dr 400 mg (Delzicol)</i>	107
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	156	<i>mesalamine cap er 24hr 0.375 gm (Apriso)</i>	107
MALARONE.....	62	<i>mesalamine cap er 500 mg (Pentasa)</i>	107
<i>malathion lotion 0.5% (Ovide)</i>	101	MESALAMINE DR.....	107
<i>maraviroc tab 150 mg (Selzentry)</i>	70	<i>mesalamine enema 4 gm</i>	107
<i>maraviroc tab 300 mg (Selzentry)</i>	70	<i>mesalamine rectal enema 4 gm & cleanser wipe kit (Rowasa)</i>	107
MARINOL.....	46	<i>mesalamine suppos 1000 mg (Canasa)</i>	107
MARPLAN.....	33		
MATULANE.....	61		

mesalamine tab delayed release 1.2 gm (Lialda).....	107	methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	3
MESNEX.....	60	methylphenidate hcl chew tab 10 mg.....	4
MESTINON.....	51	methylphenidate hcl chew tab 2.5 mg, 5 mg.....	4
MESTINON TIMESPAN.....	51	methylphenidate hcl soln 5 mg/5ml (Methylin).....	4
metaxalone tab 400 mg.....	130	methylphenidate hcl soln 10 mg/5ml (Methylin).....	4
metaxalone tab 800 mg (Skelaxin).....	130	methylphenidate hcl tab er 24hr 36 mg.....	4
metformin hcl oral soln 500 mg/5ml (Riomet).....	43	methylphenidate hcl tab er 24hr 27 mg, 54 mg.....	4
metformin hcl tab er 24hr 500 mg.....	43	methylphenidate hcl tab er 10 mg, 20 mg.....	4
metformin hcl tab er 24hr 750 mg.....	43	methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta).....	4
metformin hcl tab er 24hr modified release 500 mg (Glumetza).....	43	methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta).....	4
metformin hcl tab er 24hr modified release 1000 mg (Glumetza).....	43	methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin).....	4
metformin hcl tab er 24hr osmotic 500 mg (Fortamet).....	43	METHYLPHENIDATE HYDROCHLORIDE ER.....	4
metformin hcl tab er 24hr osmotic 1000 mg (Fortamet).....	43	methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr (Daytrana).....	4
metformin hcl tab 500 mg.....	43	methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol).....	89
metformin hcl tab 850 mg.....	43	methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....	89
metformin hcl tab 1000 mg.....	44	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	108
METFORMIN HYDROCHLORIDE.....	44	metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan).....	108
METHADONE HCL.....	10	METOCLOPRAMIDE ODT.....	108
methadone hcl conc 10 mg/ml (Methadose).....	10	metolazone tab 2.5 mg, 5 mg, 10 mg.....	83
methadone hcl soln 5 mg/5ml (Methadone hcl).....	10	metoprolol & hydrochlorothiazide tab 100-25 mg, 100-50 mg.....	78
methadone hcl soln 10 mg/5ml (Methadone hcl).....	10	metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct).....	78
methadone hcl tab for oral susp 40 mg.....	10	metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl).....	79
methadone hcl tab 5 mg, 10 mg (Dolophine).....	10	metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	79
METHADOSE.....	10	metoprolol tartrate tab 50 mg, 100 mg (Lopressor).....	79
METHADOSE SUGAR-FREE.....	10	metronidazole cap 375 mg (Flagyl).....	22
methamphetamine hcl tab 5 mg (Desoxyn).....	2	metronidazole cream 0.75% (Metrocream).....	99
methazolamide tab 25 mg, 50 mg.....	83	metronidazole gel 0.75%.....	99
methenamine hippurate tab 1 gm (Hiprex).....	21	metronidazole gel 1% (Metrogel).....	99
methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg (Urogesic-blue).....	22	metronidazole lotion 0.75% (Metrolotion).....	99
methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg, 120 mg.....	22	metronidazole tab 250 mg, 500 mg (Flagyl).....	22
methenamine mandelate tab 0.5 gm, 1 gm.....	22	metronidazole vaginal gel 0.75%.....	153
methimazole tab 5 mg, 10 mg (Tapazole).....	145	metyrosine cap 250 mg (Demser).....	81
methocarbamol tab 500 mg.....	130	mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	82
methocarbamol tab 750 mg (Robaxin-750).....	130	MICARDIS.....	77
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	5	MICARDIS HCT.....	76
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....	5	MICONAZOLE 3.....	153
methotrexate sodium tab 2.5 mg (base equiv).....	51	MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM.....	93
METHOXSALLEN.....	93	miconazole nitrate cream 2%.....	156
methscopolamine bromide tab 2.5 mg, 5 mg.....	150	midazolam hcl syrup 2 mg/ml (base equivalent).....	118
methsuximide cap 300 mg (Celontin).....	30	midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	84
METHYLDOPA.....	78	mifepristone tab 200 mg (Mifeprex).....	104
methylergonovine maleate tab 0.2 mg.....	104	MIGERGOT.....	123
METHYLIN.....	3	MIGLITOL.....	44
methylphenidate hcl cap er 24hr 60 mg (la).....	4		
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 40 mg (la) (Ritalin la).....	3		
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la).....	4		
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		

MIGRANAL.....	123	MULPLETA.....	117
MINASTRIN 24 FE.....	87	MULTAQ.....	82
MINILINK REAL-TIME TRANSMITTER.....	112	multiple vitamins w/ minerals cap.....	156
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT.....	112	multiple vitamins w/ minerals tab (Strovite forte).....	127
MINIPRESS.....	78	multiple vitamin tab.....	156
MINIVELLE.....	107	MULTIVITAMIN INFANT/TODDLER.....	156
minocycline hcl cap 75 mg, 100 mg.....	25	mupirocin calcium cream 2%.....	92
minocycline hcl cap 50 mg (Minocin).....	25	mupirocin oint 2%.....	92
minocycline hcl tab er 24hr 45 mg, 90 mg, 135 mg.....	25	MYAMBUTOL.....	23
minocycline hcl tab er 24hr 55 mg, 65 mg, 80 mg, 105 mg, 115 mg (Solodyn).....	25	MYCAPSSA.....	102
minocycline hcl tab 50 mg, 75 mg, 100 mg.....	25	MYCOBUTIN.....	23
MINOLIRA.....	25	mycophenolate mofetil cap 250 mg (Cellcept).....	122
minoxidil tab 2.5 mg, 10 mg.....	81	mycophenolate mofetil for oral susp 200 mg/ml (Cellcept).....	122
MIRAPEX ER.....	63	mycophenolate mofetil tab 500 mg (Cellcept).....	122
MIRCERA.....	117	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic).....	122
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab).....	33	MYDAYIS.....	2
mirtazapine tab 7.5 mg, 45 mg.....	33	MYDRIACYL.....	133
mirtazapine tab 15 mg, 30 mg (Remeron).....	33	MYFEMBREE.....	107
misoprostol tab 100 mcg, 200 mcg (Cytotec).....	150	MYFORTIC.....	122
MITIGARE.....	113	MYRBETRIQ.....	152
M-M-R II.....	120	MYSOLINE.....	30
M-NATAL PLUS.....	127	N	
modafinil tab 100 mg, 200 mg (Provigil).....	4	nabumetone tab 500 mg.....	7
moexipril hcl tab 7.5 mg, 15 mg.....	75	nabumetone tab 750 mg.....	7
MOLINDONE HYDROCHLORIDE.....	67	nadolol tab 20 mg, 40 mg, 80 mg (Corgard).....	79
mometasone furoate cream 0.1%.....	97	NAFTIFINE HCL.....	93
mometasone furoate nasal susp 50 mcg/act (Nasonex).....	131	naftifine hcl cream 2% (Naftin).....	93
mometasone furoate oint 0.1%.....	97	naftifine hcl gel 2% (Naftin).....	93
mometasone furoate solution 0.1% (lotion).....	97	NAFTIN.....	93
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair).....	18	NALFON.....	7
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair).....	18	NALMEFENE HYDROCHLORIDE.....	144
montelukast sodium tab 10 mg (base equiv) (Singulair).....	18	NALOCET.....	12
MORPHINE SULFATE.....	10	naloxone hcl inj 0.4 mg/ml, 4 mg/10ml.....	144
MORPHINE SULFATE ER.....	10	naloxone hcl nasal spray 4 mg/0.1ml (Narcan).....	144
morphine sulfate oral soln 10 mg/5ml.....	10	naloxone hcl soln prefilled syringe 2 mg/2ml.....	144
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	10	NALOXONE HYDROCHLORIDE.....	144
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (Ms contin).....	10	naltrexone hcl tab 50 mg.....	144
morphine sulfate tab 15 mg (Morphine sulfate).....	10	NAMENDA.....	137
morphine sulfate tab 30 mg (Morphine sulfate).....	11	NAMENDA TITRATION PAK.....	138
MOTEGRITY.....	108	NAMENDA XR.....	138
MOTPOLY XR.....	30	NAMZARIC.....	138
MOUNJARO.....	38	NAPRELAN.....	7
MOVANTIK.....	108	naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg (Vimovo).....	8
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox).....	134	naproxen sodium tab er 24hr 375 mg (base equiv) (Naprelan).....	7
moxifloxacin hcl tab 400 mg (base equiv).....	20	naproxen sodium tab er 24hr 500 mg (base equiv) (Naprelan).....	7
MOXIFLOXACIN HYDROCHLORIDE.....	134	naproxen sodium tab er 24hr 750 mg (base equiv) (Naprelan).....	7
MS CONTIN.....	11	naproxen sodium tab 275 mg.....	7
		naproxen sodium tab 550 mg.....	7

<i>naproxen susp 125 mg/5ml (Naprosyn)</i>	7	NGENLA.....	102
<i>naproxen tab ec 375 mg (Ec-naprosyn)</i>	8	<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)</i>	50
<i>naproxen tab ec 500 mg (Ec-naproxen)</i>	8	<i>niacin tab er 500 mg (antihyperlipidemic) (Niaspan)</i>	50
<i>naproxen tab 250 mg</i>	8	<i>nicardipine hcl cap 20 mg, 30 mg</i>	80
<i>naproxen tab 375 mg</i>	8	<i>nicotine polacrilex gum 2 mg, 4 mg</i>	142
<i>naproxen tab 500 mg</i>	8	<i>nicotine polacrilex lozenge 2 mg, 4 mg</i>	142
<i>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)</i>	124	<i>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i>	142
NARCAN.....	144	NICOTINE TRANSDERMAL SYSTEM.....	142
NARDIL.....	33	NICOTROL INHALER.....	142
NATACYN.....	134	NICOTROL NS.....	142
NATAL PNV.....	127	<i>nifedipine cap 20 mg</i>	80
NATAZIA.....	87	<i>nifedipine cap 10 mg (Procardia)</i>	80
<i>nateglinide tab 60 mg (Starlix)</i>	44	<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	80
<i>nateglinide tab 120 mg (Starlix)</i>	44	<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)</i>	80
NATROBA.....	101	<i>nilutamide tab 150 mg (Nilandron)</i>	52
NAYZILAM.....	30	<i>nimodipine cap 30 mg</i>	80
<i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)</i>	79	NINLARO.....	57
NEBUPENT.....	22	NISOLDIPINE ER.....	80
NEFAZODONE HYDROCHLORIDE.....	33	<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)</i>	80
NEOMYCIN/POLYMYXIN/GRAMICIDIN.....	134	<i>nitazoxanide tab 500 mg (Alinia)</i>	22
NEOMYCIN/POLYMYXIN/HYDROCORTISONE.....	136	<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)</i>	104
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	134	NITRO-BID.....	81
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</i>	136	NITRO-DUR.....	81
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</i>	136	NITROFURANTOIN.....	22
<i>neomycin-polymyxin-hc otic soln 1%</i>	137	<i>nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrochantin)</i>	22
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	137	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</i>	22
<i>neomycin sulfate tab 500 mg</i>	20	<i>nitrofurantoin susp 25 mg/5ml</i>	22
NEORAL.....	122	<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</i>	82
NEO-SYNALAR.....	92	<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)</i>	82
NEO-SYNALAR KIT.....	92	<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspray)</i>	82
NERLYNX.....	57	NITROLINGUAL PUMPSPRAY.....	82
NESINA.....	38	NITROSTAT.....	82
NESTABS.....	127	NITRO-TIME.....	82
NESTABS DHA.....	127	NITYR.....	104
NESTABS ONE.....	127	NIVA-PLUS.....	127
NEULASTA.....	117	NIVA THYROID.....	145
NEULASTA ONPRO KIT.....	117	NIVESTYM.....	117
NEUPOGEN.....	117	NIZATIDINE.....	149
NEUPRO.....	63	NOC DURNA.....	104
NEURONTIN.....	30	NORDITROPIN FLEXPOR.....	102
NEVANAC.....	133	<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	87
NEVIRAPINE.....	70	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	87
<i>nevirapine tab er 24hr 400 mg (Viramune xr)</i>	70	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)</i>	87
<i>nevirapine tab 200 mg (Viramune)</i>	71	<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg</i>	87
NEXAVAR.....	57		
NEXIUM.....	151		
NEXLETOL.....	50		
NEXLIZET.....	50		
NEXTSTELLIS.....	87		

<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)</i>	87	NOVOLIN R FLEXPEN RELION.....	41
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)</i>	87	NOVOLIN R RELION.....	41
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)</i>	87	NOVOLOG.....	41
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)</i>	87	NOVOLOG FLEXPEN.....	42
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)</i>	87	NOVOLOG FLEXPEN RELION.....	42
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)</i>	87	NOVOLOG MIX 70/30.....	42
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	87	NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	42
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	107	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION.....	42
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)</i>	107	NOVOLOG MIX 70/30 RELION.....	42
<i>norethindrone acetate tab 5 mg (Aygestin)</i>	137	NOVOLOG PENFILL.....	42
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)</i>	87	NOVOLOG RELION.....	42
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	87	NOVOSEVEN RT.....	114
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)</i>	87	NOXAFIL.....	47
<i>norethindrone tab 0.35 mg (Ortho micronor)</i>	88	NPLATE.....	117
NORGESIC FORTE.....	130	NP THYROID 15.....	145
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	87	NP THYROID 30.....	145
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	87	NP THYROID 60.....	145
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)</i>	87	NP THYROID 90.....	145
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	87	NP THYROID 120.....	145
NORITATE.....	99	NUBEQA.....	52
NORLIQVA.....	80	NUCALA.....	19
NORPACE.....	82	NUCYNTA.....	11
NORPACE CR.....	82	NUCYNTA ER.....	11
NORPRAMIN.....	33	NUEDEXTA.....	139
NORTHERA.....	84	NUPLAZID.....	67
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</i>	33	NURTEC.....	123
<i>nortriptyline hcl soln 10 mg/5ml</i>	33	NUTROPIN AQ NUSPIN 5.....	102
NORVASC.....	80	NUTROPIN AQ NUSPIN 10.....	102
NORVIR.....	71	NUTROPIN AQ NUSPIN 20.....	102
NOURIANZ.....	63	NUVAIL.....	99
NOVOEIGHT.....	114	NUVARING.....	87
NOVOLIN 70/30.....	41	NUVESSA.....	153
NOVOLIN 70/30 FLEXPEN.....	41	NUVIGIL.....	4
NOVOLIN 70/30 FLEXPEN RELION.....	41	NUWIQ.....	114
NOVOLIN 70/30 RELION.....	41	NUZYRA.....	25
NOVOLIN N.....	41	NYMALIZE.....	80
NOVOLIN N FLEXPEN.....	41	<i>nystatin cream 100000 unit/gm</i>	93
NOVOLIN N FLEXPEN RELION.....	41	<i>nystatin oint 100000 unit/gm</i>	93
NOVOLIN N RELION.....	41	<i>nystatin susp 100000 unit/ml</i>	126
NOVOLIN R.....	41	<i>nystatin tab 500000 unit</i>	47
NOVOLIN R FLEXPEN.....	41	<i>nystatin topical powder 100000 unit/gm</i>	93
		<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	93
		<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	93
		NYVEPRIA.....	117
		O	
		OB COMPLETE.....	127
		OB COMPLETE/DHA.....	128
		OB COMPLETE ONE.....	127
		OB COMPLETE PETITE.....	127
		OB COMPLETE PREMIER.....	127
		OBIZUR.....	114
		OCALIVA.....	108
		OCREVUS.....	141
		OCTREOTIDE ACETATE.....	102

octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....	102	OMNITROPE.....	102
octreotide acetate inj 1000 mcg/ml (1 mg/ml).....	102	OMVOH.....	148
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml) (Sandostatin).....	102	ondansetron hcl oral soln 4 mg/5ml.....	46
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin).....	102	ondansetron hcl tab 4 mg, 8 mg (Zofran).....	46
OCUFLOX.....	134	ondansetron orally disintegrating tab 4 mg, 8 mg.....	46
ODEFSEY.....	71	ONETOUCH DELICA PLUS LANCING DEVICE.....	155
ODOMZO.....	61	ONETOUCH ULTRA.....	155
OFEV.....	143	ONETOUCH ULTRA 2.....	155
OFLOXACIN.....	20	ONETOUCH ULTRA CONTROL.....	155
ofloxacin ophth soln 0.3% (Ocuflox).....	134	ONETOUCH ULTRA CONTROL SOLUTION.....	155
ofloxacin otic soln 0.3%.....	136	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM.....	155
ofloxacin tab 400 mg.....	20	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION.....	155
olanzapine-fluoxetine hcl cap 12-25 mg.....	139	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION.....	155
olanzapine-fluoxetine hcl cap 3-25 mg, 6-25 mg, 6-50 mg, 12-50 mg (Symbyax).....	139	ONETOUCH VERIO TEST STRIP.....	155
olanzapine for im inj 10 mg (Zyprexa).....	66	ONEXTON.....	91
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis).....	66	ONFI.....	30
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa).....	66	ONGENTYS.....	63
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	ONGLYZA.....	38
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct).....	76	ONUREG.....	52
olmesartan medoxomil tab 20 mg, 40 mg (Benicar).....	77	OPSUMIT.....	84
olmesartan medoxomil tab 5 mg (Benicar).....	77	OPVEE.....	144
olopatadine hcl nasal soln 0.6% (Patanase).....	131	OPZELURA.....	19
olopatadine hcl ophth soln 0.2% (base equivalent).....	135	ORACIT.....	109
OLPRUVA.....	104	oral electrolyte solution.....	156
OLUMIANT.....	148	ORAVIG.....	126
OMECLAMOX-PAK.....	150	ORENCIA.....	148
omega-3-acid ethyl esters cap 1 gm (Lovaza).....	50	ORENCIA CLICKJECT.....	148
omega-3 fatty acids cap 500 mg, 1000 mg.....	156	ORENITRAM.....	85
omeprazole cap delayed release 10 mg, 20 mg, 40 mg.....	151	ORENITRAM TITRATION KIT MONTH 1.....	85
omeprazole-sodium bicarbonate cap 20-1100 mg, 40-1100 mg (Zegerid).....	150	ORENITRAM TITRATION KIT MONTH 2.....	85
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, 40-1680 mg (Zegerid).....	150	ORENITRAM TITRATION KIT MONTH 3.....	85
OMNARIS.....	131	ORFADIN.....	104
OMNIPOD CLASSIC PODS (GEN 3).....	112	ORGOVYX.....	52
OMNIPOD DASH INTRO KIT (GEN 4).....	112	ORIAHNN.....	107
OMNIPOD DASH PDM KIT (GEN 4).....	112	ORILISSA.....	104
OMNIPOD DASH PODS (GEN 4).....	112	ORKAMBI.....	142
OMNIPOD 5 G6 INTRO KIT (GEN 5).....	112	ORLADEYO.....	115
OMNIPOD GO 10 UNITS/DAY.....	112	orphenadrine citrate tab er 12hr 100 mg.....	130
OMNIPOD GO 15 UNITS/DAY.....	112	orphenadrine w/ aspirin & caffeine tab 25-385-30 mg.....	130
OMNIPOD GO 20 UNITS/DAY.....	112	orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Norgesic forte).....	130
OMNIPOD GO 25 UNITS/DAY.....	112	ORSERDU.....	52
OMNIPOD GO 30 UNITS/DAY.....	112	oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) (Tamiflu).....	73
OMNIPOD GO 35 UNITS/DAY.....	112	oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu).....	73
OMNIPOD GO 40 UNITS/DAY.....	112	OSENI.....	37
OMNIPOD 5 G6 PODS (GEN 5).....	112	OSMOLEX ER.....	63
		OSPHENA.....	105
		OTEZLA.....	148
		OTREXUP.....	5
		OVACE PLUS.....	99

OVAL TAPE.....	112	<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	
OVIDE.....	101	(<i>Paxil</i>).....	34
<i>oxaprozin tab 600 mg (Daypro)</i>	8	<i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg (Paxil cr)</i>	35
<i>oxazepam cap 30 mg</i>	14	<i>paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)</i>	34
<i>oxazepam cap 10 mg, 15 mg</i>	14	<i>paroxetine hcl tab 10 mg, 20 mg, 40 mg (Paxil)</i>	35
OXBRYTA.....	5	<i>paroxetine hcl tab 30 mg (Paxil)</i>	35
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>		<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	
(<i>Trileptal</i>).....	30	(<i>Brisdelle</i>).....	139
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>		PAXIL.....	35
(<i>Trileptal</i>).....	30	PAXIL CR.....	35
OXERVATE.....	133	PAXLOVID.....	73
<i>oxiconazole nitrate cream 1% (Oxistat)</i>	93	<i>pazopanib hcl tab 200 mg (base equiv) (Votrient)</i>	57
OXISTAT.....	93	PEDIA-LAX.....	155
OXTELLAR XR.....	30	PEDIARIX.....	120
OXYBUTYNIN CHLORIDE.....	152	<i>pediatric multiple vitamin chew tab</i>	156
<i>oxybutynin chloride solution 5 mg/5ml</i>	152	PEDVAX HIB.....	120
<i>oxybutynin chloride tab er 24hr 15 mg</i>	152	PEGASYS.....	73
<i>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)</i>	152	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	
<i>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)</i>	152	(<i>Golytely</i>).....	123
<i>oxybutynin chloride tab 5 mg</i>	152	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/</i>	
<i>oxycodone hcl cap 5 mg</i>	11	<i>flavor pack)</i>	123
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	11	PEMAZYRE.....	57
OXYCODONE HCL ER.....	11	<i> penciclovir cream 1% (Denavir)</i>	99
<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 titratabs)</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.....	99
<i>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i>		PENTACEL.....	121
(<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.....	107
<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>	115
OXYCONTIN.....	11	PEPCID.....	149
<i>oxymorphone hcl tab 5 mg</i>	11	PERCOCET.....	13
<i>oxymorphone hcl tab 10 mg (Opana)</i>	11	PERFOROMIST.....	17
OXYMORPHONE HYDROCHLORIDE ER.....	11	PERINDOPRIL ERBUMINE.....	75
OXYTROL.....	152	<i>perindopril erbumine tab 2 mg, 4 mg</i>	75
OZEMPIC.....	39	<i>permethrin cream 5% (Elimite)</i>	101
P		<i>permethrin creme rinse 1%</i>	101
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)</i>	65	PERPHENAZINE/AMITRIPTYLINE.....	139
<i>paliperidone tab er 24hr 6 mg (Invega)</i>	65	<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	67
PAMELOR.....	33	PERSERIS.....	65
PANDEL.....	97	PERTZYE.....	101
<i>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg</i>		PHEBURANE.....	105
(<i>base equiv</i>) (<i>Protonix</i>).....	151	<i>phenazopyridine hcl tab 100 mg, 200 mg (Pyridium)</i>	109
<i>pantoprazole sodium for delayed release susp packet 40</i>		PHENELZINE SULFATE.....	33
<i>mg (Protonix)</i>	151	<i>phenobarbital elixir 20 mg/5ml</i>	118
PARADIGM REAL-TIME TRANSMITTER.....	112	<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60</i>	
<i>paricalcitol cap 4 mcg</i>	105	<i>mg, 64.8 mg, 97.2 mg, 100 mg</i>	118
<i>paricalcitol cap 1 mcg, 2 mcg (Zemplar)</i>	105	<i>phenoxybenzamine hcl cap 10 mg (Dibenzyline)</i>	81
PARLODEL.....	63	<i>phenylephrine-guaifenesin tab 10-400 mg</i>	154
		<i>phenylephrine hcl ophth soln 2.5%, 10%</i>	133
		<i>phenylephrine hcl tab 10 mg</i>	156
		<i>phenytoin chew tab 50 mg (Dilantin infatabs)</i>	30

<i>phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)</i>	30	<i>potassium chloride microencapsulated crys er tab 10 meq, 20 meq</i>	125
<i>phenytoin sodium extended cap 100 mg (Dilantin)</i>	30	<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>	125
<i>phenytoin susp 125 mg/5ml (Dilantin-125)</i>	30	<i>potassium chloride powder packet 20 meq</i>	125
PHEXXI.....	153	<i>potassium chloride tab er 10 meq (K-tab)</i>	125
PHOSPHOLINE IODIDE.....	133	<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	109
<i>phytonadione tab 5 mg (Mephyton)</i>	153	<i>potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)</i>	109
PIFELTRO.....	71	<i>potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)</i>	109
<i>pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)</i>	133	<i>potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)</i>	109
<i>pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)</i>	126	<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)</i>	125
<i>pimecrolimus cream 1% (Elidel)</i>	99	PRADAXA.....	26
PIMOZIDE.....	139	PRALUENT.....	50
<i>pindolol tab 5 mg, 10 mg</i>	79	<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>	63
<i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg (Duetact)</i>	37	<i>pramipexole dihydrochloride tab 0.25 mg</i>	63
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)</i>	37	<i>pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)</i>	63
<i>pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)</i>	44	<i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)</i>	116
PIQRAY 200MG DAILY DOSE.....	57	<i>pravastatin sodium tab 10 mg</i>	50
PIQRAY 250MG DAILY DOSE.....	57	<i>pravastatin sodium tab 80 mg</i>	50
PIQRAY 300MG DAILY DOSE.....	57	<i>pravastatin sodium tab 20 mg, 40 mg (Pravachol)</i>	50
PIRFENIDONE.....	143	<i>praziquantel tab 600 mg (Biltricide)</i>	62
<i>pirfenidone cap 267 mg (Esbriet)</i>	143	<i>prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)</i>	78
<i>pirfenidone tab 267 mg (Esbriet)</i>	143	PRED FORTE.....	136
<i>pirfenidone tab 801 mg (Esbriet)</i>	143	PRED MILD.....	136
<i>piroxicam cap 10 mg (Feldene)</i>	8	PREDNISOLONE ACETATE.....	136
<i>piroxicam cap 20 mg (Feldene)</i>	8	PREDNISOLONE SODIUM PHOSPHATE.....	136
<i>pitavastatin calcium tab 1 mg, 2 mg (Livalo)</i>	50	PREDNISOLONE SODIUM PHOSPHATE ODT.....	89
<i>pitavastatin calcium tab 4 mg (Livalo)</i>	50	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	89
PLAVIX.....	116	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	89
PLEGRIDY.....	141	<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	89
PLEGRIDY STARTER PACK.....	141	<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	89
PLIAGLIS.....	99	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)</i>	89
PNEUMOVAX 23.....	121	<i>prednisolone soln 15 mg/5ml</i>	89
PNEUMOVAX 23/1 DOSE.....	121	<i>prednisolone tab 5 mg</i>	89
PNV-DHA.....	128	PREDNISON.....	89
PNV-DHA+DOCUSATE.....	128	PREDNISON INTENSOL.....	89
PNV-OMEGA.....	128	<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	89
PNV-SELECT.....	128	<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i>	89
PODOCON-25.....	100	<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)</i>	31
PODOFILOX.....	100	<i>pregabalin soln 20 mg/ml (Lyrica)</i>	31
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	155	<i>pregabalin tab er 24hr 82.5 mg, 165 mg (Lyrica cr)</i>	139
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)</i>	135		
POMALYST.....	61		
PONVORY.....	141		
PONVORY 14-DAY STARTER PACK.....	141		
<i>posaconazole susp 40 mg/ml (Noxafil)</i>	47		
<i>posaconazole tab delayed release 100 mg (Noxafil)</i>	47		
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	109		
<i>potassium bicarbonate effer tab 25 meq</i>	125		
<i>potassium chloride cap er 8 meq, 10 meq</i>	125		

<i>pregabalin tab er 24hr 330 mg (Lyrica cr)</i>	139	PROLENSA.....	133
PREHEVBRIO.....	121	PROMACTA.....	117
PREMARIN.....	107	<i>promethazine hcl suppos 12.5 mg, 25 mg</i>	48
PREMESISRX.....	128	<i>promethazine hcl syrup 6.25 mg/5ml</i>	48
PREMPHASE.....	107	<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</i>	48
PREMPRO.....	107	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	143
PRENAISSANCE.....	128	PROMETRIUM.....	137
PRENAISSANCE PLUS.....	128	<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i> <i>(Rythmol sr)</i>	82
PRENATAL PLUS VITAMIN AND MINERAL.....	128	<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	82
PRENATE.....	128	<i>proparacaine hcl ophth soln 0.5% (Alcaine)</i>	133
PRENATE AM.....	128	PROPEL MINI/STRAIGHT DELIVERY SYSTEM.....	131
PRENATE DHA.....	128	PROPRANOLOL HCL.....	79
PRENATE ELITE.....	128	<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160</i> <i>mg (Inderal la)</i>	79
PRENATE ENHANCE.....	128	<i>propranolol hcl oral soln 20 mg/5ml</i>	79
PRENATE ESSENTIAL.....	128	<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80</i> <i>mg</i>	79
PRENATE MINI.....	128	<i>propylthiouracil tab 50 mg</i>	145
PRENATE PIXIE.....	128	PROQUAD.....	121
PRENATE RESTORE.....	128	PROSCAR.....	110
PRENATRIX.....	128	PROTONIX.....	151
PRENATRYL.....	128	<i>protriptyline hcl tab 5 mg, 10 mg</i>	33
PRESERVISION AREDS 2.....	156	PROVENTIL HFA.....	17
PRESERVISION AREDS 2 + MULTI VITAMIN.....	156	PROVERA.....	137
PRETOMANID.....	23	PROVIGIL.....	4
PREVACID.....	151	PROZAC.....	35
PREVACID SOLUTAB.....	151	PRUDOXIN.....	100
PREVNAR 13.....	121	<i>psyllium powder 28.3%, 43%</i>	155
PREVNAR 20.....	121	PULMICORT.....	20
PREVYMIS.....	73	PULMICORT FLEXHALER.....	20
PREZCOBIX.....	71	PULMOZYME.....	142
PREZISTA.....	71	PURIXAN.....	52
PRIFTIN.....	23	PYLERA.....	150
PRIOSEC.....	151	<i>pyrazinamide tab 500 mg</i>	23
PRIMACARE.....	128	<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	101
PRIMAQUINE PHOSPHATE.....	62	PYRIDIDIUM.....	110
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i> <i>(Primaquine phosphate)</i>	62	PYRIDOSTIGMINE BROMIDE.....	51
PRIMIDONE.....	31	<i>pyridostigmine bromide oral soln 60 mg/5ml</i> <i>(Mestinon)</i>	51
<i>primidone tab 50 mg, 250 mg (Mysoline)</i>	31	<i>pyridostigmine bromide tab er 180 mg (Mestinon</i> <i>timespan)</i>	51
PRIORIX.....	121	<i>pyridostigmine bromide tab 60 mg (Mestinon)</i>	51
PRISTIQ.....	36	<i>pyridoxine hcl tab 25 mg</i>	157
PROAIR DIGIHALER.....	17	<i>pyrimethamine tab 25 mg (Daraprim)</i>	62
PROAIR RESPICLICK.....	17	Q	
<i>probenecid tab 500 mg</i>	113	QBRELIS.....	75
PROCARDIA XL.....	80	QELBREE.....	2
<i>prochlorperazine maleate tab 5 mg (base equivalent), 10</i> <i>mg (base equivalent)</i>	67	QINLOCK.....	57
<i>prochlorperazine suppos 25 mg</i>	67	QNASL.....	131
PROCRIT.....	117	QNASL CHILDRENS.....	131
PROCTOFOAM HC.....	14	QTERN.....	37
PROCYSBI.....	110	QUADRACEL.....	121
PROFILNINE.....	114	QUALAQUIN.....	62
<i>progesterone cap 100 mg, 200 mg (Prometrium)</i>	137	QUAZEPAM.....	118
<i>progesterone im in oil 50 mg/ml</i>	137		
PROGLYCEM.....	44		
PROGRAF.....	122		
PROLATE.....	13		

QUDEXY XR.....	31	RELEXXII.....	5
QUESTRAN.....	50	RELISTOR.....	108
QUESTRAN LIGHT.....	50	RELNATE DHA.....	128
QUETIAPINE FUMARATE.....	66	RELPAX.....	124
<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>		RELTONE.....	108
<i>(Seroquel xr).....</i>	66	RELYVRIO.....	131
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>		REMERON.....	33
<i>(Seroquel xr).....</i>	66	REMERON SOLTAB.....	33
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>		REMICADE.....	148
<i>(Seroquel).....</i>	66	REMODULIN.....	85
<i>quetiapine fumarate tab 300 mg, 400 mg (Seroquel).....</i>	66	RENFLEXIS.....	148
QUILLICHEW ER.....	4	REVELA.....	109
QUILLIVANT XR.....	4	<i>repaglinide tab 0.5 mg.....</i>	44
QUINAPRIL/HYDROCHLOROTHIAZIDE.....	74	<i>repaglinide tab 1 mg.....</i>	44
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>		<i>repaglinide tab 2 mg.....</i>	44
<i>(Accupril).....</i>	75	REPATHA.....	50
<i>quinidine gluconate tab er 324 mg.....</i>	82	REPATHA PUSHTRONEX SYSTEM.....	50
QUINIDINE SULFATE.....	82	REPATHA SURECLICK.....	50
<i>quinine sulfate cap 324 mg (Qualaquin).....</i>	62	RESTASIS.....	133
QULIPTA.....	124	RESTASIS MULTIDOSE.....	133
QUTENZA.....	100	RESTORIL.....	118
QUVIVIQ.....	118	RETACRIT.....	117
QVAR REDIHALER.....	20	RETEVMO.....	57
R		RETIN-A.....	91
RABAVERT.....	121	RETIN-A MICRO.....	91
<i>rabeprazole sodium ec tab 20 mg (Aciphex).....</i>	151	RETIN-A MICRO PUMP.....	91
RADIAURA.....	97	RETROVIR.....	71
RADICAVA ORS.....	131	REVATIO.....	85
RADICAVA ORS STARTER KIT.....	131	REVLIMID.....	126
<i>raloxifene hcl tab 60 mg (Evista).....</i>	105	REXULTI.....	69
<i>ramelteon tab 8 mg (Rozerem).....</i>	118	REYATAZ.....	71
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace).....</i>	75	REYVOW.....	124
<i>ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa).....</i>	82	REZLIDHIA.....	57
RAPAFLO.....	110	REZUROCK.....	126
RAPAMUNE.....	122	REZVOGLAR KWIKPEN.....	42
<i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base</i>		RHOFADE.....	100
<i>equiv) (Azilect).....</i>	63	RHOPRESSA.....	133
RASUVO.....	5	RIBAVIRIN.....	73
RAVICTI.....	105	<i>ribavirin for inhal soln 6 gm (Virazole).....</i>	73
RAYALDEE.....	106	RIDAURA.....	5
RAYOS.....	89	<i>rifabutin cap 150 mg (Mycobutin).....</i>	23
REBIF.....	141	<i>rifampin cap 150 mg, 300 mg (Rifadin).....</i>	23
REBIF REBIDOSE.....	141	RILUTEK.....	131
REBIF REBIDOSE TITRATION.....	141	<i>riluzole tab 50 mg (Rilutek).....</i>	131
REBIF TITRATION PACK.....	141	RIMANTADINE HYDROCHLORIDE.....	73
REBINYN.....	114	<i>ringer's solution for irrigation.....</i>	126
REBLOZYL.....	117	RINVOQ.....	148
RECOMBINATE.....	114	RIOMET.....	44
RECOMBIVAX HB.....	121	<i>risedronate sodium tab delayed release 35 mg</i>	
RECORLEV.....	105	<i>(Atelvia).....</i>	102
RECTIV.....	14	<i>risedronate sodium tab 5 mg, 30 mg (Actonel).....</i>	102
REGLAN.....	108	<i>risedronate sodium tab 35 mg (Actonel).....</i>	102
RELAFEN DS.....	8	<i>risedronate sodium tab 150 mg (Actonel).....</i>	102
RELENZA DISKHALER.....	73	RISPERDAL.....	65
RELEUKO.....	117	RISPERDAL CONSTA.....	65
		RISPERIDONE ODT.....	65

<i>risperidone orally disintegrating tab 4 mg</i>	65	RYTARY.....	64
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	65	RYTHMOL SR.....	82
<i>risperidone soln 1 mg/ml (Risperdal)</i>	65	S	
<i>risperidone tab 0.25 mg</i>	65	SABRIL.....	31
<i>risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg (Risperdal)</i>	65	SAFYRAL.....	87
<i>risperidone tab 3 mg (Risperdal)</i>	65	SAIZEN.....	102
RITALIN.....	5	SALICATE.....	100
RITALIN LA.....	5	SALICYLIC ACID.....	100
<i>ritonavir tab 100 mg (Norvir)</i>	71	<i>salicylic acid film forming liquid 27.5% (Virasal)</i>	100
<i>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i>	138	<i>salicylic acid foam 6% (Salvax)</i>	100
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)</i>	138	<i>salicylic acid gel 6% (Keralyt)</i>	100
RIXUBIS.....	114	<i>saline nasal spray 0.65%</i>	156
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	124	<i>salsalate tab 500 mg, 750 mg</i>	8
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)</i>	124	SAMSCA.....	105
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	124	SANCUSO.....	46
<i>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)</i>	124	SANDIMMUNE.....	123
ROBINUL.....	150	SANDOSTATIN.....	102
ROBINUL FORTE.....	150	SANDOSTATIN LAR DEPOT.....	102
ROCALTROL.....	106	SAPHRIS.....	66
ROCKLATAN.....	133	<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)</i>	105
<i>roflumilast tab 250 mcg (Daliresp)</i>	18	<i>sapropterin dihydrochloride tab 100 mg (Kuvan)</i>	105
<i>roflumilast tab 500 mcg (Daliresp)</i>	18	SAVAYSA.....	26
ROLVEDON.....	117	SAVELLA.....	139
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 8 mg (base equivalent)</i>	63	SAVELLA TITRATION PACK.....	139
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent), 12 mg (base equivalent) (Requip xl)</i>	63	<i>saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)</i>	38
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	63	<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)</i>	37
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)</i>	50	<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)</i>	37
ROTARIX.....	121	SCSEMBLIX.....	58
ROTATEQ.....	121	<i>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</i>	46
ROWASA.....	107	SECUADO.....	66
ROXICODONE.....	11	SEGLENTIS.....	13
ROXYBOND.....	11	SEGLUROMET.....	37
ROZEREM.....	118	SELECT-OB.....	129
ROZLYTREK.....	57	SELECT-OB+DHA.....	129
RUBRACA.....	58	<i>selegiline hcl cap 5 mg</i>	64
RUCONEST.....	115	<i>selegiline hcl tab 5 mg</i>	64
<i>rufinamide susp 40 mg/ml (Banzel)</i>	31	<i>selenium sulfide lotion 2.5%</i>	100
<i>rufinamide tab 200 mg, 400 mg (Banzel)</i>	31	<i>selenium sulfide shampoo 2.25%</i>	100
RU-HIST D.....	154	<i>selenium sulfide shampoo 2.3% (Selrx)</i>	100
RUKOBIA.....	71	SELZENTRY.....	71
RYALTRIS.....	131	SEMGLEE.....	42
RYBELSUS.....	39	SE-NATAL 19.....	128
RYDAPT.....	58	<i>sennosides tab 8.6 mg</i>	155
RYSTIGGO.....	126	SENSIPAR.....	105
		SEREVENT DISKUS.....	17
		SEROQUEL.....	66
		SEROQUEL XR.....	66
		SEROSTIM.....	103
		<i>sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)</i>	35

<i>sertraline hcl tab 25 mg (Zoloft)</i>	35	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	125
<i>sertraline hcl tab 50 mg (Zoloft)</i>	35	SODIUM OXYBATE.....	139
<i>sertraline hcl tab 100 mg (Zoloft)</i>	35	<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)</i>	105
SERTRALINE HYDROCHLORIDE.....	35	<i>sodium phenylbutyrate tab 500 mg (Buphenyl)</i>	105
<i>sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)</i>	109	<i>sodium polystyrene sulfonate powder</i>	126
<i>sevelamer carbonate tab 800 mg (Renvela)</i>	109	SOFOSBUVIR/VELPATASVIR.....	73
<i>sevelamer hcl tab 400 mg</i>	109	SOGROYA.....	103
<i>sevelamer hcl tab 800 mg (Renagel)</i>	109	SOHONOS.....	130
SEVENFACT.....	114	<i>solifenacin succinate tab 5 mg, 10 mg (Vesicare)</i>	152
SFROWASA.....	108	SOLQUA 100/33.....	38
SHINGRIX.....	121	SOLIRIS.....	115
SIGNIFOR.....	105	SOLODYN.....	26
SIGNIFOR LAR.....	105	SOLOSEC.....	22
SIKLOS.....	5	SOLTAMOX.....	53
<i>sildenafil citrate for suspension 10 mg/ml (Revatio)</i>	85	SOMA.....	130
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent) (Revatio)</i>	85	SOMATULINE DEPOT.....	105
<i>sildenafil citrate tab 20 mg (Revatio)</i>	85	<i>sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)</i>	58
SILIQ.....	94	SORILUX.....	94
<i>silodosin cap 4 mg, 8 mg (Rapaflo)</i>	110	<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg (Betapace af)</i>	79
SILVADENE.....	100	<i>sotalol hcl tab 240 mg</i>	79
SILVER NITRATE.....	100	<i>sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)</i>	79
<i>silver sulfadiazine cream 1% (Silvadene)</i>	100	SOTYKTU.....	94
SIMBRINZA.....	134	SOTYLIZE.....	79
<i>simethicone chew tab 80 mg</i>	155	SOVALDI.....	73
<i>simethicone susp 40 mg/0.6ml</i>	155	SPIKEVAX COVID-19 VACCINE /2023-24.....	121
SIMPONI.....	148	SPINOSAD.....	101
SIMPONI ARIA.....	148	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 (Aldactazide)</i>	83
SINEMET.....	64	<i>spironolactone susp 25 mg/5ml (Carospir)</i>	83
SINGULAIR.....	18	<i>spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)</i>	83
SINUVA.....	131	SPORANOX.....	47
<i>sirolimus oral soln 1 mg/ml (Rapamune)</i>	123	SPRAVATO 56MG DOSE.....	33
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)</i>	123	SPRAVATO 84MG DOSE.....	33
SIRTURO.....	23	SPRITAM.....	31
SITAVIG.....	73	SPRYCEL.....	58
SIVEXTRO.....	22	SPS.....	126
SKYRIZI.....	94	SSS 10-5.....	91
SKYRIZI PEN.....	94	STALEVO 50.....	64
SKYTROFA.....	103	STALEVO 75.....	64
SLYND.....	88	STALEVO 100.....	64
<i>sodium bicarbonate tab 325 mg, 650 mg</i>	154	STALEVO 125.....	64
<i>sodium chloride irrigation soln 0.9%</i>	110	STALEVO 150.....	64
<i>sodium chloride soln nebu 0.9%, 3%, 10%</i>	143	STALEVO 200.....	64
<i>sodium chloride soln nebu 7% (Hyper-sal)</i>	143	STEGLATRO.....	44
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	110	STEGLUJAN.....	38
<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>	125	STELARA.....	94
<i>sodium fluoride cream 1.1% (Prevident 5000 plus)</i>	126	STIMUFEND.....	117
<i>sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)</i>	126	STIOLTO RESPIMAT.....	16
<i>sodium fluoride paste 1.1% (Prevident 5000 boost)</i>	126	STIVARGA.....	58

STRATTERA.....	2	SUMAXIN.....	91
STRENSIQ.....	105	SUMAXIN CP KIT.....	91
STRIBILD.....	71	<i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg</i>	
STRIVERDI RESPIMAT.....	17	<i>(base equivalent), 50 mg (base equivalent) (Sutent).....</i>	58
STROMEKTOL.....	62	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	
SUBLOCADE.....	11	<i>(Sutent).....</i>	58
SUBOXONE.....	144	SUNLENCA.....	71
<i>sucralfate susp 1 gm/10ml (Carafate).....</i>	150	SUNOSI.....	3
<i>sucralfate tab 1 gm (Carafate).....</i>	150	SUTENT.....	58
SULAR.....	80	SYMBICORT.....	16
SULFACETAMIDE SODIUM.....	135	SYMBYAX.....	139
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM		SYMDEKO.....	142
PHOSPHATE.....	136	SYMFI.....	71
<i>sulfacetamide sodium cleansing gel 10% (Ovace plus</i>		SYMFI LO.....	71
<i>wash).....</i>	100	SYMLINPEN 60.....	44
<i>sulfacetamide sodium liquid 10% (Ovace wash).....</i>	100	SYMLINPEN 120.....	44
<i>sulfacetamide sodium lotion 10% (acne) (Klaron).....</i>	91	SYMPAZAN.....	31
<i>sulfacetamide sodium ophth soln 10% (Bleph-10).....</i>	135	SYMPROIC.....	109
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%.....</i>	91	SYMTUZA.....	71
<i>sulfacetamide sodium w/ sulfur cleanser 10-2% (Avar Is</i>		SYNAGIS.....	121
<i>cleanser).....</i>	91	SYNALAR.....	97
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>		SYNALAR CREAM KIT.....	97
<i>(Plexion cleanser).....</i>	91	SYNALAR OINTMENT KIT.....	97
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>		SYNALAR TS.....	97
<i>(Sumadan wash).....</i>	91	SYNAREL.....	105
<i>sulfacetamide sodium w/ sulfur cleanser 9-4% (Sumaxin</i>		SYNJARDY.....	38
<i>wash).....</i>	91	SYNJARDY XR.....	38
<i>sulfacetamide sodium w/ sulfur cream 10-5%.....</i>	91	SYNTHROID.....	145
<i>sulfacetamide sodium w/ sulfur cream 10-2% (Avar-e</i>		SYPRINE.....	46
<i>Is).....</i>	91		
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%.....</i>	91	T	
<i>sulfacetamide sodium w/ sulfur susp 8-4%.....</i>	91	TABRECTA.....	58
SULFADIAZINE.....	22	TACLONEX.....	97
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....</i>	22	<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf).....</i>	123
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>		<i>tacrolimus oint 0.03%, 0.1% (Protopic).....</i>	100
<i>(Bactrim).....</i>	22	<i>tadalafil tab 5 mg (Cialis).....</i>	84
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim</i>		<i>tadalafil tab 20 mg (pah) (Adcirca).....</i>	85
<i>ds).....</i>	22	TADLIQ.....	85
SULFAMYLON.....	100	TAFINLAR.....	58
<i>sulfasalazine tab delayed release 500 mg (Azulfidine en-</i>		<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	
<i>tabs).....</i>	108	<i>(Zioptan).....</i>	134
<i>sulfasalazine tab 500 mg (Azulfidine).....</i>	108	TAGRISO.....	58
<i>sulindac tab 150 mg, 200 mg.....</i>	8	TAKHZYRO.....	115
SUMADAN KIT.....	91	TALICIA.....	150
SUMADAN WASH.....	91	TALTZ.....	94
SUMADAN XLT.....	91	TALZENNA.....	58
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>		TAMIFLU.....	74
<i>(Treximet).....</i>	123	<i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg</i>	
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>		<i>(base equivalent).....</i>	53
<i>(Imitrex).....</i>	124	<i>tamsulosin hcl cap 0.4 mg (Flomax).....</i>	110
<i>sumatriptan succinate inj 6 mg/0.5ml (Imitrex).....</i>	124	<i>taperdex 6-day.....</i>	89
SUMATRIPTAN SUCCINATE REFILL.....	124	TAPERDEX 7-DAY.....	89
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6</i>		TAPERDEX 12-DAY.....	89
<i>mg/0.5ml (Imitrex statdose system).....</i>	124	TARCEVA.....	59
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>		TARGETIN.....	61
<i>(Imitrex).....</i>	124	TARON-C DHA.....	129

TARPEYO.....	89	THALOMID.....	126
TASCENSO ODT.....	141	THEO-24.....	18
TASIGNA.....	59	<i>theophylline elixir 80 mg/15ml.....</i>	18
<i>tasimelteon capsule 20 mg (Hetlioz).....</i>	118	THEOPHYLLINE ER.....	18
TASMAR.....	64	<i>theophylline soln 80 mg/15ml.....</i>	18
<i>tavaborole soln 5% (Kerydin).....</i>	93	<i>theophylline tab er 12hr 300 mg, 450 mg.....</i>	18
TAVALISSE.....	115	<i>theophylline tab er 24hr 400 mg, 600 mg.....</i>	18
TAVNEOS.....	116	THIOLA.....	110
TAYTULLA.....	88	THIOLA EC.....	110
TAZAROTENE.....	91	<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....</i>	67
<i>tazarotene cream 0.1% (Tazorac).....</i>	94	<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....</i>	67
<i>tazarotene gel 0.05%, 0.1% (Tazorac).....</i>	94	THRIVITE RX.....	129
TAZVERIK.....	59	THYQUIDITY.....	145
TDVAX.....	121	THYROID.....	145
TECFIDERA.....	141	<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril).....</i>	31
TECFIDERA STARTER PACK.....	141	TIAZAC.....	80
TEGRETOL.....	31	TIBSOVO.....	59
TEGRETOL-XR.....	31	TICOVAC.....	121
TEGSEDI.....	139	TIGLUTIK.....	131
TEKTURNA.....	81	TIKOSYN.....	82
TELMISARTAN/AMLODIPINE.....	76	<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i>		<i>(Timoptic-xe).....</i>	132
<i>(Micardis hct).....</i>	76	<i>timolol maleate ophth soln 0.25%, 0.5% (Timoptic).....</i>	132
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis</i>		<i>timolol maleate ophth soln 0.5% (once-daily)</i>	
<i>hct).....</i>	76	<i>(Istalol).....</i>	132
<i>telmisartan tab 20 mg, 40 mg, 80 mg (Micardis).....</i>	77	<i>timolol maleate preservative free ophth soln 0.25%, 0.5%</i>	
<i>temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg</i>		<i>(Timoptic ocudose).....</i>	132
<i>(Restoril).....</i>	118	<i>timolol maleate tab 5 mg, 10 mg, 20 mg.....</i>	79
<i>temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180</i>		TIMOPTIC OCUDOSE.....	132
<i>mg, 250 mg (Temodar).....</i>	51	<i>tinidazole tab 250 mg, 500 mg.....</i>	22
TENIVAC.....	121	<i>tiopronin tab 100 mg (Thiola).....</i>	110
<i>tenofovir disoproxil fumarate tab 300 mg (Viread).....</i>	71	<i>tiotropium bromide monohydrate inhal cap 18 mcg (base</i>	
TENORETIC 50.....	78	<i>equiv) (Spiriva handihaler).....</i>	16
TENORETIC 100.....	78	TIROSINT.....	145
TENORMIN.....	79	TIROSINT-SOL.....	145
TEPMETKO.....	59	TIVICAY.....	71
<i>terazosin hcl cap 10 mg (base equivalent).....</i>	78	TIVICAY PD.....	72
<i>terazosin hcl cap 1 mg (base equivalent), 2 mg (base</i>		<i>tizanidine hcl cap 2 mg (base equivalent), 4 mg (base</i>	
<i>equivalent), 5 mg (base equivalent).....</i>	78	<i>equivalent), 6 mg (base equivalent) (Zanaflex).....</i>	130
<i>terbinafine hcl tab 250 mg.....</i>	47	<i>tizanidine hcl tab 2 mg (base equivalent).....</i>	130
<i>terbutaline sulfate tab 2.5 mg, 5 mg.....</i>	17	<i>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....</i>	130
<i>terconazole vaginal cream 0.4%, 0.8%.....</i>	153	TOBI.....	21
<i>terconazole vaginal suppos 80 mg.....</i>	153	TOBI PODHALER.....	21
<i>teriflunomide tab 7 mg, 14 mg (Aubagio).....</i>	141	TOBRADEX.....	136
<i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i>		TOBRADEX ST.....	136
<i>(Depo-testosterone).....</i>	123	TOBRAMYCIN.....	21
TESTOSTERONE ENANTHATE.....	123	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
<i>tetrabenazine tab 12.5 mg (Xenazine).....</i>	139	<i>(Tobradex).....</i>	136
<i>tetrabenazine tab 25 mg (Xenazine).....</i>	139	<i>tobramycin nebu soln 300 mg/4ml (Bethkis).....</i>	21
<i>tetracaine hcl ophth soln 0.5%.....</i>	134	<i>tobramycin nebu soln 300 mg/5ml (Tobi).....</i>	21
<i>tetracycline hcl cap 250 mg, 500 mg.....</i>	26	<i>tobramycin ophth soln 0.3% (Tobrex).....</i>	135
<i>tetrahydroz-dextran-peg-povidone ophth soln</i>		TOBEX.....	135
<i>0.05-0.1-1-1%.....</i>	157	<i>tolcapone tab 100 mg (Tasmar).....</i>	64
TEXACORT.....	97	TOLMETIN SODIUM.....	8
TEZSPIRE.....	19	<i>tolnaftate soln 1%.....</i>	156
THALITONE.....	83	TOLSURA.....	47

<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)</i>	152	<i>tretinoin microsphere gel 0.04%, 0.1% (Retin-a micro)</i>	92
<i>tolterodine tartrate tab 1 mg, 2 mg (Detrol)</i>	152	<i>tretinoin microsphere gel 0.08% (Retin-a micro pump)</i>	92
<i>tolvaptan tab 15 mg (Samsca)</i>	105	TRETTEN.....	114
<i>tolvaptan tab 30 mg (Samsca)</i>	105	TREXALL.....	52
TOPAMAX.....	31	<i>triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)</i>	97
TOPAMAX SPRINKLE.....	31	<i>triamcinolone acetonide cream 0.5%</i>	97
TOPICORT.....	97	<i>triamcinolone acetonide cream 0.025%, 0.1%</i>	97
<i>topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)</i>	31	<i>triamcinolone acetonide dental paste 0.1%</i>	126
<i>topiramate cap er 24hr 200 mg (Trokendi xr)</i>	31	<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	97
<i>topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)</i>	31	<i>triamcinolone acetonide oint 0.05%</i>	97
<i>topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)</i>	31	<i>triamcinolone acetonide oint 0.5%</i>	98
<i>topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)</i>	31	<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	97
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)</i>	31	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)</i>	83
TOPROL XL.....	79	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)</i>	83
<i>toremifene citrate tab 60 mg (base equivalent) (Fareston)</i>	53	<i>triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)</i>	83
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>triamterene cap 50 mg, 100 mg (Dyrenium)</i>	83
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>triazolam tab 0.125 mg</i>	118
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>triazolam tab 0.25 mg (Halcion)</i>	118
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRIBENZOR.....	76
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRICOR.....	50
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>trientine hcl cap 250 mg (Syprine)</i>	46
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRIENTINE HYDROCHLORIDE.....	46
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	67
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRIFLURIDINE.....	135
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRIHENYPHENIDYL HCL.....	64
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>trihexyphenidyl hcl tab 2 mg, 5 mg</i>	64
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRIJARDY XR.....	38
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRIKAFTA.....	143
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRILEPTAL.....	31
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRILIPIX.....	50
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>trimethobenzamide hcl cap 300 mg (Tigan)</i>	46
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRIMETHOPRIM.....	22
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>trimethoprim tab 100 mg</i>	22
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i>	33
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRINATAL RX 1.....	129
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRINTELLIX.....	33
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRISTART DHA.....	129
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRIUMEQ.....	72
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRIUMEQ PD.....	72
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TROGARZO.....	72
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TROKENDI XR.....	31
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>tropicamide ophth soln 0.5%</i>	134
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>tropicamide ophth soln 1% (Mydracyl)</i>	134
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>tropium chloride cap er 24hr 60 mg</i>	152
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	<i>tropium chloride tab 20 mg</i>	153
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRUDHESA.....	123
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRULANCE.....	109
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRULICITY.....	39
<i>toremifene citrate tab 60 mg (base equivalent)</i>	53	TRUMENBA.....	121

TRUQAP.....	59	VALSARTAN.....	77
TRUVADA.....	72	<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>	76
TUDORZA PRESSAIR.....	17	<i>valsartan tab 40 mg, 80 mg, 160 mg (Diovan)</i>	77
TUKYSA.....	59	<i>valsartan tab 320 mg (Diovan)</i>	77
TURALIO.....	59	VALTOCO 5 MG DOSE.....	32
TWINRIX.....	121	VALTOCO 10 MG DOSE.....	32
TWIRLA.....	88	VALTOCO 15 MG DOSE.....	32
TYBLUME.....	88	VALTOCO 20 MG DOSE.....	32
TYBOST.....	72	VALTREX.....	74
TYKERB.....	59	VANCOCIN.....	22
TYMLOS.....	105	<i>vancomycin hcl cap 250 mg (base equivalent) (Vancocin)</i>	22
TYPHIM VI.....	121	<i>vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)</i>	22
TYSABRI.....	142	<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvang)</i>	22
TYVASO.....	85	<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Vancomycin hydrochlo)</i>	22
TYVASO DPI MAINTENANCE KIT.....	85	VANDAZOLE.....	153
TYVASO DPI TITRATION KIT.....	85	VANFLYTA.....	59
TYVASO REFILL.....	86	VANOS.....	98
TYVASO STARTER.....	86	VAQTA.....	122
U			
UBRELVY.....	124	<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	142
UCERIS.....	14	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	142
UDENYCA.....	117	VARIVAX.....	122
ULORIC.....	113	VASCEPA.....	51
ULTOMIRIS.....	116	VASERETIC.....	74
ULTRAVATE.....	98	VASOTEC.....	75
UPTRAVI.....	86	VAXCHORA.....	122
UPTRAVI TITRATION PACK.....	86	VAXELIS.....	122
UREA.....	100	VAXNEUVANCE.....	122
UREA/SALICYLIC ACID.....	100	VELETRI.....	86
<i>urea cream 39%, 40%</i>	100	VELIVET.....	88
<i>urea cream 41% (Utopic)</i>	100	VELPHORO.....	109
UREA HYDRATING.....	100	VELTASSA.....	126
<i>urea lotion 40%</i>	100	VEMLIDY.....	72
URIBEL.....	22	VENCLEXTA.....	61
UROCIT-K 5.....	110	VENCLEXTA STARTING PACK.....	61
UROCIT-K 10.....	110	VENLAFAXINE BESYLATE ER.....	36
UROCIT-K 15.....	110	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)</i>	36
UROGESIC-BLUE.....	22	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)</i>	36
URSO 250.....	109	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	36
<i>ursodiol cap 300 mg (Actigall)</i>	109	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent), 225 mg (base equivalent)</i>	36
<i>ursodiol tab 250 mg (Urso 250)</i>	109	<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>	36
<i>ursodiol tab 500 mg (Urso forte)</i>	109	VENTAVIS.....	86
URSO FORTE.....	109	VENTOLIN HFA.....	17
UZEDY.....	65	VEOPOZ.....	116
V			
VAGIFEM.....	153		
<i>valacyclovir hcl tab 500 mg, 1 gm (Valtrex)</i>	74		
VALCHLOR.....	100		
VALCYTE.....	74		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)</i>	74		
<i>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)</i>	74		
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	32		
<i>valproic acid cap 250 mg</i>	32		

<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i> (Verelan).....	81	VONJO.....	59
VERAPAMIL HCL ER.....	81	VONVENDI.....	115
VERAPAMIL HCL SR.....	81	<i>voriconazole for susp 40 mg/ml (Vfend)</i>	47
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i> <i>sr</i>	81	<i>voriconazole tab 50 mg, 200 mg (Vfend)</i>	47
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>	81	VOSEVI.....	73
VERAPAMIL HYDROCHLORIDE ER.....	81	VOTRIENT.....	59
VEREGEN.....	100	VRAYLAR.....	67
VERELAN.....	81	VTAMA.....	94
VERELAN PM.....	81	VUITY.....	134
VERKAZIA.....	134	VUMERITY.....	142
VERQUVO.....	84	VUSION.....	93
VERSACLOZ.....	66	VYEPTI.....	124
VERZENIO.....	59	VYJUVEK.....	100
VESICARE.....	153	VYNDAMAX.....	84
VESICARE LS.....	153	VYNDAQEL.....	84
VFEND.....	47	VYTORIN.....	51
V-GO 20.....	112	VYVANSE.....	2
V-GO 30.....	112	VYVGART.....	126
V-GO 40.....	112	VYVGART HYTRULO.....	126
VIBERZI.....	109	VYZULTA.....	134
VIBRAMYCIN.....	26	W	
VICTOZA.....	39	WAKIX.....	3
<i>vigabatrin powd pack 500 mg (Sabril)</i>	32	<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5</i> <i>mg, 6 mg, 7.5 mg, 10 mg (Coumadin)</i>	26
<i>vigabatrin tab 500 mg (Sabril)</i>	32	WELCHOL.....	51
VIGAMOX.....	135	WELLBUTRIN SR.....	34
VIIBRYD.....	33	WELLBUTRIN XL.....	34
VIIBRYD STARTER PACK.....	34	WESCAP-C DHA.....	129
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)</i>	34	WESCAP-PN DHA.....	129
VIMOVO.....	8	WESNATAL DHA COMPLETE.....	129
VIMPAT.....	32	WESNATE DHA.....	129
VINATE DHA RF.....	129	WESTAB PLUS.....	129
VIOKACE.....	101	WESTGEL DHA.....	129
VIRACEPT.....	72	WILATE.....	115
VIRAZOLE.....	74	WINLEVI.....	92
VIREAD.....	72	<i>wixela inhub aer powder ba 100-50 mcg/dose, 250-50</i> <i>mcg/dose, 500-50 mcg/dose (Advair diskus)</i>	16
VISTARIL.....	15	X	
VITAFOL FE+.....	129	XACIATO.....	153
VITAFOL GUMMIES.....	129	XADAGO.....	64
VITAFOL-NANO.....	129	XALATAN.....	134
VITAFOL-OB.....	129	XALKORI.....	59
VITAFOL-OB+DHA.....	129	XANAX.....	14
VITAFOL-ONE.....	129	XANAX XR.....	15
VITAFOL STRIPS.....	129	XARELTO.....	26
VITAFOL ULTRA.....	129	XARELTO STARTER PACK.....	26
VITAMEDMD ONE RX/QUATREFOLIC.....	129	XATMEP.....	52
VITAMIN A/C/D INFANT/TODDLER.....	156	XCOPRI.....	32
<i>vitamins a & d oint</i>	157	XELJANZ.....	149
VITAPEARL.....	129	XELJANZ XR.....	149
VITRAKVI.....	59	XELODA.....	52
VIVELLE-DOT.....	107	XELPROS.....	134
VIVITROL.....	144	XELSTRYM.....	2
VIVJOA.....	47	XENAZINE.....	139
VIVOTIF.....	122	XEPI.....	92
VIZIMPRO.....	59		

XERAC AC.....	100	ZESTRIL.....	75
XERESE.....	100	ZETIA.....	51
XHANCE.....	131	ZETONNA.....	131
XIFAXAN.....	22	ZIAGEN.....	72
XIGDUO XR.....	38	ZIANA.....	92
XIIDRA.....	134	zidovudine cap 100 mg (Retrovir).....	72
XOFLUZA.....	74	zidovudine syrup 10 mg/ml (Retrovir).....	72
XOLAIR.....	19	zidovudine tab 300 mg.....	72
XOPENEX HFA.....	17	ZIEXTENZO.....	117
XOSPATA.....	60	zileuton tab er 12hr 600 mg.....	18
XPOVIO.....	61	ZIMHI.....	144
XPOVIO 60 MG TWICE WEEKLY.....	61	zinc oxide oint 20%.....	157
XPOVIO 80 MG TWICE WEEKLY.....	61	ZIOPTAN.....	134
XTAMPZA ER.....	12	ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon).....	68
XTANDI.....	53	ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon).....	68
XULTOPHY 100/3.6.....	38	ZIRGAN.....	135
XYLIDERM.....	100	ZITHROMAX.....	24
XYNTHA.....	115	ZITHROMAX TRI-PAK.....	24
XYNTHA SOLOFUSE.....	115	ZITHROMAX Z-PAK.....	24
XYREM.....	139	ZMA CLEAR.....	92
XYWAV.....	139	ZOCOR.....	51
Y		ZOLINZA.....	60
YASMIN 28.....	88	zolmitriptan nasal spray 5 mg/spray unit (Zomig).....	124
YAZ.....	88	zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt).....	125
YF-VAX.....	122	zolmitriptan tab 2.5 mg, 5 mg (Zomig).....	125
YONSA.....	53	ZOLOFT.....	35
YUFLYMA.....	149	ZOLPIDEM TARTRATE.....	118
YUFLYMA CD/UC/HS STARTER.....	149	zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr).....	119
YUFLYMA 1-PEN KIT.....	149	zolpidem tartrate tab 5 mg, 10 mg (Ambien).....	119
YUFLYMA 2-PEN KIT.....	149	ZOMACTON.....	103
YUFLYMA 2-SYRINGE KIT.....	149	ZOMIG.....	125
YUPELRI.....	17	ZONALON.....	100
YUSIMRY.....	149	ZONISADE.....	32
Z		zonisamide cap 50 mg.....	32
zafirlukast tab 10 mg, 20 mg (Accolate).....	18	zonisamide cap 25 mg, 100 mg (Zonegran).....	32
zaleplon cap 5 mg, 10 mg.....	118	ZORTRESS.....	123
ZANAFLEX.....	130	ZORYVE.....	94
ZARONTIN.....	32	ZOVIRAX.....	100
ZARXIO.....	117	ZTALMY.....	32
ZAVZPRET.....	124	ZTLIDO.....	101
ZEGALOGUE.....	44	ZUBSOLV.....	144
ZEGERID.....	150	ZYCLARA.....	101
ZEJULA.....	60	ZYCLARA PUMP.....	101
ZELAPAR.....	64	ZYDELIG.....	60
ZELBORAF.....	60	ZYFLO.....	18
ZEMBRACE SYMTOUCH.....	124	ZYKADIA.....	60
ZEMPLAR.....	106	ZYLET.....	136
ZENPEP.....	101	ZYMAXID.....	135
ZENZEDI.....	2	ZYPITAMAG.....	51
ZEPATIER.....	73	ZYPREXA.....	66
ZEPOSIA.....	142	ZYPREXA RELPREVV.....	66
ZEPOSIA 7-DAY STARTER PACK.....	142	ZYPREXA ZYDIS.....	66
ZEPOSIA STARTER KIT.....	142		
ZERVIAE.....	135		
ZESTORETIC.....	74		

ZYTIGA.....	53
ZYVOX.....	22

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 **<http://www.hhs.gov/ocr/office/file/index.html>**.

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)**.



**Blue Cross Community
Health PlansSM**



**HealthChoice
Illinois**

Illinois Department of
Healthcare and Family Services

This Formulary (Drug List) was updated on 1/1/2024

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.