

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

**State of Arkansas Formulary
Alphabetical Index
Last Updated 4/1/2026**

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| abacavir soln (ZIAGEN equiv) | - | 2 | ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) | - | 2 | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 | ANTIVIRALS |
| ABILIFY MAINTENA INJ | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY MAINTENA INJ ABILIFY ASIMTUFII INJ | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY MYCITE PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY MYCITE TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| abiraterone acetate tab 500mg (ZYTIGA equiv) | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | QL-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABRILADA INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ABRYSVO INJ (QL=1 dose/lifetime; Covered at \$0 for members 60 years of age and older. Only covered at \$0 for women under 60. Not covered for men under 60) | QL-VAC | \$0 | VACCINES |
| ABSORICA CAP | - | NC | DERMATOLOGICALS |
| ABSORICA LD CAP | - | NC | DERMATOLOGICALS |
| ABSTRAL SL TAB | - | NC | ANALGESICS - OPIOID |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | 1 | ANTIDIABETICS |
| ACCOLATE TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ACCRUFER CAP | - | NC | HEMATOPOIETIC AGENTS |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 | DIAGNOSTIC PRODUCTS |
| ACCUPRIL TAB | - | NC | ANTIHYPERTENSIVES |
| acebutolol cap (SECTRAL equiv) | - | 1 | BETA BLOCKERS |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | NC | ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 | ANALGESICS - OPIOID |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | NC | MIGRAINE PRODUCTS |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC | MIGRAINE PRODUCTS |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 | DIURETICS |
| acetazolamide tab | - | 1 | DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | 1 | OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 | OTIC AGENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 | COUGH/COLD/ALLERGY |
| ACIPHEX SPRINKLE CAP | - | NC | ULCER DRUGS |
| ACIPHEX TAB | - | NC | ULCER DRUGS |
| acitretin cap (SORIATANE equiv) | - | 2 | DERMATOLOGICALS |
| ACTEMRA ACTPEN INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ACTEMRA SC INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |

NC = Not Covered**NC/3P** = Not Covered, Third Party Reviewer**generic** = small letters**BRANDS** = CAPITAL LETTERS

INF

Infertility

OTC

Over-the-Counter

PA

Prior Authorization

QL

Quantity Limit

RDX

Restricted to Diagnosis

RS

Restricted to Specialist

SF

Limited to two 15 day fills per month for first 3 months

SMKG

Smoking Cessation

SP

Available through Specialty Pharmacy Program

SP.

Available through Retail or Specialty Pharmacy Program

ST

Step Therapy

VAC

Vaccine Program

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| ACTHAR GEL AUTO-INJECTOR | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTHAR GEL INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTHIB INJ, HIBERIX INJ | VAC | \$0 | VACCINES |
| ACTICLATE TAB 75MG, 150MG | - | NC | TETRACYCLINES |
| ACTIGALL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ACTIQ LOZENGE | - | NC | ANALGESICS - OPIOID |
| ACTIVELLA TAB | - | NC | ESTROGENS |
| ACTIVITE TAB | - | NC | MULTIVITAMINS |
| ACTONEL TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTOPLUS MET TAB | - | NC | ANTIDIABETICS |
| ACTOS TAB | - | NC | ANTIDIABETICS |
| ACULAR (LS) OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ACUVAIL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| acyclovir cap (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir cream (ZOVIRAX equiv) | - | NC | DERMATOLOGICALS |
| acyclovir oint (ZOVIRAX equiv) | - | 1 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| ADACEL/BOOSTRIX INJ | VAC | \$0 | TOXOIDS |
| ADALAT CC TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 1 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 1 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ INJ 10/0.1ML (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-RYVK INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-RYVK INJ (SIMLANDI equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADAPALENE SOLN | - | NC | DERMATOLOGICALS |

| | | |
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| INF Infertility | OTC Over-the-Counter | PA Prior Authorization |
| QL Quantity Limit | RDX Restricted to Diagnosis | RS Restricted to Specialist |
| SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation | SP Available through Specialty Pharmacy Program |
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| adapalene cream (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 2 | DERMATOLOGICALS |
| adapalene gel (DIFFERIN equiv) | - | NC | DERMATOLOGICALS |
| adapalene gel 0.3% (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 2 | DERMATOLOGICALS |
| ADAPALENE PAD | - | NC | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | 2 | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) | - | 2 | DERMATOLOGICALS |
| ADAPALENE/BENZOYL PEROXIDE PAD | - | NC | DERMATOLOGICALS |
| ADASUVE INHALER | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ADAZIN CREAM | - | NC | DERMATOLOGICALS |
| ADBRY INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| ADBRY INJ (QL= 4 inj/28 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| ADCIRCA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ADDERALL TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDERALL XR CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDYI TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 | ANTIVIRALS |
| ADEMPAS TAB (QL= 3 tabs/day) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| ADLARITY PATCH | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ADMELOG INJ | - | NC | ANTIDIABETICS |
| ADMELOG SOLOSTAR, HUMALOG TEMPO PEN | - | NC | ANTIDIABETICS |
| ADRENALIN INJ, EPINEPHRINE INJ | - | NC | VASOPRESSORS |
| ADRENALIN SOLN | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ADVAIR DISKUS INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVATE, KOVALTRY INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| ADVICOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ADYNOVATE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| ADZENYS ER SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADZENYS XR ODT | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| AEMCOLO TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| AEROCHAMBER | OTC | 2 | MEDICAL DEVICES AND SUPPLIES |
| AFINITOR DISPERZ TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFINITOR TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| AFSTYLA KIT | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| AGAMREE SUSP | - | NC | CORTICOSTEROIDS |
| AGRYLIN CAP | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| AIMOVIG INJ (QL= 1 pack/28 days) | QL | 2 | MIGRAINE PRODUCTS |

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|---|---------------------|-------------|--|
| AIRDUO POWDER INHALER W/SENSOR | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AIRDUO RESPICLICK | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AIRSUPRA INH | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AJOVY INJ (QL= 1 pack/28 days) | QL | 2 | MIGRAINE PRODUCTS |
| AKEEGA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AKLIEF CREAM | - | NC | DERMATOLOGICALS |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| ALA-SCALP LOTION | - | NC | DERMATOLOGICALS |
| albendazole tab (ALBENZA equiv) | - | NC | ANTHELMINTICS |
| ALBENZA TAB | - | NC | ANTHELMINTICS |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL HFA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL NEBULIZER SOLN | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALCAINE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | 2 | DERMATOLOGICALS |
| ALCLOMETASONE OINT | - | 2 | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | EXC | MEDICAL DEVICES AND SUPPLIES |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | - | NC | DERMATOLOGICALS |
| ALDACTAZIDE TAB | - | NC | DIURETICS |
| ALDACTONE TAB | - | NC | DIURETICS |
| ALDARA CREAM | - | NC | DERMATOLOGICALS |
| ALECENSA CAP (QL= 8 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| alendronate tab (FOSAMAX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALEVICYN SOLN DERMAL | - | NC | DERMATOLOGICALS |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALHEMO INJ | PA-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |

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|-----|---|------|--------------------------------|-----|--|
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|--|---------------------|-------------|--|
| ALINIA TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| aliskiren tab (TEKTURNA equiv) | - | 2 | ANTIHYPERTENSIVES |
| ALKINDI SPRINKLE CAP | - | NC | CORTICOSTEROIDS |
| ALKINDI SPRINKLE CAP 0.5MG | - | NC | CORTICOSTEROIDS |
| ALKINDI SPRINKLE CAP 1MG | - | NC | CORTICOSTEROIDS |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 | GOUT AGENTS |
| allopurinol tab 200mg | - | NC | GOUT AGENTS |
| ALLZITAL TAB | - | NC | ANALGESICS - NONNARCOTIC |
| almotriptan tab (AXERT equiv) | - | NC | MIGRAINE PRODUCTS |
| ALOCRILOPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ALOGLIPTIN TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN TAB, NESINA TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN-METFORMIN TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN-PIOGILTAZONE TAB | - | NC | ANTIDIABETICS |
| ALOQUIN GEL | - | NC | DERMATOLOGICALS |
| ALORA PATCH | - | 3 | ESTROGENS |
| alosetron tab (LOTRONEX equiv) | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| ALPHAGAN P OPTH SOLN 0.15% | - | NC | OPHTHALMIC AGENTS |
| ALPHANATE, HUMATE-P INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| ALPHANINE SD INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| alprazolam ER tab (XANAX XR equiv) | - | 2 | ANTIAXIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | 3 | ANTIAXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | 1 | ANTIAXIETY AGENTS |
| ALPROLIX INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| ALREX OPTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| ALREX SUSP | - | NC | OPHTHALMIC AGENTS |
| ALTABAX OINT | - | NC | DERMATOLOGICALS |
| ALTACE CAP | - | NC | ANTIHYPERTENSIVES |
| ALTAFRIN OPTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| ALTOPREV TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ALTRENO LOTION | - | NC | DERMATOLOGICALS |
| ALTUVIIIIO INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| ALUNBRIG PAK | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALVAIZ TAB | - | NC | HEMATOPOIETIC AGENTS |
| ALVESCO INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alvimopan cap (ENTEREG equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ALYFTREK TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | RESPIRATORY AGENTS - MISC. |
| ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day) | PA-QL-SP | 4 | RESPIRATORY AGENTS - MISC. |
| ALZAIR NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| amantadine cap (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |

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| amantadine soln (AMANTADINE equiv) | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| amantadine tab | - | 2 | ANTIPARKINSON AGENTS |
| AMARYL TAB | - | NC | ANTIDIABETICS |
| AMBIEN CR TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| AMBIEN TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day) | PA-QL-SP | 1 | CARDIOVASCULAR AGENTS - MISC. |
| AMCINONIDE CREAM 0.1% | - | NC | DERMATOLOGICALS |
| AMCINONIDE LOTION | - | NC | DERMATOLOGICALS |
| AMCINONIDE OINTMENT | - | NC | DERMATOLOGICALS |
| amethyst tab (LYBREL equiv) | - | \$0 | CONTRACEPTIVES |
| AMICAR SOLN | - | NC | HEMOSTATICS |
| AMICAR TAB | - | NC | HEMOSTATICS |
| amiloride tab (MIDAMOR equiv) | - | 1 | DIURETICS |
| AMILORIDE/HCTZ TAB | - | 1 | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 | DIURETICS |
| aminocaproic acid soln (AMICAR equiv) | - | 2 | HEMOSTATICS |
| aminocaproic acid tab (AMICAR equiv) | - | 2 | HEMOSTATICS |
| amiodarone tab (CORDARONE equiv) | - | 1 | ANTIARRHYTHMICS |
| AMITIZA CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| amitriptyline tab (ELAVIL equiv) | - | 1 | ANTIDEPRESSANTS |
| AMJEVITA AUTO-INJECTOR (adalimumab-atto) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| AMJEVITA INJ (adalimumab-atto) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| amlodipine tab (NORVASC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| amlodipine/atorvastatin tab (CADUET equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/olmesartan tab (AZOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | NC | ANTIHYPERTENSIVES |
| ammonium lactate cream (LAC-HYDRIN equiv) | OTC | NC | DERMATOLOGICALS |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | NC | DERMATOLOGICALS |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 2 | DERMATOLOGICALS |
| amoxapine tab (AMOXAPINE equiv) | - | 1 | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN CHEW TAB | - | 1 | PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | 1 | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN/CLAVULANATE CHEW TAB | - | 2 | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amoxicillin/k clavulanate er tab (AMOXICILLIN/CLAVULANATE equiv) | - | 3 | PENICILLINS |
| amphetamine er odt (ADZENYS XR equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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| amphetamine tab (EVEKEO equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ampicillin cap (AMPICILLIN equiv) | - | 1 | PENICILLINS |
| AMZEEQ FOAM | - | NC | DERMATOLOGICALS |
| ANAFRANIL CAP | - | NC | ANTIDEPRESSANTS |
| anagrelide cap (AGRYLIN equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ANALPRAM HC CREAM 2.5-1% | - | 1 | ANORECTAL AND RELATED PRODUCTS |
| ANALPRAM HC CREAM 2.5-1% | - | NC | ANORECTAL AND RELATED PRODUCTS |
| ANALPRAM-E KIT | - | 3 | ANORECTAL AGENTS |
| ANALPRAM-HC CREAM | - | 3 | ANORECTAL AND RELATED PRODUCTS |
| ANALPRAM-HC CREAM | - | NC | ANORECTAL AGENTS |
| ANAPROX TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ANASPAZ ODT | - | NC | ULCER DRUGS |
| ANASTIA LOTION | - | NC | DERMATOLOGICALS |
| anastrozole tab (ARIMIDEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANCOBON CAP | - | NC | ANTIFUNGALS |
| ANDEMBRY INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ANDROGEL 1% 25MG | - | NC | ANDROGENS-ANABOLIC |
| ANDROGEL 1% 50MG, TESTIM GEL 1% | - | NC | ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 1.25GM | - | NC | ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 2.5GM | - | NC | ANDROGENS-ANABOLIC |
| ANDROGEL PUMP 1.62% | - | NC | ANDROGENS-ANABOLIC |
| ANGELIQ TAB | - | NC | ESTROGENS |
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 | CONTRACEPTIVES |
| ANORO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ANTABUSE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP | - | NC | ANTIHYPERTENSIVES |
| ANTARA CAP, LOFIBRA CAP | - | NC | ANTIHYPERTENSIVES |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC | OTIC AGENTS |
| ANUCORT-HC SUPP 25MG | - | 2 | ANORECTAL AND RELATED PRODUCTS |
| ANUCORT-HC SUPP 30MG | - | 2 | ANORECTAL AND RELATED PRODUCTS |
| ANUSOL-HC CREAM | - | NC | ANORECTAL AGENTS |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 | ANTIEMETICS |
| ANZUPGO CREAM | - | NC | DERMATOLOGICALS |
| APADAZ TAB | - | NC | ANALGESICS - OPIOID |

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| APAP/CODEINE SOLN | - | 2 | ANALGESICS - OPIOID |
| APEXICON E CREAM (PSORCON E equiv) | - | NC | DERMATOLOGICALS |
| APIDRA INJ | - | NC | ANTIDIABETICS |
| APIDRA SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| APLENZIN TAB | - | NC | ANTIDEPRESSANTS |
| APOKYN INJ | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| apomorphine inj (APOKYN equiv) | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| APRACLONIDINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 | OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 | ANTIEMETICS |
| APRISO CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| APRIZIO PAK KIT | - | NC | DERMATOLOGICALS |
| APTIOM TAB | - | NC | ANTICONVULSANTS |
| APTIVUS CAP | - | 2 | ANTIVIRALS |
| AQNEURSA PACKET FOR SUSPENSION | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AQVESME TAB 100MG | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ARAKODA TAB | - | 3 | ANTIMALARIALS |
| ARANELLE TAB | - | \$0 | CONTRACEPTIVES |
| ARANESP INJ | - | NC | HEMATOPOIETIC AGENTS |
| ARAVA TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ARAZLO LOTION | - | NC | DERMATOLOGICALS |
| ARBLI SUSP (QL= 330mL/30 days; Prior Authorization required for members age 7 years and older) | PA-QL | 3 | ANTIHYPERTENSIVES |
| AREXVY INJ (QL= 1 dose/lifetime) | QL-VAC | \$0 | VACCINES |
| arformoterol tartrate neb soln (BROVANA equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARICEPT TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARICEPT TAB 23MG | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARIKAYCE SUSP (QL= 1 vial/day) | PA-QL-SP | 4 | AMINOGLYCOSIDES |
| ARIMIDEX TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| aripiprazole ODT (ABILIFY equiv) | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARIXTRA INJ | - | NC | ANTICOAGULANTS |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 | THYROID AGENTS |

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| ARNUITY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AROMASIN TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ARTHROTEC TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ARYNTA SOLN | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ASACOL HD TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ASACOL HD TAB, MESALAMINE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | QL | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | \$0 | CONTRACEPTIVES |
| ASMANEX HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin chew tab 81mg (Covered for female members only) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin EC tab 325mg | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| ASPIRIN EC TAB 325MG | OTC | NC | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 81mg (Covered for female members only) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin tab 325mg | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin/dipyridamole cap (AGGRENOX equiv) | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ASPRUZYO SPRINKLE GRANULES | - | NC | ANTIANGINAL AGENTS |
| ASTAGRAF XL CAP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| ASTAMED MYO CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ATACAND TAB | - | NC | ANTIHYPERTENSIVES |
| atazanavir cap (REYATAZ equiv) | - | 2 | ANTIVIRALS |
| ATELVIA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| atenolol tab (TENORMIN equiv) | - | 1 | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ATIVAN TAB | - | NC | ANTIANSIETY AGENTS |
| atomoxetine cap (STRATTERA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab (LIPITOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 | ANTIMALARIALS |
| ATRALIN GEL 0.05% | - | NC | DERMATOLOGICALS |
| ATRIPLA TAB | - | NC | ANTIVIRALS |
| ATRIX SYSTEM KIT | - | NC | DERMATOLOGICALS |
| atropine ophth oint | - | 1 | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| ATROPINE SUL SOLN 1% OPHTH | - | NC | OPHTHALMIC AGENTS |
| ATROPINE SULFATE OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| ATROVENT HFA AERO | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| ATTRUBY PACK | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| AUBAGIO TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUGMENTIN ES-600 SUSP | - | NC | PENICILLINS |
| AUGMENTIN TAB | - | NC | PENICILLINS |
| AUGTYRO CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AUGTYRO CAP 160MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AURANOFIN CAP, RIDAURA CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| AURYXIA TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| AUSTEDO TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO TITRATION PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB TITRATION KIT | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TITRATION PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUVELITY TAB | - | NC | ANTIDEPRESSANTS |
| AUVI-Q INJ | - | NC | VASOPRESSORS |
| AVALIDE TAB | - | NC | ANTIHYPERTENSIVES |
| avanafil tab (STENDRA equiv) (QL= 6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| AVAPRO TAB | - | NC | ANTIHYPERTENSIVES |
| AVAR AEROSOL FOAM | - | NC | DERMATOLOGICALS |
| AVAR CLEANSE LIQ 10-5% | - | 2 | DERMATOLOGICALS |
| AVAR PAD | - | NC | DERMATOLOGICALS |
| AVAR-E EMOLL CREAM | - | 2 | DERMATOLOGICALS |
| AVAR-E LS CREAM 10-2% | - | NC | DERMATOLOGICALS |
| AVELOX TAB | - | NC | FLUOROQUINOLONES |
| AVERI TAB | - | \$0 | CONTRACEPTIVES |
| AVMAPKI FAKZYNJA CO-PACK | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AVODART CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| AVONEX INJ | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AVTOZMA INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| AXERT TAB | - | NC | MIGRAINE PRODUCTS |
| AXID CAP | - | NC | ULCER DRUGS |
| AYGESTIN TAB | - | NC | PROGESTINS |
| AYVAKIT TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AZASITE SOLN | - | 2 | OPHTHALMIC AGENTS |
| azathioprine tab (IMURAN equiv) | - | 1 | ASSORTED CLASSES |
| azathioprine tab 100mg (AZASAN equiv) | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| azathioprine tab 75mg (AZASAN equiv) | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| azelaic acid gel (FINACEA equiv) | - | 1 | DERMATOLOGICALS |

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| azelastine nasal spray 0.1% (ASTELIN equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 | OPHTHALMIC AGENTS |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZELEX CREAM | - | NC | DERMATOLOGICALS |
| AZENASE PAK | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZESCHEW TAB 13-1MG | - | NC | MULTIVITAMINS |
| AZESCO TAB | - | NC | MULTIVITAMINS |
| AZILECT TAB | - | NC | ANTIPARKINSON AGENTS |
| azithromycin susp (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| AZOPT OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| AZOR TAB | - | NC | ANTIHYPERTENSIVES |
| AZSTARYS CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| AZULFIDINE EN TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| AZULFIDINE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| BACIT/POLYMY OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| BACITRACIN OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| BACLOFEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| BACLOFEN ORAL SOLN 10MG/5ML (Prior Authorization required for members age 9 years and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen oral soln 10mg/5ml (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization required for members age 9 years and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen tab (BACLOFEN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen tab 15mg | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| BACTRIM DS TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| BACTROBAN CREAM | - | NC | DERMATOLOGICALS |
| BAFIERTAM CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BALCOLTRA TAB | - | NC | CONTRACEPTIVES |
| balsalazide cap (COLAZAL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| BALVERSA TAB 3MG (QL= 3 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 4MG (QL= 2 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 5MG (QL= 1 tab/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BANZEL SUSP | - | NC | ANTICONVULSANTS |
| BANZEL TAB | - | NC | ANTICONVULSANTS |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 | ANTIDIABETICS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| BARACLUDE SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTIVIRALS |
| BARACLUDE TAB | - | NC | ANTIVIRALS |
| BASAGLAR INJ, INSULIN GLARGINE SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| BAXDELA TAB (QL= 2 tabs/day) | PA-QL | 2 | FLUOROQUINOLONES |
| BCG INJ | VAC | \$0 | VACCINES |
| B-D INSULIN SYRINGE | --OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| B-D PEN NEEDLE | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| b-donna tab (DONNATAL equiv) | - | NC | ULCER DRUGS |
| BECONASE AQ NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| BELBUCA FILM | - | NC | ANALGESICS - OPIOID |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 | ULCER DRUGS |
| BELSOMRA TAB | - | NC | HYPNOTICS |
| benazepril tab (LOTENSIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| BENEFIX INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| BENICAR HCT TAB | - | NC | ANTIHYPERTENSIVES |
| BENICAR TAB | - | NC | ANTIHYPERTENSIVES |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | PA-QL-SP | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENLYSTA INJ (QL= 4 inj/28 day) | PA-QL-SP | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENTIVITE TAB | - | NC | HEMATOPOIETIC AGENTS |
| BENTYL CAP | - | NC | ULCER DRUGS |
| BENTYL SYRUP | - | NC | ULCER DRUGS |
| BENZAACLIN GEL | - | NC | DERMATOLOGICALS |
| BENZAMYCIN GEL | - | NC | DERMATOLOGICALS |
| benzonatate cap (TESSALON equiv) | - | 1 | COUGH/COLD/ALLERGY |
| BENZONATATE CAP 150MG | - | NC | COUGH/COLD/ALLERGY |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC | COUGH/COLD/ALLERGY |
| BENZOYL PEROXIDE LOTION | - | NC | DERMATOLOGICALS |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC | DERMATOLOGICALS |
| benzphetamine tab | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| benztropine tab | - | 1 | ANTIPARKINSON AGENTS |
| bepotastine ophth soln (BEPREVE equiv) | - | 3 | OPHTHALMIC AGENTS |
| BEPREVE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| BERINERT INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| BESER KIT 0.05% | - | NC | DERMATOLOGICALS |
| BESIFLOXACIN OPHTH SUSP, BESIVANCE OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| BETAGAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| betaine powder for oral solution (CYSTADANE equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BETAMETH VALERATE LOTION | - | 1 | DERMATOLOGICALS |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 | DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | 2 | DERMATOLOGICALS |
| betamethasone augmented gel | - | NC | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 2 | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | 1 | DERMATOLOGICALS |

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| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 2 | DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 | DERMATOLOGICALS |
| betamethasone valerate foam (LUXIQ equiv) | - | NC | DERMATOLOGICALS |
| betamethasone valerate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone valerate oint | - | 1 | DERMATOLOGICALS |
| BETAPACE AF TAB | - | NC | BETA BLOCKERS |
| BETAPACE TAB | - | NC | BETA BLOCKERS |
| BETASERON INJ | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BETAXOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | 1 | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | 1 | URINARY ANTISPASMODICS |
| BETIMOL OPHTH SOLN 0.25% | - | 2 | OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BEVESPI AEROSPHERE INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BEXAGLIFLOZN TAB | - | NC | ANTIDIABETICS |
| bexarotene cap (TARGRETIN equiv) (QL= 10 caps/day) | QL-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bexarotene gel (TARGRETIN equiv) (QL= 60 grams/30 days) | PA-QL-SP | 1 | DERMATOLOGICALS |
| BEXSERO INJ | VAC | \$0 | VACCINES |
| BEYAZ TAB | - | NC | CONTRACEPTIVES |
| BEYFORTUS INJ | VAC | \$0 | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| BIAFINE EMULSION | - | NC | DERMATOLOGICALS |
| BIAXIN TAB | - | NC | MACROLIDES |
| bicalutamide tab (CASODEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIDIL TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| BIFERARX TAB | - | NC | HEMATOPOIETIC AGENTS |
| BIJUVA CAP | - | NC | ESTROGENS |
| BIKTARVY TAB | - | 2 | ANTIVIRALS |
| BILTRICIDE TAB | - | NC | ANTHELMINTICS |
| bimatoprost ophth soln (LUMIGAN equiv) (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| bimatoprost ophth soln (LATISSE equiv) | - | EXC | DERMATOLOGICALS |
| BIMZELX INJ | - | NC | DERMATOLOGICALS |
| BIMZELX INJ 320MG/2ML | - | NC | DERMATOLOGICALS |
| BIMZELX SYRINGE | - | NC | DERMATOLOGICALS |
| BIMZELX SYRINGE 320MG/2ML | - | NC | DERMATOLOGICALS |
| BINOSTO TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| bismuth/metro/tetra cap (PYLERA equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| BISOPROLOL FUMARATE TAB | - | NC | BETA BLOCKERS |
| bisoprolol tab (ZEBETA equiv) | - | 1 | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 | ANTIHYPERTENSIVES |
| BLANCHE CREAM | - | EXC | DERMATOLOGICALS |

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| BLEPH-10 OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| BLUJEP A TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| BONIVA TAB 150MG | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BONSITY INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day) | PA-QL-SP | 1 | CARDIOVASCULAR AGENTS - MISC. |
| bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day) | PA-QL-SP | 1 | CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF CAP | PA-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BOSULIF TAB | PA-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BP 10-1 EMU | - | NC | DERMATOLOGICALS |
| BRAFTOVI CAP 75MG (QL= 6 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BREKIYA INJ | - | NC | MIGRAINE PRODUCTS |
| BREO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREO ELLIPTA INHALER 50-25 MCG/ACT | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREXAFEMME TAB | - | NC | ANTIFUNGALS |
| BREZTRI AEROSPHERE INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRILINTA TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 | OPHTHALMIC AGENTS |
| brimonidine ophth soln 0.2% | - | 1 | OPHTHALMIC AGENTS |
| brimonidine tartrate gel (MIRVASO equiv) | - | EXC | DERMATOLOGICALS |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) | - | 2 | OPHTHALMIC AGENTS |
| brimonidine/timolol ophth soln (COMBIGAN equiv) | - | 2 | OPHTHALMIC AGENTS |
| BRINSUPRI TAB | - | NC | RESPIRATORY AGENTS - MISC. |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 | OPHTHALMIC AGENTS |
| BRISDELLE CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| brivaracetam inj (BRIVIACT equiv) | - | NC | ANTICONVULSANTS |
| brivaracetam oral soln 10mg/ml (BRIVIACT equiv) | - | NC | ANTICONVULSANTS |
| brivaracetam tab (BRIVIACT equiv) | - | NC | ANTICONVULSANTS |
| BRIVIACT INJ | - | NC | ANTICONVULSANTS |
| BRIVIACT SOLN 10MG/ML | - | NC | ANTICONVULSANTS |
| BRIVIACT TAB | - | NC | ANTICONVULSANTS |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| BRONCHITOL CAP | - | NC | RESPIRATORY AGENTS - MISC. |
| BROVANA NEB SOLN | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRUKINSA CAP (QL= 4 caps/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRUKINSA TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRYHALI LOTION | - | NC | DERMATOLOGICALS |

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|--|---------------------|-------------|---|
| BRYNOVIN SOLN | - | NC | ANTIDIABETICS |
| B-SERENE PAD | - | NC | HEMATOPOIETIC AGENTS |
| BUCAPSOL CAP | - | NC | ANTIANGIETY AGENTS |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 3 | CORTICOSTEROIDS |
| budesonide inh susp (PULMICORT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide nasal spray (RHINOCORT AQUA equiv) | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| budesonide rectal foam (UCERIS RECTAL FOAM equiv) | PA | 3 | ANORECTAL AND RELATED PRODUCTS |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 | CORTICOSTEROIDS |
| budesonide/formoterol inhaler (SYMBICORT equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| bumetanide tab (BUMEX equiv) | - | 1 | DIURETICS |
| BUNAVAIL FILM | - | NC | ANALGESICS - OPIOID |
| BUPHENYL POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BUPHENYL TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| buprenorphine hcl buccal film (BELBUCA equiv) | - | NC | ANALGESICS - OPIOID |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 3 | ANALGESICS - OPIOID |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 | ANTIDEPRESSANTS |
| BUPROPION XL TAB, FORFIVO XL TAB | - | NC | ANTIDEPRESSANTS |
| bupirone tab (BUSPAR equiv) | - | 1 | ANTIANGIETY AGENTS |
| butalbital/acetaminophen cap | - | NC | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen/caffeine soln | - | NC | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC | ANALGESICS - NONNARCOTIC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC | ANALGESICS - NONNARCOTIC |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 2 | ANALGESICS - OPIOID |
| BUTRANS PATCH | - | NC | ANALGESICS - OPIOID |
| BYDUREON BCISE AUTO INJ | - | NC | ANTIDIABETICS |
| BYDUREON INJ | - | NC | ANTIDIABETICS |
| BYDUREON PEN INJ | - | NC | ANTIDIABETICS |
| BYLVAY CAP 1200MCG (QL= 5 caps/day) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY CAP 400MCG (QL= 15 caps/day) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| BYNFEZIA PEN INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BYSTOLIC TAB | - | NC | BETA BLOCKERS |
| BYVALSON TAB | - | NC | ANTIHYPERTENSIVES |
| CABENUVA IM SUSP (QL= 1 kit/30 days) | QL-SP. | 4 | ANTIVIRALS |

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| CABENUVA SUSP 600MG-900MG/3ML (QL= 1 kit/30 days) | QL-SP. | 4 | ANTIVIRALS |
| cabergoline tab (DOSTINEX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAFCIT INJ | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| CALAN SR TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 | DERMATOLOGICALS |
| calcipotriene cream (TRIONEX equiv) | - | NC | DERMATOLOGICALS |
| CALCIPOTRIENE FOAM | - | NC | DERMATOLOGICALS |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | NC | DERMATOLOGICALS |
| calcipotriene oint | - | 2 | DERMATOLOGICALS |
| CALCIPOTRIENE SOLN | - | 2 | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 | DERMATOLOGICALS |
| calcipotriene/betamethasone dipropionate susp | - | NC | DERMATOLOGICALS |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | NC | DERMATOLOGICALS |
| calcitonin inj (MIACALCIN equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL OINT | - | 3 | DERMATOLOGICALS |
| calcitriol soln (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| CALQUENCE TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CALSODORE PAK | - | NC | DERMATOLOGICALS |
| CAMBIA POWDER | - | NC | MIGRAINE PRODUCTS |
| CAMZYOS CAP (QL= 1 cap/day) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| CANASA SUPP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| candesartan tab (ATACAND equiv) | - | 1 | ANTIHYPERTENSIVES |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| capecitabine tab (XELODA equiv) | SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPEX SHAMPOO | - | NC | DERMATOLOGICALS |
| CAPLYTA CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CAPRELSA TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPRELSA TAB 300MG (QL= 2 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC | DERMATOLOGICALS |
| captopril tab (CAPOTEN equiv) | - | 1 | ANTIHYPERTENSIVES |

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| CAPVAXIVE INJ | VAC | \$0 | VACCINES |
| CARAC CREAM | - | NC | DERMATOLOGICALS |
| CARAFATE SUSP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| CARAFATE TAB | - | NC | ULCER DRUGS |
| CARBAGLU TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| CARBAMAZEPINE CHEW TAB | - | NC | ANTICONVULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 | ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 | ANTICONVULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| CARBATROL CAP | - | NC | ANTICONVULSANTS |
| carbidopa tab (LODOSYN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA CAP, RYTARY CAP | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | - | 2 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbinoxamine maleate tab 6mg | - | NC | ANTIHISTAMINES |
| CARBINOXAMINE SOLN | - | 3 | ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) | - | 3 | ANTIHISTAMINES |
| CARBZAH SOLN 4MG/5ML | - | NC | ANTIHISTAMINES |
| CARDAMYST NASAL SPRAY | - | NC | CALCIUM CHANNEL BLOCKERS |
| CARDIZEM CD CAP | - | NC | CALCIUM CHANNEL BLOCKERS |
| CARDIZEM LA TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CARDIZEM TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CARDURA TAB | - | NC | ANTIHYPERTENSIVES |
| CARDURA XL TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| carglumic acid tab (CARBAGLU equiv) | PA-SP | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carisoprodol tab (SOMA equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol tab 250mg (SOMA equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARMOL LOTION | - | NC | DERMATOLOGICALS |
| CARNITOR SOLN | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CARNITOR TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CAROSPIR SUSP | - | NC | DIURETICS |

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| CARTEOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 | OPHTHALMIC AGENTS |
| carvedilol phosphate ER cap (COREG CR equiv) | - | NC | BETA BLOCKERS |
| carvedilol tab (COREG equiv) | - | 1 | BETA BLOCKERS |
| CASODEX TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CATAPRES-TTS PATCH | - | NC | ANTIHYPERTENSIVES |
| CAVERJECT INJ (QL= 6 inj/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| CEFACLOR CAP | - | 3 | CEPHALOSPORINS |
| cefaclor cap (CECLOR equiv) | - | 3 | CEPHALOSPORINS |
| CEFACLOR ER TAB | - | 3 | CEPHALOSPORINS |
| CEFACLOR SUSP | - | 3 | CEPHALOSPORINS |
| cefadroxil cap (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFADROXIL TAB | - | 2 | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefixime cap (SUPRAX equiv) | - | 3 | CEPHALOSPORINS |
| cefixime susp (SUPRAX equiv) | - | 3 | CEPHALOSPORINS |
| CEFIXIME TAB | - | NC | CEPHALOSPORINS |
| CEFPODOXIME PROXETIL SUSP | - | 3 | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 3 | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| CELEBREX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| celecoxib cap (CELEBREX equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| CELEXA TAB | - | NC | ANTIDEPRESSANTS |
| CELLCEPT CAP | - | NC | ASSORTED CLASSES |
| CELLCEPT SUSP | - | NC | ASSORTED CLASSES |
| CELLCEPT TAB | - | NC | ASSORTED CLASSES |
| CELONTIN CAP | - | NC | ANTICONVULSANTS |
| CENTANY OINT | - | 3 | DERMATOLOGICALS |
| cephalexin cap (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| cephalexin cap 750mg (KEFLEX equiv) | - | NC | CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| cephalexin tab | - | NC | CEPHALOSPORINS |
| CEQUA (PF) OPHTH SOLN (Restricted to ophthalmology or optometry specialist) | RS | 2 | OPHTHALMIC AGENTS |
| CEQR SIMPLICITY | - | NC | MEDICAL DEVICES AND SUPPLIES |
| CERDELGA CAP (QL= 2 caps/day) | PA-QL-SP | 4 | HEMATOPOIETIC AGENTS |
| CERVICAL CAP | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| cetrotide acetate for inj kit (CETROTIDE equiv) | INF | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETROTIDE KIT | INF | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETYLEV TAB | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| cevimeline cap (EVOXAC equiv) | - | 2 | MOUTH/THROAT/DENTAL AGENTS |

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| CHANTIX STARTER PACK | SMKG | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHEMET CAP | - | 2 | ANTIDOTES |
| CHENODAL TAB, CTEXTI TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHLORDIAZEPOXIDE/CLIDINIUM CAP | - | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 | ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| CHLOROQUINE TAB | - | 1 | ANTIMALARIALS |
| chloroquine tab (ARALEN equiv) | - | 1 | ANTIMALARIALS |
| CHLORPROMAZINE CONC | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorpromazine hcl conc | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorpromazine tab (THORAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorthalidone tab | - | 1 | DIURETICS |
| chlorzoxazone tab | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CHLORZOAZONE TAB 250MG, LORZONE TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| chlorzoxazone tab 500mg | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| CHOLBAM CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERTENSIVES |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERTENSIVES |
| cholestyramine powder (QUESTRAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| CIALIS TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| CIALIS TAB 2.5MG, 5MG | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| CIBINQO TAB (QL= 1 tab/day) | PA-QL-SP | 4 | DERMATOLOGICALS |
| CICLODAN KIT | - | NC | DERMATOLOGICALS |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox nail soln (PENLAC equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CILOXAN OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| CILOXAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| CIMDUO TAB | - | 2 | ANTIVIRALS |
| cimetidine soln (CIMETIDINE equiv) | - | 1 | ULCER DRUGS |
| cimetidine tab (TAGAMET equiv) (Rx Only) | - | 1 | ULCER DRUGS |
| CIMZIA INJ (QL= 1 kit/plan year) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| CIMZIA INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| CIMZIA INJ 200MG/ML (QL= 2 inj/28 days) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| cinacalcet tab (SENSIPAR equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CINRYZE INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| CIPRO HC OTIC SUSP | - | 3 | OTIC AGENTS |
| CIPRO SUSP | - | 3 | FLUOROQUINOLONES |

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| CIPRO TAB | - | NC | FLUOROQUINOLONES |
| CIPRODEX OTIC SUSP | - | NC | OTIC AGENTS |
| CIPROFLOXACIN 100MG TAB | - | 3 | FLUOROQUINOLONES |
| ciprofloxacin hcl otic soln (CETRAXAL equiv) | - | 2 | OTIC AGENTS |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 2 | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 | OTIC AGENTS |
| ciprofloxacin-hydrocortisone otic susp (CIPRO HC equiv) | - | 3 | OTIC AGENTS |
| CITALOPRAM CAP | - | NC | ANTIDEPRESSANTS |
| citalopram hydrobromide cap | - | NC | ANTIDEPRESSANTS |
| citalopram soln (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| CITRANATAL CAP MEDLEY | - | NC | MULTIVITAMINS |
| CITRULLINE EASY TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| cladribine tab therapy pack (MAVENCLAD equiv) | SP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CLARIFOAM EF FOAM | - | NC | DERMATOLOGICALS |
| CLARINEX SYRUP | - | EXC | ANTIHISTAMINES |
| CLARINEX TAB | - | EXC | ANTIHISTAMINES |
| CLARINEX-D TAB | - | EXC | COUGH/COLD/ALLERGY |
| CLARITHROMYC SUSP | - | 2 | MACROLIDES |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 3 | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | 1 | MACROLIDES |
| CLARITIN CAP | OTC | EXC | ANTIHISTAMINES |
| CLARITIN CHEW TAB | OTC | EXC | ANTIHISTAMINES |
| CLEMASTINE SYRUP | - | NC | ANTIHISTAMINES |
| CLEMASTINE TAB | - | NC | ANTIHISTAMINES |
| CLEMASTINE TAB, CLEMAZ TAB | - | NC | ANTIHISTAMINES |
| CLENIA PLUS SUSP | - | NC | DERMATOLOGICALS |
| CLENPIQ SOLN | - | NC | LAXATIVES |
| CLEOCIN CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| CLEOCIN SOLN | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| CLEOCIN VAGINAL CREAM | - | NC | VAGINAL PRODUCTS |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | 3 | VAGINAL PRODUCTS |
| CLEOCIN-T LOTION | - | NC | DERMATOLOGICALS |
| CLEOCIN-T PAD | - | NC | DERMATOLOGICALS |
| CLEOCIN-T SOLN | - | NC | DERMATOLOGICALS |
| CLIMARA PATCH | - | NC | ESTROGENS |
| CLIMARA PRO PATCH | - | NC | ESTROGENS |
| CLINDACIN KIT | - | NC | DERMATOLOGICALS |
| clindamycin cap (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin foam (EVOCLIN equiv) | - | NC | DERMATOLOGICALS |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv) | - | NC | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |

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| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill) | QL | 1 | VAGINAL PRODUCTS |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 2 | DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 | DERMATOLOGICALS |
| clindamycin/tretinoin gel (ZIANA equiv) | - | NC | DERMATOLOGICALS |
| CLINDAVIX KIT | - | NC | DERMATOLOGICALS |
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill) | QL | 2 | VAGINAL AND RELATED PRODUCTS |
| CLINISTIX TEST STRIP | OTC | 1 | DIAGNOSTIC PRODUCTS |
| clobazam susp (ONFI equiv) (Prior Authorization required for members age 7 years and older) | PA | 2 | ANTICONVULSANTS |
| clobazam tab (ONFI equiv) | - | 1 | ANTICONVULSANTS |
| clobetasol E foam (OLUX E equiv) | - | NC | DERMATOLOGICALS |
| clobetasol foam (OLUX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| CLOBETASOL OPTHH SUSP | - | NC | OPHTHALMIC AGENTS |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM | - | NC | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| CLOBETAVIX KIT | - | NC | DERMATOLOGICALS |
| CLOBEX LOTION | - | NC | DERMATOLOGICALS |
| CLOBEX SHAMPOO | - | NC | DERMATOLOGICALS |
| CLOBEX SPRAY | - | NC | DERMATOLOGICALS |
| CLOCORTOLONE CREAM | - | NC | DERMATOLOGICALS |
| clocortolone pivalate cream | - | NC | DERMATOLOGICALS |
| CLODERM CREAM | - | NC | DERMATOLOGICALS |
| clomiphene citrate tab (CLOMID equiv) | INF | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLOMIPHENE TAB | INF | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clomipramine cap (ANAFRANIL equiv) | - | 3 | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | 3 | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 | ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | 1 | ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CLOPIDOGREL THERAPY PACK | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | 3 | ANTIAXIETY AGENTS |
| clotrimazole cream (LOTRIMIN AF equiv) | - | NC | DERMATOLOGICALS |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| CLOTTRIMAZOLE/BETAMETHASONE LOTION | - | NC | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LORTRISONE equiv) | - | NC | DERMATOLOGICALS |

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| clozapine odt tab (CLOZAPINE, FAZACLO equiv) | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CLOZAPINE ODT, FAZACLO ODT | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CLOZARIL TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| COAGADEX INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| COBENFY CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| COBENFY CAP STARTER PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| COCAINE HCL SOLN | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| codeine sulfate tab | - | 1 | ANALGESICS - OPIOID |
| COLAZAL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| colchicine cap (MITIGARE equiv) | - | NC | GOUT AGENTS |
| colchicine tab (COLCRYS equiv) | - | 1 | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 | GOUT AGENTS |
| COLCRYS TAB | - | NC | GOUT AGENTS |
| colesevelam pack (WELCHOL equiv) | - | 2 | ANTIHYPERTENSIVES |
| colesevelam tab (WELCHOL equiv) | - | 2 | ANTIHYPERTENSIVES |
| COLESTID GRANULE | - | NC | ANTIHYPERTENSIVES |
| COLESTID POWDER PACK | - | NC | ANTIHYPERTENSIVES |
| COLESTID TAB | - | NC | ANTIHYPERTENSIVES |
| colestipol granule (COLESTID equiv) | - | 3 | ANTIHYPERTENSIVES |
| colestipol powder packet (COLESTID equiv) | - | 3 | ANTIHYPERTENSIVES |
| colestipol tab (COLESTID equiv) | - | 1 | ANTIHYPERTENSIVES |
| colistimethate inj (COLY-MYCIN M equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| COLLANEX EXTERNAL POWDER | - | NC | DERMATOLOGICALS |
| COLY-MYCIN S OTIC SUSP | - | 2 | OTIC AGENTS |
| COMBIGAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| COMBIPATCH | - | NC | ESTROGENS |
| COMBIVENT RESPIMAT INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVIR TAB | - | NC | ANTIVIRALS |
| COMBOGESIC TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| COMETRIQ KIT | PA-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMIRNATY INJ (QL= 1 dose/17 days) | QL-VAC | \$0 | VACCINES |
| COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days) | QL-VAC | \$0 | VACCINES |
| COMPLERA TAB | - | 3 | ANTIVIRALS |
| COMTAN TAB | - | NC | ANTIPARKINSON AGENTS |
| CONCEPT DHA CAP | - | 1 | MULTIVITAMINS |
| CONCERTA TAB, RITALIN SR TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| CONDYLOX GEL | - | NC | DERMATOLOGICALS |
| CONJUPRI TAB, LEVAMLODIPINE TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CONSENSI TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CONTRACEPTIVE FILM | OTC | EXC | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | EXC | VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | OTC | EXC | VAGINAL PRODUCTS |
| COPIKTRA CAP (QL= 2 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CORDARONE TAB | - | NC | ANTIARRHYTHMICS |

| | | |
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|--|---------------------|-------------|---|
| CORDRAN CREAM 0.025% | - | NC | DERMATOLOGICALS |
| CORDRAN OINTMENT | - | NC | DERMATOLOGICALS |
| CORDRAN TAPE | - | NC | DERMATOLOGICALS |
| COREG CR CAP | - | NC | BETA BLOCKERS |
| COREG TAB | - | NC | BETA BLOCKERS |
| CORGARD TAB | - | NC | BETA BLOCKERS |
| CORIFACT KIT | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| CORLANOR SOLN | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CORLANOR TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| CORPHENA ORAL SOLN, RYCLORA ORAL SOLN | - | NC | ANTIHISTAMINES |
| CORTANE-B OTIC SOLN | - | NC | OTIC AGENTS |
| CORTEF TAB | - | NC | CORTICOSTEROIDS |
| CORTENEMA | - | NC | ANORECTAL AGENTS |
| CORTIC-ND DROPS | - | NC | OTIC AGENTS |
| CORTIFOAM | - | 3 | ANORECTAL AGENTS |
| CORTISONE ACETATE TAB | - | 2 | CORTICOSTEROIDS |
| CORTROPHIN INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CORTROPHIN INJ GEL | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CORVITA 150 TAB | - | NC | HEMATOPOIETIC AGENTS |
| COSENTYX INJ (1-PACK) | - | NC | DERMATOLOGICALS |
| COSENTYX INJ (2-PACK) | - | NC | DERMATOLOGICALS |
| COSENTYX INJ 300MG/2ML | - | NC | DERMATOLOGICALS |
| COSENTYX UNO INJ | - | NC | DERMATOLOGICALS |
| COSOPT (PF) OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| COTELLIC TAB (QL= 3 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COTEMPLA XR ODT | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| COUMADIN TAB | - | NC | ANTICOAGULANTS |
| COVARYX HS TAB | - | 1 | ESTROGENS |
| COVID-19 TEST | OTC | EXC | DIAGNOSTIC PRODUCTS |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days) | QL-VAC | \$0 | VACCINES |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days) | QL-VAC | \$0 | VACCINES |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL-VAC | \$0 | VACCINES |
| COXANTO CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| COZAAR TAB | - | NC | ANTIHYPERTENSIVES |
| CRENESSITY CAP (QL= 2 caps/day) | PA-QL-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CRENESSITY SOLN (QL= 2ml/day) | PA-QL-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CREON CAP | - | 2 | DIGESTIVE AIDS |
| CRESEMBA CAP | - | NC | ANTIFUNGALS |
| CRESTOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| CREXONT CAP | - | NC | ANTIPARKINSON AGENTS |
| CRINONE GEL | PA | 2 | VAGINAL PRODUCTS |
| cromolyn conc (GASTROCROM equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |

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| cromolyn neb soln (INTAL equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) | - | 1 | OPHTHALMIC AGENTS |
| CROMOLYN SODIUM OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| CROTAN LOTION | - | NC | DERMATOLOGICALS |
| cryselle tab | - | \$0 | CONTRACEPTIVES |
| CUE COVID-19 INJ TEST CARTRIDGE | OTC | EXC | DIAGNOSTIC PRODUCTS |
| CUE HEALTH MONITOR | OTC | EXC | DIAGNOSTIC PRODUCTS |
| CUTAQUIG INJ | - | NC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| CUTIVATE LOTION | - | NC | DERMATOLOGICALS |
| CUVPOSA SOLN | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| CUVRIOR TAB | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| cyanocobalamin inj | - | 1 | HEMATOPOIETIC AGENTS |
| cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv) | - | 3 | HEMATOPOIETIC AGENTS |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| CYCLOGYL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| CYCLOGYL OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOSERINE CAP | - | NC | ANTIMYCOBACTERIAL AGENTS |
| CYCLOSET TAB | - | 3 | ANTI-DIABETICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | 2 | ASSORTED CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | 2 | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | 2 | ASSORTED CLASSES |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 1 | OPHTHALMIC AGENTS |
| CYCLOSPORINE OPHTH EMULSION 0.1% | - | NC | OPHTHALMIC AGENTS |
| CYFOLEX CAP | - | NC | HEMATOPOIETIC AGENTS |
| CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| CYLTEZO INJ (adalimumab-adbm) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| CYMBALTA CAP | - | NC | ANTIDEPRESSANTS |
| cyproheptadine syrup | - | 1 | ANTIHISTAMINES |
| cyproheptadine tab | - | 1 | ANTIHISTAMINES |
| CYSTADANE POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist) | QL-RS-SP | 4 | OPHTHALMIC AGENTS |

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| CYSTAGON CAP | SP | 4 | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS-SP | 4 | OPHTHALMIC AGENTS |
| CYTOMEL TAB | - | NC | THYROID AGENTS |
| CYTOTEC TAB | - | NC | ULCER DRUGS |
| CYTRA K CRYSTALS | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYTRA-3 SYRUP | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 2 | ANTICOAGULANTS |
| dalfampridine ER tab (AMPYRA equiv) | SP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DALIRESP TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| danazol cap (DANOCRINE equiv) | - | 2 | ANDROGENS-ANABOLIC |
| DANTRIUM CAP | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| dantrolene cap (DANTRIUM equiv) | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| DANZITEN TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG | - | NC | ANTIDIABETICS |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG | - | NC | ANTIDIABETICS |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG | - | NC | ANTIDIABETICS |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG | - | NC | ANTIDIABETICS |
| dapsone gel (ACZONE equiv) | - | NC | DERMATOLOGICALS |
| dapsone tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| DAPTACEL INJ, INFANRIX INJ | VAC | \$0 | TOXOIDS |
| darifenacin SR tab (ENABLEX equiv) | - | 2 | URINARY ANTISPASMODICS |
| DARTISLA ODT TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS |
| darunavir tab (PREZISTA equiv) | - | 2 | ANTIVIRALS |
| dasatinib tab (SPRYCEL equiv) | PA-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DAURISMO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DAWNZERA INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| DAYBUE SOLN | - | NC | NEUROMUSCULAR AGENTS |
| DAYBUE STIX POWDER | - | NC | NEUROMUSCULAR AGENTS |
| DAYBUE STIX POWDER 8000MG | - | NC | NEUROMUSCULAR AGENTS |
| DAYPRO TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| DAYVIGO TAB (QL= 1 tab/day) | PA-QL | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| DAZOMON GEL | - | NC | DERMATOLOGICALS |
| DDAVP NASAL SPRAY | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DDAVP TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| deferasirox granules packet (JADENU equiv) | SP | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (JADENU equiv) | SP | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |

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| deferasirox tab for oral susp (EXJADE equiv) | SP | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) | PA-SP | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deflazacort susp (EMFLAZA equiv) | - | NC | CORTICOSTEROIDS |
| deflazacort tab (EMFLAZA equiv) | - | NC | CORTICOSTEROIDS |
| DEGLUDEC FLEXTOUCH INJ | - | NC | ANTIDIABETICS |
| DEGLUDEC INJ | - | NC | ANTIDIABETICS |
| DELESTROGEN INJ | - | NC | ESTROGENS |
| DELSTRIGO TAB | - | 2 | ANTIVIRALS |
| DELZICOL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| demeclocycline tab (DECLOMYCIN equiv) | - | 3 | TETRACYCLINES |
| DEMSEER CAP | - | NC | ANTIHYPERTENSIVES |
| DENAVIR CREAM | - | NC | DERMATOLOGICALS |
| DENGAXIA SUSP | VAC | \$0 | VACCINES |
| DENTA 5000 CREAM PLUS (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay) | - | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| DEPAACON INJ | - | NC | ANTICONVULSANTS |
| DEPAKENE CAP | - | NC | ANTICONVULSANTS |
| DEPAKENE SYRUP | - | NC | ANTICONVULSANTS |
| DEPAKOTE ER TAB | - | NC | ANTICONVULSANTS |
| DEPAKOTE SPRINKLE CAP | - | NC | ANTICONVULSANTS |
| DEPAKOTE TAB | - | NC | ANTICONVULSANTS |
| DEPEN TITRATAB | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| DEPLIN CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| DEPO-ESTRADIOL IM | - | NC | ESTROGENS |
| DEPO-MEDROL INJ | - | NC | CORTICOSTEROIDS |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ | - | 3 | CORTICOSTEROIDS |
| DEPO-PROVERA INJ | - | NC | CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| DERMACINRX CREAM | - | NC | DERMATOLOGICALS |
| DERMACINRX KIT | - | NC | DERMATOLOGICALS |
| DERMALID PAK | - | NC | DERMATOLOGICALS |
| DERMA-SMOOTH/FS OIL | - | NC | DERMATOLOGICALS |
| DERMOTIC OIL | - | NC | OTIC AGENTS |
| DESCOVY TAB | PA | \$0 | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | 2 | ANTIDEPRESSANTS |
| DESLORATADINE ODT | - | EXC | ANTIHISTAMINES |
| DESLORATADINE SOLN | - | EXC | ANTIHISTAMINES |
| desloratadine tab (CLARINEX equiv) | - | EXC | ANTIHISTAMINES |
| DESMODA SOLN | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DESMOPRESSIN NASAL SPRAY | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DESOGEN TAB | - | NC | CONTRACEPTIVES |
| DESONATE GEL | - | NC | DERMATOLOGICALS |
| desonide cream (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| desonide gel | - | NC | DERMATOLOGICALS |

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| desonide lotion (DESOWEN equiv) | - | NC | DERMATOLOGICALS |
| desonide oint (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| DESOWEN CREAM | - | NC | DERMATOLOGICALS |
| DESOWEN CREAM KIT | - | NC | DERMATOLOGICALS |
| DESOWEN LOTION | - | NC | DERMATOLOGICALS |
| DESOWEN LOTION KIT | - | NC | DERMATOLOGICALS |
| DESOWEN OINT | - | NC | DERMATOLOGICALS |
| DESOWEN OINT KIT | - | NC | DERMATOLOGICALS |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| DESOXIMETASONE GEL | - | NC | DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 | ANTIDEPRESSANTS |
| DESVENLAFAXINE ER TAB | - | NC | ANTIDEPRESSANTS |
| DETROL LA CAP | - | NC | URINARY ANTISPASMODICS |
| DETROL TAB | - | NC | URINARY ANTISPASMODICS |
| DEXAMETHASONE CONC | - | 1 | CORTICOSTEROIDS |
| dexamethasone elixir | - | 1 | CORTICOSTEROIDS |
| dexamethasone pak (DEXPAK equiv) | - | NC | CORTICOSTEROIDS |
| DEXAMETHASONE PHOSPHATE INJ | - | 1 | CORTICOSTEROIDS |
| DEXAMETHASONE SODIUM PHOSPHATE INJ | - | 1 | CORTICOSTEROIDS |
| DEXAMETHASONE SOLN | - | 1 | CORTICOSTEROIDS |
| dexamethasone tab (DECADRON equiv) | - | 1 | CORTICOSTEROIDS |
| DEXAMETHASONE TAB | - | NC | CORTICOSTEROIDS |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 SENSOR (15-DAY) (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| DEXEDRINE CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DEXILANT DR CAP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| dexlansoprazole DR cap (DEXILANT equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |

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| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DEXPAK TAB | - | NC | CORTICOSTEROIDS |
| DEXTENZA OPHTH INSERT | - | NC | OPHTHALMIC AGENTS |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DHIVY TAB | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| DIABETIC METER (all other diabetic meters) | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| DIACOMIT CAP | PA-SP | 4 | ANTICONVULSANTS |
| DIACOMIT POWDER PACK | PA-SP | 4 | ANTICONVULSANTS |
| DIALYVITE TAB | - | 1 | MULTIVITAMINS |
| dialy vite tab (NEPHRO-VITE equiv) | - | NC | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | 1 | MULTIVITAMINS |
| DIAPHRAGM | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DIASTAT ACDL GEL | - | NC | ANTICONVULSANTS |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | NC | ANTICONVULSANTS |
| diazepam conc (VALIUM equiv) | - | 1 | ANTIAXIETY AGENTS |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 | ANTIAXIETY AGENTS |
| diazepam rectal gel (QL= 2 packs/fill) | QL | 2 | ANTICONVULSANTS |
| diazepam tab (VALIUM equiv) | - | 1 | ANTIAXIETY AGENTS |
| diazoxide susp (PROGLYCEM equiv) | - | 3 | ANTIDIABETICS |
| DIBENZYLIN CAP | - | NC | ANTIHYPERTENSIVES |
| dichlorphenamide tab (KEVEYIS equiv) | - | NC | DIURETICS |
| DICLOFENAC CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 2 | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) | - | NC | DERMATOLOGICALS |
| DICLOFENAC PATCH, FLECTOR PATCH | - | NC | DERMATOLOGICALS |
| diclofenac potassium (migraine) packet (CAMBIA equiv) | - | NC | MIGRAINE PRODUCTS |
| diclofenac potassium cap (ZIPSOR equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac potassium tab 25mg (DICLOFENAC equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium gel kit (VENNGEL equiv) | - | NC | DERMATOLOGICALS |

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| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 | OPHTHALMIC AGENTS |
| diclofenac sodium soln 2% (PENNSAID equiv) | - | NC | DERMATOLOGICALS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| DICLONA GEL | - | NC | DERMATOLOGICALS |
| DICLOTREX PAK | - | NC | DERMATOLOGICALS |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | 2 | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | 1 | ULCER DRUGS |
| DICYCLOMINE TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| DIETHYLPROPION ER TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| diethylpropion tab | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DIFFERIN CREAM | - | NC | DERMATOLOGICALS |
| DIFFERIN GEL | - | NC | DERMATOLOGICALS |
| DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 | MACROLIDES |
| DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 | MACROLIDES |
| DIFLORASONE CREAM | - | NC | DERMATOLOGICALS |
| DIFLORASONE CREAM, PSORCON CREAM | - | NC | DERMATOLOGICALS |
| diflorasone oint | - | NC | DERMATOLOGICALS |
| DIFLUCAN SUSP | - | NC | ANTIFUNGALS |
| DIFLUCAN TAB | - | NC | ANTIFUNGALS |
| diffunisal tab (DOLOBID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| difluprednate ophth emulsion (DUREZOL equiv) | - | 2 | OPHTHALMIC AGENTS |
| digoxin soln (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| DIGOXIN SOLN 0.05MG/ML | - | NC | CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| digoxin tab 62.5mcg (LANOXIN equiv) | - | NC | CARDIOTONICS |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC | MIGRAINE PRODUCTS |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC | MIGRAINE PRODUCTS |
| DILACOR XR CAP | - | NC | CALCIUM CHANNEL BLOCKERS |
| DILANTIN CAP 100MG | - | NC | ANTICONVULSANTS |
| DILANTIN CAP 30MG | - | 2 | ANTICONVULSANTS |
| DILANTIN INFATABS | - | NC | ANTICONVULSANTS |
| DILANTIN SUSP | - | NC | ANTICONVULSANTS |
| DILAUDID TAB | - | NC | ANALGESICS - OPIOID |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 2 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |

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| dimethyl fumarate DR cap (TECFIDERA equiv) | SP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | SP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIOVAN HCT TAB | - | NC | ANTIHYPERTENSIVES |
| DIOVAN TAB | - | NC | ANTIHYPERTENSIVES |
| DIPENTUM CAP | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| diphenhydramine inj (BENADRYL equiv) | - | NC | ANTIHISTAMINES |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 3 | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 | ANTIDIARRHEALS |
| DIPROLENE AF CREAM | - | NC | DERMATOLOGICALS |
| DIPROLENE OINT | - | NC | DERMATOLOGICALS |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ | VAC | \$0 | TOXOIDS |
| dipyridamole tab (PERSANTINE equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| DISKETTS TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 | ANALGESICS - OPIOID |
| disopyramide cap (NORPACE equiv) | - | 1 | ANTIARRHYTHMICS |
| disulfiram tab (ANTABUSE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| disulfiram tab 500mg | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DITROPAN XL TAB | - | NC | URINARY ANTISPASMODICS |
| DIURIL SUSP | - | 2 | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| DIVIGEL GEL | - | NC | ESTROGENS |
| DIVIGEL GEL, ELESTRIN GEL | - | NC | ESTROGENS |
| dofetilide cap (TIKOSYN equiv) | - | 2 | ANTIARRHYTHMICS |
| DOJOLVI ORAL LIQUID | - | NC | NUTRIENTS |
| DOLGIC PLUS TAB | - | NC | ANALGESICS - NONNARCOTIC |
| DOLOBID TAB | - | NC | ANALGESICS - NONNARCOTIC |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DONNATAL ELIXIR, PB-BELLADONNA ELIXIR | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| DONNATAL TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| DOPTELET SPRINKLE CAP (QL= 2 caps/day) | PA-QL-SP | 4 | HEMATOPOIETIC AGENTS |
| DOPTELET TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | HEMATOPOIETIC AGENTS |
| DORYX MPC TAB | - | NC | TETRACYCLINES |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |

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| DOVATO TAB | - | 2 | ANTIVIRALS |
| DOVONEX CREAM | - | NC | DERMATOLOGICALS |
| doxazosin tab (CARDURA equiv) | - | 1 | ANTIHYPERTENSIVES |
| doxepin cap (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| DOXEPIN HCL CONC | - | 1 | ANTIDEPRESSANTS |
| doxepin hcl cream | - | NC | DERMATOLOGICALS |
| doxepin tab (SILENOR equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| DOXERCALCIFEROL CAP | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| doxercalciferol cap (HECTOROL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| doxycycline (rosacea) cap delayed release (ORACEA equiv) | - | NC | DERMATOLOGICALS |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate DR tab (DORYX equiv) | - | NC | TETRACYCLINES |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate tab (TARGADOX equiv) | - | NC | TETRACYCLINES |
| doxycycline hyclate tab 75mg, 150mg | - | NC | TETRACYCLINES |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC | TETRACYCLINES |
| doxycycline monohydrate cap (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | NC | TETRACYCLINES |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | NC | TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 | TETRACYCLINES |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC | ANTIEMETICS |
| D-PENAMINE TAB | - | 2 | ASSORTED CLASSES |
| DRISDOL CAP | - | NC | VITAMINS |
| DRIZALMA DR CAP | - | NC | ANTIDEPRESSANTS |
| dronabinol cap (MARINOL equiv) | PA | 2 | ANTIEMETICS |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | \$0 | CONTRACEPTIVES |
| DROXIA CAP | - | 2 | HEMATOPOIETIC AGENTS |
| droxidopa cap (NORTHERA equiv) | - | NC | VASOPRESSORS |
| DRYSOL SOLN | - | 1 | DERMATOLOGICALS |
| DSUVIA SL TAB | - | NC | ANALGESICS - OPIOID |
| DUAC GEL | - | NC | DERMATOLOGICALS |
| DUAKLIR INHALER | - | NC | ASTHMA AND BRONCHODILATOR AGENTS |
| DUAVEE TAB | - | NC | ESTROGENS |
| DUETACT TAB | - | NC | ANTIDIABETICS |
| DULERA INHALER | - | 2 | ASTHMA AND BRONCHODILATOR AGENTS |
| duloxetine cap 40mg (IRENKA equiv) | - | NC | ANTIDEPRESSANTS |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 | ANTIDEPRESSANTS |
| DULOXICAINE PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DUOBRII LOTION | - | NC | DERMATOLOGICALS |
| DUOPA ENTERAL SUSP | - | NC | ANTIPARKINSON AGENTS |

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| DUOVISC KIT | - | NC | OPHTHALMIC AGENTS |
| DUPIXENT INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| DURAVENT PE TAB | - | NC | COUGH/COLD/ALLERGY |
| DUREZOL OPHTH EMULSION | - | NC | OPHTHALMIC AGENTS |
| dutasteride cap (AVODART equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dutasteride/tamsulosin cap (JALYN equiv) | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| DUTOPROL TAB | - | NC | ANTIHYPERTENSIVES |
| DUVYZAT ORAL SUSP | - | NC | NEUROMUSCULAR AGENTS |
| DUZALLO TAB | - | NC | GOUT AGENTS |
| DXEVO 11-DAY PAK | - | NC | CORTICOSTEROIDS |
| DYANAVEL XR CHEW | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DYNACIN TAB | - | NC | TETRACYCLINES |
| DYRENIUM CAP | - | NC | DIURETICS |
| E.E.S. TAB | - | 3 | MACROLIDES |
| EBGLYSS INJ (QL= 1 inj/28 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| EBGLYSS PEN INJ (QL= 1 inj/28 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| EB-N3 DR CAP | - | NC | MULTIVITAMINS |
| ECONASIL KIT | - | NC | DERMATOLOGICALS |
| econazole cream (SPECTAZOLE equiv) | - | 1 | DERMATOLOGICALS |
| ECONAZOLE NITRATE FOAM, ECOZA FOAM | - | NC | DERMATOLOGICALS |
| ECOZA FOAM | - | NC | DERMATOLOGICALS |
| EDARBI TAB | - | NC | ANTIHYPERTENSIVES |
| EDARBYCLOR TAB | - | NC | ANTIHYPERTENSIVES |
| EDECRIN TAB | - | NC | DIURETICS |
| EDEX INJ (QL= 6 inj/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| EDLUAR SL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| EDURANT PED TAB | - | 2 | ANTIVIRALS |
| EDURANT TAB | - | 2 | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | 2 | ANTIVIRALS |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | 2 | ANTIVIRALS |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 | ANTIVIRALS |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB | - | 2 | ANTIVIRALS |
| EFFER-K TAB | - | 1 | MINERALS & ELECTROLYTES |
| EFFEXOR XR CAP | - | NC | ANTIDEPRESSANTS |
| EFFIENT TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| EFUDEX CREAM | - | NC | DERMATOLOGICALS |
| EGATEN TAB | - | NC | ANTHELMINTICS |
| EGRIFTA INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| EGRIFTA WR KIT | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| EKTERLY TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ELDEPYRL CAP | - | NC | ANTIPARKINSON AGENTS |
| ELEPSIA XR TAB | - | NC | ANTICONVULSANTS |

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| ELESTAT OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| eletriptan tab (RELPAE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| ELIDEL CREAM | - | NC | DERMATOLOGICALS |
| ELIGARD INJ, VABRINITY INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ELIGARD INJ, VABRINTY INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ELIGEN B12 TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| ELIMITE CREAM | - | NC | DERMATOLOGICALS |
| ELIPHOS TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ELIQUIS SPRINKLE CAP | - | 2 | ANTICOAGULANTS |
| ELIQUIS TAB FOR ORAL SUSP | - | 2 | ANTICOAGULANTS |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 | ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | EXC | CONTRACEPTIVES |
| ELMIRON CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| ELOCON CREAM | - | NC | DERMATOLOGICALS |
| ELOCON OINT | - | NC | DERMATOLOGICALS |
| ELOCTATE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day) | PA-QL-SP | 1 | HEMATOPOIETIC AGENTS |
| eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day) | PA-QL-SP | 1 | HEMATOPOIETIC AGENTS |
| eltrombopag olamine tab 50MG (PROMACTA equiv) (QL= 2 tabs/day) | PA-QL-SP | 1 | HEMATOPOIETIC AGENTS |
| eltrombopag olamine tab 75MG (PROMACTA equiv) (QL= 2 tabs/day) | PA-QL-SP | 1 | HEMATOPOIETIC AGENTS |
| eluryng vaginal ring (NUVARING equiv) | - | \$0 | CONTRACEPTIVES |
| ELYXYB SOLN | - | NC | MIGRAINE PRODUCTS |
| EMBECTA INSULIN SYRINGE | --OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| EMBECTA PEN NEEDLE | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| EMEND CAP | - | NC | ANTIEMETICS |
| EMEND PAK | - | NC | ANTIEMETICS |
| EMEND SUSP | - | NC | ANTIEMETICS |
| EMFLAZA SUSP | - | NC | CORTICOSTEROIDS |
| EMFLAZA TAB | - | NC | CORTICOSTEROIDS |
| EMGALITY INJ (QL= 1 inj/28 days) | QL | 2 | MIGRAINE PRODUCTS |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | QL | 2 | MIGRAINE PRODUCTS |
| EMPAVELI INJ (QL= 160ml/28 days) | PA-QL-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| EMROSI CAP | - | NC | DERMATOLOGICALS |
| EMSAM PATCH | - | 3 | ANTIDEPRESSANTS |
| emtricitabine cap (EMTRIVA equiv) | - | 2 | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | - | \$0 | ANTIVIRALS |
| emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv) | - | 2 | ANTIVIRALS |
| EMTRIVA CAP | - | NC | ANTIVIRALS |
| EMTRIVA SOLN | - | 2 | ANTIVIRALS |
| EMVERM TAB | - | NC | ANTHELMINTICS |
| ENABLEX TAB | - | NC | URINARY ANTISPASMODICS |

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|---|---------------------|-------------|--|
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTIHYPERTENSIVES |
| enalapril tab (VASOTEC equiv) | - | 1 | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBUMYST SOLN 0.5MG/0.1ML | - | NC | DIURETICS |
| ENDARI POWDER PACKET | - | NC | HEMATOPOIETIC AGENTS |
| ENDOMETRIN INSERT | PA | 2 | VAGINAL PRODUCTS |
| ENDOMETRIN SUPP | PA | 2 | VAGINAL AND RELATED PRODUCTS |
| ENFLONSIA INJ | VAC | \$0 | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | \$0 | VACCINES |
| enoxaparin inj (LOVENOX equiv) | - | 2 | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 | CONTRACEPTIVES |
| ENSACOVE CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ENSACOVE CAP 100MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ENSPRYNG INJ (QL= 1 inj/28 days) | PA-QL-SP | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| ENSTILAR FOAM | - | NC | DERMATOLOGICALS |
| entacapone tab (COMTAN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| ENTADFI CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| ENTEREG CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ENTRESTO CAP | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ENTRESTO TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ENTYVIO SC INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| ENVARUSUS XR TAB | - | NC | ASSORTED CLASSES |
| EOHILIA SUSP | - | NC | CORTICOSTEROIDS |
| EPANED SOLN | - | NC | ANTIHYPERTENSIVES |
| EPCLUSA PAK | - | NC | ANTIVIRALS |
| EPCLUSA TAB | - | NC | ANTIVIRALS |
| EPIDIOLEX SOLN | PA-SP | 4 | ANTICONVULSANTS |
| EPIDUO FORTE GEL 0.3-2.5% | - | NC | DERMATOLOGICALS |
| EPIDUO GEL 0.1-2.5% | - | NC | DERMATOLOGICALS |
| EPIFOAM AEROSOL | - | 2 | DERMATOLOGICALS |
| epinastine ophth soln (ELESTAT equiv) | - | 3 | OPHTHALMIC AGENTS |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 1 | VASOPRESSORS |
| EPIPEN (JR) INJ | - | NC | VASOPRESSORS |
| EPIVIR SOLN | - | NC | ANTIVIRALS |
| EPIVIR TAB | - | NC | ANTIVIRALS |
| eplerenone tab (INSPRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| EPONTIA SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTICONVULSANTS |

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|--|---------------------|-------------|--|
| EPSOLAY CREAM | - | NC | DERMATOLOGICALS |
| EPZICOM TAB | - | NC | ANTIVIRALS |
| EQUETRO CAP | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERGOCAL CAP | - | NC | VITAMINS |
| ERGOLOID MESYLATES TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ERGOMAR SL TAB | - | NC | MIGRAINE PRODUCTS |
| ERGOTAMINE/CAFFEINE TAB | - | NC | MIGRAINE PRODUCTS |
| ergotamine/caffeine tab (CAFERGOT equiv) | - | NC | MIGRAINE PRODUCTS |
| ERIVEDGE CAP (QL= 1 cap/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB (QL= 4 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB 240MG (QL= 1 tab/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab (TARCEVA equiv) | PA-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day) | PA-QL-SF-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERMEZA SOLN 150 MCG/5ML | - | NC | THYROID AGENTS |
| ERTACZO CREAM | - | NC | DERMATOLOGICALS |
| ERY PAD | - | 2 | DERMATOLOGICALS |
| ERYPED SUSP | - | NC | MACROLIDES |
| ERYTHROMYCIN CAP DR | - | 2 | MACROLIDES |
| erythromycin DR cap (ERYC equiv) | - | 2 | MACROLIDES |
| ERYTHROMYCIN EC CAP | - | 2 | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 | MACROLIDES |
| erythromycin ethylsuccinate tab (E.E.S. equiv) | - | 3 | MACROLIDES |
| erythromycin gel | - | 1 | DERMATOLOGICALS |
| erythromycin ophth oint | - | 1 | OPHTHALMIC AGENTS |
| ERYTHROMYCIN OPHTH OINT | - | NC | OPHTHALMIC AGENTS |
| erythromycin pad | - | 1 | DERMATOLOGICALS |
| erythromycin soln | - | 1 | DERMATOLOGICALS |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 | MACROLIDES |
| erythromycin tab (ERY-TAB equiv) | - | 3 | MACROLIDES |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 2 | DERMATOLOGICALS |
| ESBRIET CAP | - | NC | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB | - | NC | RESPIRATORY AGENTS - MISC. |
| ESCITALOPRAM CAP | - | NC | ANTIDEPRESSANTS |
| escitalopram soln (LEXAPRO equiv) | - | 2 | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | 1 | ANTIDEPRESSANTS |
| ESGIC TAB | - | NC | ANALGESICS - NONNARCOTIC |
| ESKATA SOLN | - | NC | DERMATOLOGICALS |
| eslicarbazepine acetate tab (APTiom equiv) | - | NC | ANTICONVULSANTS |
| esomeprazole cap (NEXIUM equiv) (Rx Only) | - | 1 | ULCER DRUGS |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| ESPEROCT INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |

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|--|---------------------|-------------|--|
| estazolam tab (PROSOM equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 | ESTROGENS |
| ESTRACE TAB | - | NC | ESTROGENS |
| ESTRACE VAGINAL CREAM | - | NC | VAGINAL PRODUCTS |
| estradiol cream (ESTRACE equiv) | - | 1 | VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) | - | 1 | ESTROGENS |
| estradiol patch (VIVELLE-DOT, MINIVELLE equiv) | - | 1 | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | 1 | ESTROGENS |
| estradiol td gel (DIVIGEL equiv) | - | NC | ESTROGENS |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill) | QL | 2 | VAGINAL PRODUCTS |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 2 | ESTROGENS |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 1 | ESTROGENS |
| ESTRING (3 copays per Rx) | - | 2 | VAGINAL PRODUCTS |
| estrogens, conjugated tab (PREMARIN equiv) | - | 2 | ESTROGENS |
| ESTROSTEP FE TAB | - | NC | CONTRACEPTIVES |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ethacrynic tab (EDECIN equiv) | - | 2 | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | 2 | ANTICONSULTANTS |
| ethosuximide soln (ZARONTIN equiv) | - | 1 | ANTICONSULTANTS |
| etodolac cap (LODINE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ETOPOSIDE CAP | SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| etravirine tab (INTELENCE equiv) | - | 2 | ANTIVIRALS |
| EUCRISA OINT | - | NC | DERMATOLOGICALS |
| EULEXIN CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EVAMIST SPRAY | - | NC | ESTROGENS |
| EVEKEO ODT | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | PA-QL-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab (ZORTRESS equiv) | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EVISTA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| EVIVO LIQUID | - | NC | ANTIDIARRHEALS |
| EVOCILIN FOAM | - | NC | DERMATOLOGICALS |
| EVOTAZ TAB | - | 2 | ANTIVIRALS |
| EVOXAC CAP | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| EVRYSDI SOLN (QL= 6.67ml/day) | PA-QL-SP | 4 | NEUROMUSCULAR AGENTS |
| EVRYSDI TAB (QL= 1 tab/day) | PA-QL-SP | 4 | NEUROMUSCULAR AGENTS |
| EVZIO INJ | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |

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|--|---------------------|-------------|--|
| EVZIO INJ | - | NC | ANTIDOTES |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | NC | DERMATOLOGICALS |
| EXELDERM SOLN | - | 3 | DERMATOLOGICALS |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | NC | DERMATOLOGICALS |
| EXELON PATCH | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| exemestane tab (AROMASIN equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXENATIDE INJ (BYETTA INJ EQUIV) | - | NC | ANTIDIABETICS |
| EXFORGE TAB | - | NC | ANTIHYPERTENSIVES |
| EXKIVITY CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXTAVIA INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| EXXUA TAB/EXXUA TITRATION PACK | - | NC | ANTIDEPRESSANTS |
| EYSUVIS OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| EZALLOR SPRINKLE CAP (Prior Authorization required for members age 7 years and older) | PA | 3 | ANTIHYPERLIPIDEMICS |
| ezetimibe tab (ZETIA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| EZETIMIBE/ATORVASTATIN TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 3 | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage) | - | NC | ANTIHYPERLIPIDEMICS |
| FABHALTA CAP | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| FABIOR AEROSOL FOAM | - | NC | DERMATOLOGICALS |
| FACTIVE TAB | - | NC | FLUOROQUINOLONES |
| FALESSA KIT | - | NC | CONTRACEPTIVES |
| FALESSA TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| famciclovir tab (FAMVIR equiv) | - | 2 | ANTIVIRALS |
| famotidine susp (PEPCID equiv) | - | 2 | ULCER DRUGS |
| famotidine tab (PEPCID equiv) (Rx Only) | - | 1 | ULCER DRUGS |
| FANAPT TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANAPT TITRATION PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANAPT TITRATION PACK 1MG/2MG/6MG/8MG | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FARESTON TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| FASENRA PEN INJ (QL= 1 inj/56 days) | PA-QL-SP | 4 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST | 1 | GOUT AGENTS |
| FEIBA INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| felbamate susp (FELBATOL equiv) | - | 2 | ANTICONVULSANTS |
| felbamate tab (FELBATOL equiv) | - | 2 | ANTICONVULSANTS |
| FELBATOL SUSP | - | NC | ANTICONVULSANTS |
| FELBATOL TAB | - | NC | ANTICONVULSANTS |
| FELDENE CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| felodipine ER tab (PLENDIL equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| FEM PH GEL | - | 3 | VAGINAL PRODUCTS |

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|--|---------------------|-------------|--|
| FEMALE CONDOMS | OTC | EXC | MEDICAL DEVICES AND SUPPLIES |
| FEMARA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FEMCON FE CHEW TAB | - | NC | CONTRACEPTIVES |
| FEMHRT TAB | - | NC | ESTROGENS |
| FEMLYV TAB | - | \$0 | CONTRACEPTIVES |
| FEMRING (3 copays per Rx) | - | 3 | VAGINAL PRODUCTS |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC | ANTIHYPERTENSIVES |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| FENOFIBRATE CAP, LIPOFEN CAP | - | NC | ANTIHYPERTENSIVES |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC | ANTIHYPERTENSIVES |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC | ANTIHYPERTENSIVES |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 | ANTIHYPERTENSIVES |
| FENOFIBRIC TAB | - | 3 | ANTIHYPERTENSIVES |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 | ANTIHYPERTENSIVES |
| fenopropfen calcium cap (NALFON equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROFEN CAP, NAFLON CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROFEN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPRON CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENTANYL BUCCAL TAB | - | NC | ANALGESICS - OPIOID |
| FENTANYL CITRATE LOLLIPOP | - | NC | ANALGESICS - OPIOID |
| fantanyl citrate lollipop (ACTIQ equiv) | - | NC | ANALGESICS - OPIOID |
| fantanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 2 | ANALGESICS - OPIOID |
| fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC | ANALGESICS - OPIOID |
| FENTORA TAB | - | NC | ANALGESICS - OPIOID |
| FEONYX TAB | - | NC | HEMATOPOIETIC AGENTS |
| FERIVA 21/7 TAB | - | NC | HEMATOPOIETIC AGENTS |
| FEROTRINSIC CAP | - | 1 | HEMATOPOIETIC AGENTS |
| ferrex 150 forte cap | - | 1 | HEMATOPOIETIC AGENTS |
| ferric citrate tab | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| FERRIPROX SOLN | PA-SP | 4 | ANTIDOTES |
| FERRO-PLEX TAB | - | NC | HEMATOPOIETIC AGENTS |
| ferrous sulfate elixir | OTC | NC | HEMATOPOIETIC AGENTS |
| FERROUS SULFATE LIQUID | OTC | NC | HEMATOPOIETIC AGENTS |
| ferrous sulfate soln | OTC | NC | HEMATOPOIETIC AGENTS |
| fesoterodine fumarate ER tab (TOVIAZ equiv) | - | 1 | URINARY ANTISPASMODICS |
| FETZIMA CAP | - | NC | ANTIDEPRESSANTS |
| FETZIMA TITRATION PACK | - | NC | ANTIDEPRESSANTS |
| FIASP FLEXTOUCH INJ | - | NC | ANTIDIABETICS |
| FIASP INJ | - | NC | ANTIDIABETICS |
| FIASP PENFILL INJ, FIASP PUMP CARTRIDGE | - | NC | ANTIDIABETICS |
| FIBRIK CAP | - | NC | MULTIVITAMINS |
| fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 | MACROLIDES |
| FILSPARI TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| FILSUVEZ GEL | - | NC | DERMATOLOGICALS |

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| FINACEA FOAM | - | 2 | DERMATOLOGICALS |
| FINACEA GEL | - | NC | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| finasteride tab (PROPECIA equiv) | - | EXC | DERMATOLOGICALS |
| fingolimod hcl cap 0.5mg (GILENYA equiv) | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| FINTEPLA SOLN (QL= 12ml/day) | PA-QL-SP | 4 | ANTICONVULSANTS |
| FIORICET CAP | - | NC | ANALGESICS - NONNARCOTIC |
| FIORICET/CODEINE CAP | - | NC | ANALGESICS - OPIOID |
| FIORINAL CAP | - | NC | ANALGESICS - NONNARCOTIC |
| FIORINAL/CODEINE CAP | - | NC | ANALGESICS - OPIOID |
| FIRAZYR INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| FIRDAPSE TAB | PA-SP | 4 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| FIRST METRONIDAZOLE SUSP | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| FIRST MOUTHWASH BLM | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| FIRST OMEPRAZOLE SUSP | - | NC | ULCER DRUGS |
| FIRST PANTOPRAZOLE SUSP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| FIRVANQ SOLN 25MG/ML | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| FIRVANQ SOLN 50MG/ML | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| FLAGYL TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| FLAREX OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| flavoxate tab (URISPAS equiv) | - | NC | URINARY ANTISPASMODICS |
| flecainide tab (TAMBOCOR equiv) | - | 1 | ANTIARRHYTHMICS |
| FLEQSUVY SUSP | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| FLOLIPID SUSP (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTIHYPERLIPIDEMICS |
| FLOMAX CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| FLONASE SENSIMIST NASAL SPRAY | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| FLO-PRED SUSP | - | NC | CORTICOSTEROIDS |
| FLORIVA CHEW TAB | - | NC | MULTIVITAMINS |
| FLORIVA PLUS DROPS | - | NC | MULTIVITAMINS |
| FLOVENT DISKUS INHALER | - | NC | ASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER | - | NC | ASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUBLOK INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUCELVAX INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | 2 | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUMADINE TAB | - | NC | ANTIVIRALS |
| FLUMIST NASAL (QL= 1 dose/28 days) | QL-VAC | \$0 | VACCINES |

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| flunisolide nasal soln | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluocinolone acetonide cream | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 2 | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | 1 | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide emollient cream | - | 1 | DERMATOLOGICALS |
| fluocinonide gel | - | 1 | DERMATOLOGICALS |
| fluocinonide oint | - | 1 | DERMATOLOGICALS |
| fluocinonide soln | - | 1 | DERMATOLOGICALS |
| FLUOPAR KIT | - | NC | DERMATOLOGICALS |
| FLUORABON SOLN (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay) | - | \$0 | MINERALS & ELECTROLYTES |
| FLUORAC CREAM | - | NC | DERMATOLOGICALS |
| FLUORIDE CHW 0.25MG (\$0 copay for members age 5 years and younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| FLUORIDEX SENSITIVITY PASTE | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 | OPHTHALMIC AGENTS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | 3 | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | 2 | DERMATOLOGICALS |
| fluorouracil soln (FLUOROURACIL equiv) | - | 2 | DERMATOLOGICALS |
| FLUOVIX PAK | - | NC | DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUOXETINE CAP (PMDD) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine soln (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine tab (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUOXETINE TAB | - | NC | ANTIDEPRESSANTS |
| fluoxetine weekly cap (PROZAC equiv) | - | NC | ANTIDEPRESSANTS |
| fluphenazine decanoate inj | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| fluphenazine tab (PROLIXIN equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FLURANDRENOL LOTION | - | NC | DERMATOLOGICALS |
| flurandrenolide cream (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| flurandrenolide oint (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| FLURAZEPAM CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| FLURBIPROFEN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| flurbiprofen tab (ANSAID equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FLUTAMIDE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| flutamide cap (EULEXIN equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FLUTICASON DISKUS INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100MCG/AC | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200MCG/AC | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE LOTION | - | NC | DERMATOLOGICALS |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 | ANTIHYPERLIPIDEMICS |
| fluvoxamine ER cap (LUVOX CR equiv) | - | 2 | ANTIDEPRESSANTS |
| fluvoxamine tab (LUVOX equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FML FORTE OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| FML LIQUIFLIM OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| FOCALIN TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| FOCALIN XR CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| FOLBEE PLUS CZ TAB | - | 1 | MULTIVITAMINS |
| folbee tab (FOLGARD RX equiv) | - | NC | HEMATOPOIETIC AGENTS |

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| FOLGARD RX TAB | - | NC | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (\$0 copay for female members only; All other members covered at generic copay) | - | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for female members only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for female members only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FOLIKA-V TAB | - | NC | MULTIVITAMINS |
| FOLITE TAB | - | NC | HEMATOPOIETIC AGENTS |
| FOLOTYN INJ | - | NC/3P | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FOLTANX TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| FOLVITE-FE TAB | - | NC | HEMATOPOIETIC AGENTS |
| fondaparinux inj (ARIXTRA equiv) | - | 2 | ANTICOAGULANTS |
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FORTAMET TAB | - | NC | ANTIDIABETICS |
| FORTEO INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FORTESTA GEL 2% | - | NC | ANDROGENS-ANABOLIC |
| FORZINITY INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FOSAMAX TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FOSAMAX+D TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fosamprenavir tab (LEXIVA equiv) | - | 2 | ANTIVIRALS |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| fosinopril tab (MONOPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| FOSRENOL CHEW TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| FOSRENOL POWDER PACK | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| FOTIVDA CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FRAGMIN INJ | - | 3 | ANTICOAGULANTS |
| FRAICHE 5000 SENSITIVE GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| FREESTYLE FREEDOM LITE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 | DIAGNOSTIC PRODUCTS |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |

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| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 | DIAGNOSTIC PRODUCTS |
| FREESTYLE PRECISION NEO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE PRECISION NEO TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 | DIAGNOSTIC PRODUCTS |
| FROVA TAB | - | NC | MIGRAINE PRODUCTS |
| frovatriptan tab (FROVA equiv) | - | NC | MIGRAINE PRODUCTS |
| FRUZAQLA CAP 1MG (QL= 84 caps/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FRUZAQLA CAP 5MG (QL= 21 caps/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FULPHILA INJ | SP | 4 | HEMATOPOIETIC AGENTS |
| FULVICIN P/G TAB | - | NC | ANTIFUNGALS |
| FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB | - | NC | ANTIFUNGALS |
| FUROSCIX KIT | - | NC | DIURETICS |
| FUROSEMIDE SOLN | - | 1 | DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 | DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 | DIURETICS |
| FYCOMPA TAB | - | NC | ANTICONVULSANTS |
| FYCOMPA SUSP | - | NC | ANTICONVULSANTS |
| FYLNETRA INJ | - | NC | HEMATOPOIETIC AGENTS |
| gabapentin (once-daily) tab (GRALISE equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day) | QL | 1 | ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day) | QL | 2 | ANTICONVULSANTS |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 | ANTICONVULSANTS |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 | ANTICONVULSANTS |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| GABARONE TAB | - | NC | ANTICONVULSANTS |
| GABITRIL TAB | - | NC | ANTICONVULSANTS |
| GALAFOLD CAP (QL= 14 caps/28 days) | PA-QL-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| galantamine tab (RAZADYNE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP | - | NC | MINERALS & ELECTROLYTES |
| GARDASIL 9 INJ | VAC | \$0 | VACCINES |
| GASTROCROM CONC | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | 3 | OPHTHALMIC AGENTS |
| GATTEX KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| GAVILYTE-C SOLN (\$0 copay for members age 45-75 years; all other members covered at generic copay; QL= 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| GAVRETO CAP (QL= 4 caps/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GEAMETDRAY GEL | - | NC | DERMATOLOGICALS |
| gefitinib tab (IRESSA equiv) (QL= 1 tab/day) | PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GELCLAIR GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| gemfibrozil tab (LOPID equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| GEMTESA TAB | - | NC | URINARY ANTISPASMODICS |
| GEN7T LOTION | - | NC | DERMATOLOGICALS |
| GEN7T PAD 3.5% | - | NC | DERMATOLOGICALS |
| GEN7T PLUS LOTION | - | NC | DERMATOLOGICALS |
| GEN7T PLUS PAD | - | NC | DERMATOLOGICALS |
| GENOTROPIN INJ | PA-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 12mg | PA-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 5MG | PA-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | 1 | DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 | DERMATOLOGICALS |
| GENVOYA TAB | - | 2 | ANTIVIRALS |
| GEODON CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| GIALAX KIT | - | NC | LAXATIVES |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 | CONTRACEPTIVES |
| GILENYA CAP 0.25MG | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILENYA CAP 0.5MG | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILOTRIF TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GIMOTI NASAL SPRAY | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| glatiramer inj (COPAXONE equiv) | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GLEOSTINE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glimepiride tab (AMARYL equiv) | - | 1 | ANTIDIABETICS |
| GLIMEPIRIDE TAB | - | NC | ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 | ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | - | 1 | ANTIDIABETICS |

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| GLIPIZIDE TAB 2.5MG | - | NC | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 | ANTIDIABETICS |
| GLOPERBA SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 | GOUT AGENTS |
| glucagon (rdna) for inj kit (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCAGON DIAGNOSTIC INJ | - | NC | DIAGNOSTIC PRODUCTS |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCAGON INJ KIT | - | NC | ANTIDIABETICS |
| GLUCOPHAGE TAB | - | NC | ANTIDIABETICS |
| GLUCOPHAGE XR TAB | - | NC | ANTIDIABETICS |
| GLUCOTROL TAB | - | NC | ANTIDIABETICS |
| GLUCOTROL XL TAB | - | NC | ANTIDIABETICS |
| GLUMETZA TAB 1000MG | - | NC | ANTIDIABETICS |
| GLUMETZA TAB 500MG | - | NC | ANTIDIABETICS |
| GLYBURID MCR TAB | - | 1 | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 | ANTIDIABETICS |
| GLYCATE TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| GLYCATE TAB, GLYCOPYRROLATE TAB | - | NC | ULCER DRUGS |
| glycerol phenylbutyrate liquid (RAVICTI equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| glycopyrrolate oral soln (CUVPOSA equiv) | - | 3 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 | ULCER DRUGS |
| GLYGEST PAK | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| GLYNASE TAB | - | NC | ANTIDIABETICS |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| GOCOVRI CAP | - | NC | ANTIPARKINSON AGENTS |
| GOLYTELY SOLN (\$0 copay for members age 45-75 years; all other members covered at generic copay; QL= 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| GOMEKLI CAP (QL= 84 caps/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GOMEKLI CAP 1MG (QL= 168 caps/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GOMEKLI TAB FOR ORAL SUSP (QL= 168 caps/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GONITRO POWDER | - | NC | ANTIANGINAL AGENTS |
| GRALISE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 | ANTIEMETICS |
| GRANIX INJ | - | NC | HEMATOPOIETIC AGENTS |
| GRASTEK SL TAB | - | NC | BIOLOGICALS MISC |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 | ANTIFUNGALS |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 | ANTIFUNGALS |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 | ANTIFUNGALS |
| GRIS-PEG TAB | - | NC | ANTIFUNGALS |

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| GUAIFENESEN SYRUP | - | NC | COUGH/COLD/ALLERGY |
| guaifenesin tab (ALLFEN JR equiv) | - | NC | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) | OTC | NC | COUGH/COLD/ALLERGY |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv) | - | NC | COUGH/COLD/ALLERGY |
| guanfacine ER tab (INTUNIV equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | 1 | ANTIHYPERTENSIVES |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GVOKE INJ KIT (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| HADLIMA INJ (adalimumab-bwwd) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ (adalimumab-bwwd) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HAEGARDA INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| halcinonide cream (HALOG equiv) | - | NC | DERMATOLOGICALS |
| HALCINONIDE SOLN | - | NC | DERMATOLOGICALS |
| halcinonide soln (HALOG equiv) | - | NC | DERMATOLOGICALS |
| HALCION TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| HALOBETASOL AER | - | NC | DERMATOLOGICALS |
| HALOBETASOL AERO | - | NC | DERMATOLOGICALS |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| HALOG CREAM | - | NC | DERMATOLOGICALS |
| HALOG OINT | - | NC | DERMATOLOGICALS |
| HALOG SOLN | - | NC | DERMATOLOGICALS |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC | DERMATOLOGICALS |
| haloperidol decanoate inj (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol lactate conc (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HARLIKU TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| HARVONI PELLETT PAK | - | NC | ANTIVIRALS |
| HARVONI TAB | - | NC | ANTIVIRALS |
| HAVRIX INJ, VAQTA INJ | VAC | \$0 | VACCINES |
| HC BUTYRATE CREAM | - | NC | DERMATOLOGICALS |
| HC BUTYRATE SOLN | - | NC | DERMATOLOGICALS |
| HC PRAMOXINE CREAM 1-2.5% | - | 2 | DERMATOLOGICALS |
| HC/IODOQUIN CREAM | - | 3 | DERMATOLOGICALS |
| HC/PRAMOXINE CREAM 1-2.35% | - | NC | DERMATOLOGICALS |
| HC-LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| HECTOROL CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| HELIDAC PACK | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| HEMADY TAB | - | NC | CORTICOSTEROIDS |
| HEMANGEOL SOLN | - | NC | BETA BLOCKERS |

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| HEMLIBRA INJ | PA-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| HEMOFIL M, KOATE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| heparin inj | PA | 1 | ANTICOAGULANTS |
| HEPLISAV-B INJ | VAC | \$0 | VACCINES |
| HERNEXEOS TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HETLIOZ CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| HETLIOZ SUSP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| HIPREX TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| HIXDEFRIMA SOLN | - | NC | DERMATOLOGICALS |
| HIZENTRA INJ | PA-SP | 4 | PASSIVE IMMUNIZING AGENTS |
| HOMATROPINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| HORIZANT TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| HULIO INJ (adalimumab-fkjp) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HULIO KIT (adalimumab-fkjp) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMALOG INJ | - | 1 | ANTIDIABETICS |
| HUMALOG JR KWIKPEN INJ | - | 1 | ANTIDIABETICS |
| HUMALOG KWIKPEN INJ | - | 1 | ANTIDIABETICS |
| HUMALOG MIX INJ | - | 1 | ANTIDIABETICS |
| HUMALOG MIX KWIKPEN INJ | - | 1 | ANTIDIABETICS |
| HUMALOG PEN INJ | - | 1 | ANTIDIABETICS |
| HUMALOG TEMPO PEN | - | NC | ANTIDIABETICS |
| HUMATIN CAP | - | NC | AMINOGLYCOSIDES |
| HUMIRA INJ 10MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 20MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 40MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 80MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ 40MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN MIX INJ | OTC | 1 | ANTIDIABETICS |
| HUMULIN MIX PEN INJ | OTC | 1 | ANTIDIABETICS |
| HUMULIN N INJ | OTC | 1 | ANTIDIABETICS |
| HUMULIN N PEN INJ | OTC | 1 | ANTIDIABETICS |
| HUMULIN R INJ | OTC | 1 | ANTIDIABETICS |
| HUMULIN R INJ U-500 | - | 2 | ANTIDIABETICS |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| HURRISEAL MIS SNAP | - | NC | MEDICAL DEVICES AND SUPPLIES |
| HYCANTIN CAP | SP | 4 | ANTINEOPLASTICS |
| HYCLODEX SOLN | - | NC | DERMATOLOGICALS |
| HYCODAN SYRUP | - | NC | COUGH/COLD/ALLERGY |
| HYCOFENIX SOLN | - | NC | COUGH/COLD/ALLERGY |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days) | QL | 3 | COUGH/COLD/ALLERGY |
| hydralazine tab (APRESOLINE equiv) | - | 1 | ANTIHYPERTENSIVES |

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| HYDREA CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 | DIURETICS |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 | ANALGESICS - OPIOID |
| HYDROCODONE BITARTRATE ER TAB (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 | ANALGESICS - OPIOID |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | 3 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) | - | 3 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 3 | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 3 | ANALGESICS - OPIOID |
| HYDROCODONE/IBUPROFEN TAB 10-200MG | - | 3 | ANALGESICS - OPIOID |
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM | - | 1 | ANORECTAL AND RELATED PRODUCTS |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| HYDROCORTISONE BUTYRATE LIPO CREAM | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| HYDROCORTISONE BUTYRATE OINT | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| HYDROCORTISONE CREAM | - | 1 | ANORECTAL AND RELATED PRODUCTS |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone lotion (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone lotion 2% (ALA SCALP equiv) | - | NC | DERMATOLOGICALS |
| HYDROCORTISONE LOTION 2.5% | - | 1 | DERMATOLOGICALS |
| hydrocortisone oint | - | 1 | DERMATOLOGICALS |
| HYDROCORTISONE PAK | - | NC | DERMATOLOGICALS |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 2 | DERMATOLOGICALS |
| hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill) | QL | 2 | CORTICOSTEROIDS |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | 1 | CORTICOSTEROIDS |
| hydrocortisone valerate cream (WESTCORT equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC | DERMATOLOGICALS |
| HYDROCORTISONE/PRAMOXINE SUPP | - | NC | ANORECTAL AND RELATED PRODUCTS |
| hydromorphone ER tab (EXALGO TAB equiv) | - | NC | ANALGESICS - OPIOID |
| HYDROMORPHONE SUPP | - | NC | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) | - | 1 | ANALGESICS - OPIOID |

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| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 | ANTIMALARIALS |
| HYDROXYM GEL | - | NC | DERMATOLOGICALS |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyurea cap (HYDREA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| HYFTOR GEL (QL= 10 grams/30 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| HYLAMEND GEL FIRST AID | - | NC | ANTISEPTICS & DISINFECTANTS |
| HYLINATE LOTION | - | NC | DERMATOLOGICALS |
| HYMPAVZI INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| HYOPHEN TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| HYOSCYAMINE ELXIR | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| HYOSCYAMINE INJ | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 | ULCER DRUGS |
| HYOSCYAMINE SULFATE ER TAB | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 | ULCER DRUGS |
| HYOSCYAMINE SULFATE SL TAB | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| HYOSCYAMINE TAB | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| hyoscyamine tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| HYPER-SAL NEB SOLN 7% | - | 3 | COUGH/COLD/ALLERGY |
| HYQVIA INJ | PA-SP | 4 | PASSIVE IMMUNIZING AGENTS |
| HYRIMOZ INJ (adalimumab-adaz) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HYRIMOZ PFS INJ (adalimumab-adaz) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HYRNUO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HYSINGLA ER TAB | - | NC | ANALGESICS - OPIOID |
| HYZAAR TAB | - | NC | ANTI-HYPERTENSIVES |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| IBRANCE CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBRANCE TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBSRELA TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| IBTROZI CAP (QL= 3 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| IBU 600-EZS KIT | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab (RX only) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| IBUPROFEN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen-famotidine tab (DUEXIS equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ICAR-C PLUS TAB 100-250-0.025-1 MG | - | 3 | HEMATOPOIETIC AGENTS |
| icatibant inj (FIRAZYR equiv) | PA-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day) | QL | 2 | ANTIHYPERTENSIVES |
| IDACIO INJ (adalimumab-aacf) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| IDELVION INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| IDHIFA TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IHEEZO GEL | - | NC | OPHTHALMIC AGENTS |
| ILEVRO OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| imatinib tab (GLEEVEC equiv) | SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 140MG (QL= 3 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 70MG (QL= 1 cap/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA SUSP (QL= 6ml/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 140MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 280MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 420MG (QL= 1 tab/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMCIVREE INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 3 | ANTIDEPRESSANTS |
| imipramine tab (TOFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| imiquimod cream (ALDARA equiv) | - | 1 | DERMATOLOGICALS |
| IMIQUIMOD CREAM 3.75% | - | NC | DERMATOLOGICALS |
| imiquimod cream 3.75% (IMIQUIMOD equiv) | - | NC | DERMATOLOGICALS |
| IMITREX 4MG INJ, ZEMBRACE INJ | - | NC | MIGRAINE PRODUCTS |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| IMITREX INJ | - | NC | MIGRAINE PRODUCTS |
| IMITREX TAB | - | NC | MIGRAINE PRODUCTS |
| IMKELDI SOLUTION | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMOVAX INJ | VAC | \$0 | VACCINES |
| IMPAVIDO CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| IMPEKLO LOTION | - | NC | DERMATOLOGICALS |
| IMPOYZ CREAM | - | NC | DERMATOLOGICALS |
| IMULDOSA SYRINGE | - | NC | DERMATOLOGICALS |
| IMURAN TAB | - | NC | ASSORTED CLASSES |

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| IMVEXXY SUPP | - | NC | VAGINAL PRODUCTS |
| INBRIJA INH POWDER (QL= 10 caps/day) | PA-QL | 3 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| INCRELEX INJ | SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | 1 | DIURETICS |
| INDERAL LA CAP | - | NC | BETA BLOCKERS |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC | BETA BLOCKERS |
| INDOCIN SUPP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| INDOCIN SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin cap (INDOCIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin suppository (INDOCIN equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin susp (INDOCIN equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| INFLATHERM PAK | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| INGREZZA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA PACK 40-80MG | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA SPRINKLE CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLURIYO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INLYTA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INLYTA TAB 1MG (QL= 8 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INPEFA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| INPEN INSULIN INJECTION DEVICE | - | NC | MEDICAL DEVICES AND SUPPLIES |
| INQOVI TAB (QL= 5 tabs/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INREBIC CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INSPIRA TAB | - | NC | ANTIHYPERTENSIVES |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | NC | ANTIDIABETICS |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | NC | ANTIDIABETICS |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | NC | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | NC | ANTIDIABETICS |
| INSULIN ASPART PENFILL INJ | - | NC | ANTIDIABETICS |
| INSULIN GLARGINE INJ | - | NC | ANTIDIABETICS |
| INSULIN GLARGINE SOLN PEN-INJ | - | 2 | ANTIDIABETICS |
| INSULIN GLARGINE-YFGN (SINGLE PEN) | - | NC | ANTIDIABETICS |
| INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML | - | NC | ANTIDIABETICS |
| INSULIN LISPRO INJ (HUMALOG equiv) | - | 1 | ANTIDIABETICS |
| INSULIN LISPRO JR KWIKPEN INJ | - | 1 | ANTIDIABETICS |
| INSULIN LISPRO KWIKPEN INJ | - | 1 | ANTIDIABETICS |
| INSULIN LISPRO PROTAMINE PEN INJ (HUMALOG equiv) | - | 1 | ANTIDIABETICS |

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| INSULIN SYRINGE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| INTELENCE TAB | - | 2 | ANTIVIRALS |
| INTELENCE TAB | - | NC | ANTIVIRALS |
| INTENSE COUGH LIQUID | - | NC | COUGH/COLD/ALLERGY |
| INTERMEZZO SL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| INTRAROSA SUPP | - | NC | VAGINAL PRODUCTS |
| INTUNIV TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| INVEGA INJ | - | 2 | ANTI-PSYCHOTICS/ANTI-MANIC AGENTS |
| INVEGA TAB | - | NC | ANTI-PSYCHOTICS/ANTI-MANIC AGENTS |
| INVELTYS OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| INVOKAMET TAB | - | NC | ANTI-DIABETICS |
| INVOKAMET XR TAB | - | NC | ANTI-DIABETICS |
| INVOKANA TAB | - | NC | ANTI-DIABETICS |
| INZIRQO SUSP (Prior Authorization required for members age 9 years and older) | PA | 3 | DIURETICS |
| IODOFLEX PAD | - | NC | ANTISEPTICS & DISINFECTANTS |
| IDOQUINOL/HC ALOE GEL | - | NC | DERMATOLOGICALS |
| idoquinol/hydrocortisone cream 1% (VYTONA equiv) | - | 3 | DERMATOLOGICALS |
| idoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv) | - | NC | DERMATOLOGICALS |
| IDOQUINOL-HYDROCORTISONE CREAM | - | NC | DERMATOLOGICALS |
| iohexol inj (OMNIPAQUE equiv) | - | NC | DIAGNOSTIC PRODUCTS |
| IOPIDINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| IOPIDINE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| IPOL INJ | VAC | \$0 | VACCINES |
| ipratropium bromide hfa inhaler aerosol (ATROVENT equiv) | - | NC | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| IQIRVO TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| irbesartan tab (AVAPRO equiv) | - | 1 | ANTI-HYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 | ANTI-HYPERTENSIVES |
| ISENTRESS (HD) TAB | - | 2 | ANTIVIRALS |
| ISENTRESS CHEW TAB | - | 2 | ANTIVIRALS |
| ISENTRESS POWDER PACK | - | 2 | ANTIVIRALS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 | CONTRACEPTIVES |
| isoniazid syrup (ISONIAZID equiv) | - | 3 | ANTI-MYCOBACTERIAL AGENTS |
| isoniazid tab | - | 1 | ANTI-MYCOBACTERIAL AGENTS |
| ISOPTO CARPINE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ISORDIL TITRADOSE TAB | - | NC | ANTI-ANGINAL AGENTS |
| ISORDIL TITRADOSE TAB 40MG | - | NC | ANTI-ANGINAL AGENTS |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 | ANTI-ANGINAL AGENTS |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 3 | ANTI-ANGINAL AGENTS |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 | ANTI-ANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 | ANTI-ANGINAL AGENTS |
| ISOSORBIDE MONONITRATE TAB | - | 3 | ANTI-ANGINAL AGENTS |

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|--|---------------------|-------------|--|
| isotretinoin cap 25mg (ABSORICA equiv) | - | NC | DERMATOLOGICALS |
| isotretinoin cap 35mg (ABSORICA equiv) | - | NC | DERMATOLOGICALS |
| isradipine cap (DYNACIRC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISTALOL OPHTH SOLN 0.5% | - | NC | OPHTHALMIC AGENTS |
| ISTURISA TAB (QL= 12 tabs/day) | PA-QL-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ITOVEBI TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| itraconazole cap (SPORANOX equiv) | - | 2 | ANTIFUNGALS |
| itraconazole soln (SPORANOX equiv) | PA | 3 | ANTIFUNGALS |
| ivabradine hcl tab (CORLANOR equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| IVERMECTIN TAB | - | NC | ANTHELMINTICS |
| IVERMECTIN CREAM | - | NC | DERMATOLOGICALS |
| ivermectin cream (SOOLANTRA equiv) | - | NC | DERMATOLOGICALS |
| IVERMECTIN LOTION | - | NC | DERMATOLOGICALS |
| ivermectin tab (STROMECTOL equiv) | - | 1 | ANTHELMINTICS |
| IWILFIN TAB (QL= 8 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IXCHIQ INJ | VAC | EXC | VACCINES |
| IXIARO INJ | VAC | EXC | VACCINES |
| IXINITY INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| IYUZEH OPHTH DROPS | - | NC | OPHTHALMIC AGENTS |
| JADENU SPRINKLE | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JAKAFI TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JANUVIA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| JASCAYD TAB | - | NC | RESPIRATORY AGENTS - MISC. |
| JAVADIN SOLN | - | NC | ANTIHYPERTENSIVES |
| JAYPIRCA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JENLIVA CAP | - | NC | MULTIVITAMINS |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| jinteli tab (FEMHRT equiv) | - | 1 | ESTROGENS |
| JIVI INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| JOENJA TAB | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| JOURNAVX TAB | - | NC | ANALGESICS - NONNARCOTIC |
| JUBLIA SOLN | - | NC | DERMATOLOGICALS |
| JULUCA TAB | - | 2 | ANTIVIRALS |
| JUXTAPID CAP | - | NC | ANTIHYPERLIPIDEMICS |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JYNNEOS INJ | VAC | \$0 | VACCINES |
| K CITRATE SOLN CITR ACD | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |

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| K/NA CITRATE SOL CITR ACD | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| KALETRA SOLN | - | NC | ANTIVIRALS |
| KALETRA TAB | - | NC | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day) | PA-QL-SP | 4 | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | RESPIRATORY AGENTS - MISC. |
| KAPSPARGO CAP | - | NC | BETA BLOCKERS |
| KAPVAY TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| KARBINAL ER SUSP | - | NC | ANTIHISTAMINES |
| KATERZIA SUSP (Prior Authorization required for members age 9 years and older) | PA | 3 | CALCIUM CHANNEL BLOCKERS |
| KEFLEX CAP | - | NC | CEPHALOSPORINS |
| KEFLEX CAP 750MG | - | NC | CEPHALOSPORINS |
| kelnor tab (DEMULEN equiv) | - | \$0 | CONTRACEPTIVES |
| KENALOG INJ | - | NC | CORTICOSTEROIDS |
| KENALOG INJ, TRIAMCINOLONE ACE INJ | - | 3 | CORTICOSTEROIDS |
| KEPPRA SOLN | - | NC | ANTICONVULSANTS |
| KEPPRA TAB | - | NC | ANTICONVULSANTS |
| KEPPRA XR TAB | - | NC | ANTICONVULSANTS |
| KERAFOAM | - | NC | DERMATOLOGICALS |
| KERALAC CREAM | - | NC | DERMATOLOGICALS |
| KERAMATRIX | - | NC | DERMATOLOGICALS |
| KERASTAT CREAM | - | NC | DERMATOLOGICALS |
| KERASTAT GEL | - | NC | DERMATOLOGICALS |
| KERENDIA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KERLONE TAB | - | NC | BETA BLOCKERS |
| KERYDIN SOLN | - | NC | DERMATOLOGICALS |
| KESIMPTA INJ | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KETAMINE HCL TROCHES | - | NC | GENERAL ANESTHETICS |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole shampoo (NIZORAL equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | 1 | ANTIFUNGALS |
| KETO-DIASTIX TEST STRIP | OTC | 1 | DIAGNOSTIC PRODUCTS |
| KETOPROFEN CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| KETOPROFEN ER CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| KETOROLAC INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj (TORADOL equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOSTIX | OTC | 1 | DIAGNOSTIC PRODUCTS |
| KEVEYIS TAB | - | NC | DIURETICS |
| KEVZARA INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| KHINDIVI SOLN | - | NC | CORTICOSTEROIDS |

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| KINERET INJ (QL= 1 inj/day) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ | VAC | \$0 | TOXOIDS |
| KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE | VAC | \$0 | TOXOIDS |
| KIRSTY INJ | - | NC | ANTIDIABETICS |
| KISQALI PAK (QL= 91 tabs/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KISQALI TAB (QL= 63 tabs/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KITABIS PAK NEB SOLN | - | NC | AMINOGLYCOSIDES |
| KLARITY-B DROPS | - | NC | OPHTHALMIC AGENTS |
| KLARITY-L DROPS | - | NC | OPHTHALMIC AGENTS |
| KLARON LOTION | - | NC | DERMATOLOGICALS |
| KLISYRI OINT | - | NC | DERMATOLOGICALS |
| KLONOPIN TAB | - | NC | ANTICONSULTANTS |
| KLOXXADO NASAL SPRAY | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| KOGENATE FS INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| KOMBIGLYZE XR TAB | - | NC | ANTIDIABETICS |
| KOMZIFTI CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KONVOMEF SUSP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| KORLYM TAB | - | NC | ANTIDIABETICS |
| KOSELUGO CAP (QL= 4 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KOSELUGO CAP 10MG (QL= 8 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KOSELUGO SPRINKLE CAP (QL= 12 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KOSELUGO SPRINKLE CAP 5MG (QL= 20 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| K-PHOS NEUTRAL TAB 155-852-130MG | - | NC | MINERALS & ELECTROLYTES |
| K-PHOS TAB | - | NC | MINERALS & ELECTROLYTES |
| KRAZATI TAB (QL= 6 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KRINTAFEL TAB | - | 2 | ANTIMALARIALS |
| K-TAB | - | 1 | MINERALS & ELECTROLYTES |
| KUVAN POWDER PACK | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KUVAN TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KYBELLA INJ | - | NC | DERMATOLOGICALS |
| KYGEVVI POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KYNAMRO INJ | - | NC | ANTHYPERLIPIDEMICS |
| KYNMOBI FILM | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYNMOBI TITRATION KIT | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYTRIL TAB | - | NC | ANTIEMETICS |

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| KYZATREX CAP | - | NC | ANDROGENS-ANABOLIC |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP | - | NC | ANDROGENS-ANABOLIC |
| L.E.T. GEL | - | NC | DERMATOLOGICALS |
| labetalol tab (NORMODYNE equiv) | - | 1 | BETA BLOCKERS |
| LABETALOL TAB | - | NC | BETA BLOCKERS |
| lacosamide oral solution (VIMPAT equiv) | - | 1 | ANTICONVULSANTS |
| lacosamide tab (VIMPAT equiv) | - | 1 | ANTICONVULSANTS |
| LACRISERT OPHTH INSERT | - | NC | OPHTHALMIC AGENTS |
| lactulose oral crystal packet | - | NC | LAXATIVES |
| lactulose soln | - | 1 | LAXATIVES |
| LAGEVRIO CAP (EUA) (QL= 40 caps/fill) | QL | \$0 | ANTIVIRALS |
| LAGEVRIO CAP 200MG (QL= 40 caps/fill) | QL | 2 | ANTIVIRALS |
| LAMICTAL CHEW TAB | - | NC | ANTICONVULSANTS |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 | ANTICONVULSANTS |
| LAMICTAL STARTER KIT | - | NC | ANTICONVULSANTS |
| LAMICTAL TAB | - | NC | ANTICONVULSANTS |
| LAMICTAL XR TAB | - | NC | ANTICONVULSANTS |
| LAMISIL TAB | - | NC | ANTIFUNGALS |
| lamivudine soln (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 | ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 | ANTICONVULSANTS |
| lamotrigine ODT (LAMICTAL equiv) | - | NC | ANTICONVULSANTS |
| lamotrigine ODT kit (LAMICTAL equiv) | - | NC | ANTICONVULSANTS |
| lamotrigine starter kit (LAMICTAL STARTER KIT equiv) | - | 3 | ANTICONVULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| LAMPIT TAB | PA | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| LANCET KIT | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| LANCETS | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| LANOXIN INJ | - | NC | CARDIOTONICS |
| LANOXIN TAB | - | NC | CARDIOTONICS |
| LANOXIN TAB 62.5MCG | - | NC | CARDIOTONICS |
| lansoprazole cap (PREVACID equiv) (Rx Only) | - | 1 | ULCER DRUGS |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| LANSOPRAZOLE SUSP | - | NC | ULCER DRUGS |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| LANTUS INJ | - | 1 | ANTIDIABETICS |
| LANTUS SOLOSTAR INJ | - | 1 | ANTIDIABETICS |

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| lapatinib ditosylate tab (TYKERB equiv) | PA-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LASIX ONYU INJ 80MG/2.67ML | - | NC | DIURETICS |
| LASIX ONYU REUSABLE UNIT | - | NC | MEDICAL DEVICES AND SUPPLIES |
| LASIX TAB | - | NC | DIURETICS |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| LATUDA TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 | CONTRACEPTIVES |
| LAZANDA NASAL SPRAY | - | NC | ANALGESICS - OPIOID |
| LAZCLUZE TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANTIVIRALS |
| leflunomide tab (ARAVA equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist) | QL-RS-SP | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| LENVIMA CAP (QL= 3 caps/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEQEMBI IQLK INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LEQSELVI TAB | - | NC | DERMATOLOGICALS |
| LEROCHOL SOLN | - | NC | ANTIHYPERTENSIVES |
| LESCOL XL TAB | - | NC | ANTIHYPERTENSIVES |
| letrozole tab (FEMARA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUCOVORIN CA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUKERAN TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product) | QL-ST | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| levalbuterol neb soln (XOPENEX equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVAQUIN TAB | - | NC | FLUOROQUINOLONES |
| LEVBID ER TAB 0.375MG | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| LEVEMIR FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| LEVEMIR INJ | - | 2 | ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| LEVETIRACETAM TAB FOR ORAL SUSP, SPRITAM TAB FOR ORAL SUSP | - | NC | ANTICONVULSANTS |
| LEVITRA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| LEVOBUNOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| levocarnitine tab (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocetirizine soln (XYZAL equiv) | - | EXC | ANTIHISTAMINES |
| levocetirizine tab (XYZAL equiv) | - | EXC | ANTIHISTAMINES |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| LEVOFLOXACIN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| LEVOFLOXACIN OPHTH SOLN 0.5% | - | 1 | OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | EXC | CONTRACEPTIVES |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) | - | \$0 | CONTRACEPTIVES |
| levorphanol tab (LEVORPHANOL equiv) | - | NC | ANALGESICS - OPIOID |
| LEVOTHYROXINE INJ | - | NC | THYROID AGENTS |
| LEVOTHYROXINE INJ 100MCG/ML | - | NC | THYROID AGENTS |
| levothyroxine tab (SYNTHROID equiv) | - | 1 | THYROID AGENTS |
| LEVSIN SL TAB 0.125MG | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| LEVSIN TAB 0.125MG | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| LEXAPRO TAB | - | NC | ANTIDEPRESSANTS |
| LEXIVA TAB | - | NC | ANTIVIRALS |
| LEXTOL PAK | - | NC | DERMATOLOGICALS |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day) | PA-QL-SP | 1 | HEMATOPOIETIC AGENTS |
| LIBERVANT FILM | - | NC | ANTICONVULSANTS |
| LIBRAX CAP | - | NC | ULCER DRUGS |
| LICART PATCH | - | NC | DERMATOLOGICALS |
| LIDO/MENTHOL SPRAY | - | NC | DERMATOLOGICALS |
| LIDO/RAC/TET GEL | - | NC | DERMATOLOGICALS |
| LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv) | - | NC | DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | NC | DERMATOLOGICALS |
| lidocaine hcl cream 4.12% | - | NC | DERMATOLOGICALS |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 | DERMATOLOGICALS |
| lidocaine oint/transparent dressing kit | - | NC | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 3 | DERMATOLOGICALS |
| lidocaine patch 3.5% (GEN7T equiv) | OTC | NC | DERMATOLOGICALS |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 | DERMATOLOGICALS |
| lidocaine soln (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCAINE SUPP | - | NC | ANORECTAL AND RELATED PRODUCTS |
| lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| LIDOCAINE/HC CREAM | - | 2 | ANORECTAL AND RELATED PRODUCTS |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCIN GEL | - | NC | DERMATOLOGICALS |

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| LIDODERM PATCH | - | NC | DERMATOLOGICALS |
| LIDO-EP-TETR SOLN | - | NC | DERMATOLOGICALS |
| LIDOLOG KIT | - | NC | CORTICOSTEROIDS |
| LIDOSTREAM KIT | - | NC | DERMATOLOGICALS |
| LIDOTIN PAK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LIDOTRAL CREAM (lidocaine cream equiv) | - | NC | DERMATOLOGICALS |
| LIDOTREX GEL | - | NC | DERMATOLOGICALS |
| LIDOVEX CREAM | - | NC | DERMATOLOGICALS |
| LIKMEZ SUSP (Prior Authorization required for members age 7 years and older) | PA | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| LINZESS CAP (QL= 1 cap/day) | PA-QL | 3 | GASTROINTESTINAL AGENTS - MISC. |
| lithyronine tab (CYTOMEL equiv) | - | 1 | THYROID AGENTS |
| LIPITOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| LIQREV SUSP | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv) | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 | ANTIDIABETICS |
| lisdexamfetamine chew tab (VYVANSE equiv) (Members age 7 years and older require Prior Authorization) | PA | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| LITFULO CAP (QL= 1 cap/day) | PA-QL-SP | 4 | DERMATOLOGICALS |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 7 years and older) | PA | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LITHOBID TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LITHOSTAT TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| LIVALO TAB | - | NC | ANTIHYPERLIPIDEMICS |
| LIVDELZI CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| LIVMARLI SOLN (QL= 90ml/30 days) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| LIVMARLI SOLN 19MG/ML (QL= 60ml/30 days) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| LIVMARLI TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| LIVMARLI TAB 30MG (QL= 1 tab/day) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| LIVTENCITY TAB (QL= 4 tabs/day) | PA-QL-SP | 4 | ANTIVIRALS |
| L-METHYLFOLATE TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LO LOESTRIN TAB | - | \$0 | CONTRACEPTIVES |
| LOARGYS INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LOCOID CREAM | - | NC | DERMATOLOGICALS |
| LOCOID LIPOCREAM | - | NC | DERMATOLOGICALS |
| LOCOID OINT | - | NC | DERMATOLOGICALS |
| LOCOID SOLN | - | NC | DERMATOLOGICALS |

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| LODOCO TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| LODOSYN TAB | - | NC | ANTIPARKINSON AGENTS |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days) | PA-QL | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LOKELMA PAK (QL= 1 packet/day) | PA-QL | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| LOKELMA PAK 10GM | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| LOKELMA PAK 5GM | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| LOKELMA PAK 5GM | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| LOMOTIL TAB | - | NC | ANTIDIARRHEALS |
| lomustine cap (GLEOSTINE equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LONSURF TAB | PA-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| loperamide cap (IMODIUM equiv) | - | NC | ANTIDIARRHEALS |
| loperamide hcl soln (LOPERAMIDE equiv) | OTC | NC | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| LOPID TAB | - | NC | ANTIHYPERLIPIDEMICS |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 | ANTIVIRALS |
| lopinavir/ritonavir tab (KALETRA equiv) | - | 2 | ANTIVIRALS |
| LOPRESSOR SOLN (QL= 45ml/day; Prior Authorization required for members age 7 years and older) | PA-QL | 3 | BETA BLOCKERS |
| LOPRESSOR TAB | - | NC | BETA BLOCKERS |
| LOPROX SHAMPOO | - | NC | DERMATOLOGICALS |
| loratadine cap (CLARITIN equiv) | OTC | EXC | ANTIHISTAMINES |
| lorazepam conc (ATIVAN equiv) | - | 1 | ANTIANSIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 | ANTIANSIETY AGENTS |
| LORBRENA TAB 100MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORBRENA TAB 25MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LOREEV XR CAP | - | NC | ANTIANSIETY AGENTS |
| LORTAB | - | NC | ANALGESICS - OPIOID |
| LORTAB ELIXIR | - | 3 | ANALGESICS - OPIOID |
| LORVATUS PHARMAPAK KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| losartan tab (COZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| LOTEMAX GEL | - | NC | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| LOTEMAX SM GEL 0.38% | - | NC | OPHTHALMIC AGENTS |
| LOTENSIN HCT TAB | - | NC | ANTIHYPERTENSIVES |
| LOTENSIN TAB | - | NC | ANTIHYPERTENSIVES |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 | OPHTHALMIC AGENTS |
| loteprednol etabonate-tobramycin ophth susp (ZYLET equiv) | - | NC | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX, ALREX equiv) | - | 2 | OPHTHALMIC AGENTS |
| LOTREL CAP | - | NC | ANTIHYPERTENSIVES |
| LOTRIMIN AF CREAM | - | NC | DERMATOLOGICALS |
| LOTRISONE CREAM | - | NC | DERMATOLOGICALS |
| LOTRONEX TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| lovastatin tab (MEVACOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| LOVAZA CAP | - | NC | ANTIHYPERLIPIDEMICS |

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| LOVENOX INJ | - | NC | ANTICOAGULANTS |
| loxapine cap (LOXITANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day) | QL | 1 | GASTROINTESTINAL AGENTS - MISC. |
| LUCEMYRA TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC | DERMATOLOGICALS |
| LUMAKRAS TAB (QL= 8 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMAKRAS TAB 240MG (QL= 4 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMAKRAS TAB 320MG (QL= 3 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| LUMRYZ PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUMRYZ STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUNESTA TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| LUPKYNIS CAP (QL= 6 caps/day) | PA-QL-SP | 4 | MISCELLANEOUS THERAPEUTIC CLASSE |
| LUPRON DEPOT INJ 11.25MG | SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT INJ 22.5MG | SP | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT INJ 3.75MG | SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT INJ 30MG | SP | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT INJ 45MG | SP | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT INJ 7.5MG | SP | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT INJ PED | SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LUPRON DEPOT PED INJ | SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| lurasidone hcl tab (LATUDA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LUVIRA CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LUXIQ FOAM | - | NC | DERMATOLOGICALS |
| LYBALVI TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYNKUET CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LYNPARZA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYRICA CAP | - | NC | ANTICONVULSANTS |
| LYRICA CAP 225MG | - | NC | ANTICONVULSANTS |
| LYRICA CAP 300MG | - | NC | ANTICONVULSANTS |
| LYRICA SOLN | - | NC | ANTICONVULSANTS |

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|--|---------------------|-------------|---|
| LYSODREN TAB | SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSTEDA TAB | - | NC | HEMOSTATICS |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYUMJEV INJ | - | 1 | ANTIDIABETICS |
| LYUMJEV KWIKPEN INJ | - | 1 | ANTIDIABETICS |
| LYUMJEV TEMPO PEN | - | NC | ANTIDIABETICS |
| LYUMJEV TEMPO PEN INJ | - | NC | ANTIDIABETICS |
| LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| MACRILEN PACK | - | NC | DIAGNOSTIC PRODUCTS |
| MACROBID CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| MACRODANTIN CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| MAFENIDE ACETATE SOLN PACK | - | NC | DERMATOLOGICALS |
| MALARONE TAB | - | NC | ANTIMALARIALS |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 3 | DERMATOLOGICALS |
| MALE CONDOMS | OTC | EXC | MEDICAL DEVICES AND SUPPLIES |
| maraviroc tab (SELZENTRY equiv) | - | 2 | ANTIVIRALS |
| MARINOL CAP | - | NC | ANTIEMETICS |
| MARPLAN TAB | - | 2 | ANTIDEPRESSANTS |
| MATERVIA CAP | - | NC | MULTIVITAMINS |
| MATRONEX TAB 27-1 MG | - | NC | MULTIVITAMINS |
| MATULANE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MAVENCLAD THERAPY PAK | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAVIK TAB | - | NC | ANTIHYPERTENSIVES |
| MAVYRET PAK (QL= 5 packs/day) | PA-QL-SP | 4 | ANTIVIRALS |
| MAVYRET TAB (QL= 3 tabs/day) | QL-SP | 4 | ANTIVIRALS |
| MAXALT MLT TAB | - | NC | MIGRAINE PRODUCTS |
| MAXALT TAB | - | NC | MIGRAINE PRODUCTS |
| MAXIDEX OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| MAXITROL OPHTH OINT | - | NC | OPHTHALMIC AGENTS |
| MAXITROL OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| MAXZIDE TAB | - | NC | DIURETICS |
| MAYZENT TAB | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| meclizine tab (ANTIVERT equiv) | - | NC | ANTIEMETICS |
| MECLOFENAMATE CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC | DERMATOLOGICALS |
| MEDROL DOSE PACK | - | NC | CORTICOSTEROIDS |
| MEDROL TAB | - | NC | CORTICOSTEROIDS |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 | PROGESTINS |
| mefenamic acid cap (PONSTEL equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| mefloquine tab (LARIAM equiv) | - | 2 | ANTIMALARIALS |

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| megestrol ES susp (MEGACE ES equiv) | - | 3 | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEGESTROL SUSP | - | 3 | PROGESTINS |
| megestrol tab (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST SOLN | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKTOVI TAB (QL= 6 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meloxicam cap (VIVLODEX equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MELOXICAM COMFORT KIT | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MELOXICAM SUSP, ZYBIC SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| meloxicam tab (MOBIC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| memantine ER cap (NAMENDA XR equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine soln (NAMENDA equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MEMANTINE TITRATION PAK | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENACTRA INJ | VAC | \$0 | VACCINES |
| MENEST TAB | - | 3 | ESTROGENS |
| MENOSTAR PATCH | - | NC | ESTROGENS |
| MENQUADFI INJ | VAC | \$0 | VACCINES |
| MENTAX CREAM | - | 3 | DERMATOLOGICALS |
| MENTHOREAL10 THERAPY PACK | - | NC | DERMATOLOGICALS |
| MENVEO INJ | VAC | \$0 | VACCINES |
| mepiperidine tab (DEMEROL equiv) | - | NC | ANALGESICS - OPIOID |
| MEPHYTON TAB | - | NC | VITAMINS |
| meprobamate tab (MILTOWN equiv) | - | NC | ANTI-ANXIETY AGENTS |
| MEPRON SUSP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| mercaptopurine susp (PURIXAN equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| mercaptopurine tab (PURINETHOL equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MERILOG INJ | - | NC | ANTIDIABETICS |
| MERILOG SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| MESALAMINE DR CAP | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR cap (DELZICOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (APRISO equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |

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| mesalamine ER cap (PENTASA CR equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine supp (CANASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine tab (ASACOL equiv) | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| mesna tab (MESNEX equiv) | SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MESNEX TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MESTINON SYRUP | - | NC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| MESTINON TAB | - | NC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| MESTINON TIMESPAN TAB | - | NC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| METANX CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| metaxalone tab (SKELAXIN equiv) | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| METAXALONE TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| METDRAY GEL | - | NC | DERMATOLOGICALS |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC | ANTIDIABETICS |
| metformin ER osmotic tab (GLUMETZA equiv) | - | NC | ANTIDIABETICS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 | ANTIDIABETICS |
| metformin hcl tab 625MG | - | NC | ANTIDIABETICS |
| metformin hcl tab 750MG | - | NC | ANTIDIABETICS |
| metformin soln (RIOMET equiv) | - | 3 | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | 1 | ANTIDIABETICS |
| METFORMIN TAB | - | NC | ANTIDIABETICS |
| methadone soln (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 | ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 | ANALGESICS - OPIOID |
| METHADOSE CONC | - | NC | ANALGESICS - OPIOID |
| methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 | ANALGESICS - OPIOID |
| methamphetamine hcl tab (METHAMPHETAMINE equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methazolamide tab (NEPTAZANE equiv) | - | 2 | DIURETICS |
| METHENAM MAN TAB | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| methenamine hippurate tab (HIPREX equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| methenamine mandelate tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| methimazole tab (TAPAZOLE equiv) | - | 1 | THYROID AGENTS |
| METHITEST TAB | PA | 3 | ANDROGENS-ANABOLIC |
| methocarbamol tab (ROBAXIN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| methocarbamol tab 1000mg (ROBAXIN equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| METHOTREXATE INJ | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| METHOTREXATE INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (TREXALL equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| METHOXSALEN CAP | - | 2 | DERMATOLOGICALS |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | 3 | ULCER DRUGS |
| methsuximide cap (CELONTIN equiv) | - | 2 | ANTICONVULSANTS |

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| methylidopa tab (ALDOMET equiv) | - | 1 | ANTIHYPERTENSIVES |
| METHYLDOPA TAB | - | 3 | ANTIHYPERTENSIVES |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 | OXYTOCICS |
| METHYLIN SOLN | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate CD cap (METADATE CD equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate chew tab (METHYLIN equiv) (Members age 7 years and older require Prior Authorization) | PA | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER cap (APTENSIO XR equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| METHYLPHENIDATE ER TAB | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab (CONCERTA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab 72mg | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| METHYLPHENIDATE ER TAB, RELEXXII TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) (Members age 7 years and older require Prior Authorization) | PA | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab (RITALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate td patch (DAYTRANA equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylprednisolone acetate inj (DEPO-MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone tab (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprenisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methyltestosterone cap | - | NC | ANDROGENS-ANABOLIC |
| metoclopramide soln (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | 1 | DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 | BETA BLOCKERS |
| metoprolol tab (LOPRESSOR equiv) | - | 1 | BETA BLOCKERS |
| METOPROLOL TARTRATE TAB | - | NC | BETA BLOCKERS |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 2 | ANTIHYPERTENSIVES |
| METZOZLV ODT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| METROCREAM | - | NC | DERMATOLOGICALS |
| METROGEL 1% | - | NC | DERMATOLOGICALS |
| METROGEL VAGINAL GEL | - | NC | VAGINAL PRODUCTS |
| METROLOTION | - | NC | DERMATOLOGICALS |
| metronidazole cap (FLAGYL equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole cream (METROCREAM equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | 2 | DERMATOLOGICALS |
| metronidazole gel 0.75% (METROGEL equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | 2 | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |

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| METRONIDAZOLE TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 | VAGINAL PRODUCTS |
| metirosine cap (DEMSEER equiv) | - | NC | ANTIHYPERTENSIVES |
| mexiletine hcl cap | - | 2 | ANTIARRHYTHMICS |
| MEXPAROX HC CREAM | - | NC | DERMATOLOGICALS |
| MICARDIS HCT TAB | - | NC | ANTIHYPERTENSIVES |
| MICARDIS TAB | - | NC | ANTIHYPERTENSIVES |
| MICLARA LIQUID | OTC | NC | ANTIHISTAMINES |
| MICORT-HC CREAM | - | NC | DERMATOLOGICALS |
| MICROVIX LP PAK | - | NC | DERMATOLOGICALS |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist) | RS | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| MIDAZOLAM INJ (QL= 1 inj/fill) | QL | 2 | ANTICONVULSANTS |
| midodrine tab (PROAMATINE equiv) | - | 1 | VASOPRESSORS |
| MIDUELLA, PARAGARD IUD | - | EXC | CONTRACEPTIVES |
| MIEBO OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| mifepristone tab 200mg (MIFIPREX equiv) | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIGERGOT SUPP | - | NC | MIGRAINE PRODUCTS |
| MIGLITOL TAB | - | 3 | ANTIDIABETICS |
| miglitol tab (MIGLITOL equiv) | - | 3 | ANTIDIABETICS |
| miglustat cap (ZAVESCA equiv) (QL= 3 caps/day) | PA-QL-SP | 1 | HEMATOPOIETIC AGENTS |
| MIGRANAL SPRAY | - | NC | MIGRAINE PRODUCTS |
| MILLIPRED DP PAK | - | NC | CORTICOSTEROIDS |
| MILLIPRED TAB | - | NC | CORTICOSTEROIDS |
| milnacipran hcl tab (SAVELLA equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| milnacipran hcl tab (SAVELLA equiv) (QL= 2 tabs/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MINASTRIN CHEW TAB | - | NC | CONTRACEPTIVES |
| MINIPRESS CAP | - | NC | ANTIHYPERTENSIVES |
| MINOCIN CAP | - | NC | TETRACYCLINES |
| minocycline cap (MINOCIN equiv) | - | 1 | TETRACYCLINES |
| MINOCYCLINE ER CAP | - | NC | TETRACYCLINES |
| minocycline ER tab (SOLODYN equiv) | - | NC | TETRACYCLINES |
| minocycline tab (DYNACIN equiv) | - | 2 | TETRACYCLINES |
| MINOLIRA TAB | - | NC | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| MIPLYFFA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| mirabegron tab er (MYRBETRIQ equiv) | - | NC | URINARY ANTISPASMODICS |
| MIRAPEX ER TAB | - | NC | ANTIPARKINSON AGENTS |
| MIRAPEX TAB | - | NC | ANTIPARKINSON AGENTS |
| MIRCETTE TAB | - | NC | CONTRACEPTIVES |
| mirtazapine ODT (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| MIRVASO GEL | - | EXC | DERMATOLOGICALS |
| misoprostol tab (CYTOTEC equiv) | - | 1 | ULCER DRUGS |
| M-M-R II INJ | VAC | \$0 | VACCINES |

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| MOBIC TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MODEYSO CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| moexipril tab (UNIVASC equiv) | - | 1 | ANTIHYPERTENSIVES |
| MOLINDONE TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| mometasone cream (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone nasal spray (NASONEX equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| mometasone oint (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone soln (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| MONODOX CAP | - | NC | TETRACYCLINES |
| montelukast chew tab (SINGULAIR equiv) | - | 1 | ASTHMA AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | 2 | ASTHMA AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | 1 | ASTHMA AND BRONCHODILATOR AGENTS |
| MONUROL GRANULE PACK | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| MORPHABOND TAB | - | NC | ANALGESICS - OPIOID |
| MORPHINE SULFATE ER BEAD CAP | - | NC | ANALGESICS - OPIOID |
| morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE ORAL SOLN 100MG/5ML | - | NC | ANALGESICS - OPIOID |
| morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv) | - | 1 | ANALGESICS - OPIOID |
| morphine sulfate soln | - | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE SOLN 20MG/5ML | - | NC | ANALGESICS - OPIOID |
| MORPHINE SULFATE SUPP | - | 2 | ANALGESICS - OPIOID |
| morphine sulfate tab | - | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE TAB | - | NC | ANALGESICS - OPIOID |
| MOTTEGRITY TAB (QL= 1 tab/day) | PA-QL | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MOTPOLY XR CAP | - | NC | ANTICONSULTANTS |
| MOTRIN SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 | ANTIDIABETICS |
| MOVANTIK TAB (QL= 1 tab/day) | PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| MOVIPREP SOLN | - | NC | LAXATIVES |
| MOXATAG TAB | - | NC | PENICILLINS |
| MOXATAG TAB 775MG | - | NC | PENICILLINS |
| MOXEZA OPHTH SOLN 0.5% | - | NC | OPHTHALMIC AGENTS |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| MOXIFLOXACIN SOLN | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | 2 | FLUOROQUINOLONES |
| MPM PAK | - | EXC | OXYTOCICS |
| MRESVIA INJ (QL= 1 dose/lifetime) | QL-VAC | \$0 | VACCINES |
| MS CONTIN TAB | - | NC | ANALGESICS - OPIOID |

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| MUCINEX LIQUID | - | NC | COUGH/COLD/ALLERGY |
| MULPLETA TAB | - | NC | HEMATOPOIETIC AGENTS |
| MULTAQ TAB | - | 2 | ANTIARRHYTHMICS |
| MULTIGEN FOLIC TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN PLUS TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTI-MAC TAB | - | NC | MULTIVITAMINS |
| MULTIPLE-VITAMIN/FL-FE DROPS | - | NC | MULTIVITAMINS |
| MULTIVITAMIN CHEW TAB | - | NC | MULTIVITAMINS |
| multivitamin/minerals tab (STROVITE equiv) | - | NC | MULTIVITAMINS |
| mupirocin cream (BACTROBAN equiv) | - | NC | DERMATOLOGICALS |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 | DERMATOLOGICALS |
| MYALEPT INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MYAMBUTOL TAB | - | NC | ANTIMYCOBACTERIAL AGENTS |
| MYCAPSSA CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MYCOBUTIN CAP | - | NC | ANTIMYCOBACTERIAL AGENTS |
| mycophenolate DR tab (MYFORTIC equiv) | - | 2 | ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 2 | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| MYDAYIS CAP 12.5MG | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| MYDAYIS CAP 25MG | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| MYDAYIS CAP 37.5MG | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| MYDAYIS CAP 50MG | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| MYDCOMBI OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| MYDRIACYL OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| MYFEMBREE TAB (QL= 1 tab/day) | PA-QL | 2 | ESTROGENS |
| MYFORTIC TAB | - | NC | ASSORTED CLASSES |
| MYHIBBIN SUSP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| MYLERAN TAB | SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MYNATAL-Z TAB | - | 3 | MULTIVITAMINS |
| MYNEPHRON CAP | - | NC | MULTIVITAMINS |
| MYQORZO TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| MYRBETRIQ SUSP | - | NC | URINARY ANTISPASMODICS |
| MYRBETRIQ TAB | - | 2 | URINARY ANTISPASMODICS |
| MYSOLINE TAB | - | NC | ANTICONVULSANTS |
| MYTESI TAB | - | NC | ANTIDIARRHEALS |
| nabumetone tab (RELAFEN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORCARD equiv) | - | 2 | BETA BLOCKERS |
| NAFLON CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAFTIFINE CREAM | - | 3 | DERMATOLOGICALS |
| naftifine cream (NAFTIN equiv) | - | 3 | DERMATOLOGICALS |

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| naftifine hcl gel 2% (NAFTIN equiv) | - | NC | DERMATOLOGICALS |
| NAFTIN GEL 2% | - | NC | DERMATOLOGICALS |
| naloxone hcl nasal spray (NARCAN equiv) | OTC | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone inj | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone prefilled inj | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | 1 | ANTIDOTES |
| NAMENDA TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR TITRATION PACK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAPRELAN CR TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN EC TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN EC TAB 500MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen EC tab 500mg (NAPROSYN EC equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen susp (NAPROSYN equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| NARCAN NASAL SPRAY | OTC | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NARDIL TAB 15MG | - | 3 | ANTIDEPRESSANTS |
| NASACORT OTC NASAL SPRAY | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| NASCOBAL SPRAY | - | NC | HEMATOPOIETIC AGENTS |
| NATACYN OPHTH SUSP (QL= 15ml/fill) | QL | 2 | OPHTHALMIC AGENTS |
| NATAZIA TAB | - | \$0 | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | 2 | ANTIDIABETICS |
| NATESTO GEL | - | NC | ANDROGENS-ANABOLIC |
| NATESTO NASAL GEL | - | NC | ANDROGENS-ANABOLIC |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 | DERMATOLOGICALS |
| NATROBA SUSP 0.90% (QL= 1 bottle/fill) | QL | 3 | DERMATOLOGICALS |
| NAYZILAM SPRAY (QL= 4 doses/fill) | QL | 3 | ANTICONVULSANTS |
| nebivolol hcl tab (BYSTOLIC equiv) | - | 1 | BETA BLOCKERS |
| NEBUPENT NEB SOLN | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| NEBUSAL NEB SOLN | - | 2 | COUGH/COLD/ALLERGY |
| NEFAZODONE TAB | - | NC | ANTIDEPRESSANTS |
| NEFFY SPRAY | - | NC | VASOPRESSORS |
| NEMLUVIO INJ (QL= 1 inj/56 days) | PA-QL-SP | 4 | DERMATOLOGICALS |

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| NENDRUX GEL | - | NC | DERMATOLOGICALS |
| NEO/BAC/POLY OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| NEO/POLY/BAC/HC OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| NEONATAL 19 TAB | - | 3 | MULTIVITAMINS |
| NEONATAL FE TAB | - | 3 | MULTIVITAMINS |
| NEORAL CAP | - | NC | ASSORTED CLASSES |
| NEORAL SOLN | - | NC | ASSORTED CLASSES |
| NEOSALUS FOAM | - | NC | DERMATOLOGICALS |
| NEOSALUS LOTION | - | NC | DERMATOLOGICALS |
| NEOSPORIN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| NEO-SYNALAR CREAM | - | NC | DERMATOLOGICALS |
| NEOTUSS PLUS LIQUID | - | 3 | COUGH/COLD/ALLERGY |
| NEPHRON FA TAB | - | 2 | HEMATOPOIETIC AGENTS |
| NEPTAZANE TAB | - | NC | DIURETICS |
| NERLYNX TAB (QL= 6 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEULASTA INJ | - | NC | HEMATOPOIETIC AGENTS |
| NEUPRO PATCH | - | 3 | ANTIPARKINSON AGENTS |
| NEURONTIN CAP | - | NC | ANTICONVULSANTS |
| NEURONTIN SOLN | - | NC | ANTICONVULSANTS |
| NEURONTIN TAB 600MG | - | NC | ANTICONVULSANTS |
| NEURONTIN TAB 800MG | - | NC | ANTICONVULSANTS |
| NEVANAC OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| NEVIRAPINE ER TAB | - | 2 | ANTIVIRALS |
| nevirapine ER tab (VIRAMUNE XR equiv) | - | 2 | ANTIVIRALS |
| NEVIRAPINE SUSP | - | 2 | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) | - | 1 | ANTIVIRALS |
| NEXICLON XR TAB | - | NC | ANTIHYPERTENSIVES |
| NEXIUM CAP | - | NC | ULCER DRUGS |
| NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| NEXPLANON IMPLANT | - | EXC | CONTRACEPTIVES |
| NEXTSTELLIS TAB | - | \$0 | CONTRACEPTIVES |
| NGENLA INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| niacin ER tab (NIASPAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| NIACOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| NIASPAN ER TAB | - | NC | ANTIHYPERLIPIDEMICS |
| nicardipine cap (CARDENE equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |

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| NICODERM PATCH | OTC-SMKG | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE GUM | OTC-SMKG | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE LOZENGE | OTC-SMKG | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine gum (NICORETTE equiv) | OTC-SMKG | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) | OTC-SMKG | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER | SMKG | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY | SMKG | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| NILOTINB TAR CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NILOTINIB D-TAR CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nilotinib hcl cap (TASIGNA equiv) | PA-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nilutamide tab (NILANDRON equiv) | SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nimodipine cap (NIMOTOP equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |
| NINLARO CAP | PA-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NIRAVAM ODT | - | NC | ANTIANGXIETY AGENTS |
| NISOLDIPINE ER TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| nisoldipine ER tab (SULAR equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 3 | CALCIUM CHANNEL BLOCKERS |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| nitisinone cap (ORFADIN equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NITRO-BID OINT | - | 2 | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH | - | NC | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| NITROFURANTOIN SUSP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| NITROGLYCERIN ER CAP | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 | ANTIANGINAL AGENTS |
| nitroglycerin oint (RECTIV equiv) | - | NC | ANORECTAL AND RELATED PRODUCTS |

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| nitroglycerin patch (NITRO-DUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 | ANTIANGINAL AGENTS |
| NITROLINGUAL PUMP SPRAY | - | NC | ANTIANGINAL AGENTS |
| NITROSTAT SL TAB | - | NC | ANTIANGINAL AGENTS |
| NITYR TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NIVESTYM INJ | SP | 4 | HEMATOPOIETIC AGENTS |
| NIZATIDINE CAP | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| nizatidine cap (AXID equiv) | - | 1 | ULCER DRUGS |
| NIZORAL SHAMPOO | - | NC | DERMATOLOGICALS |
| NOCDURNA SL TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NOCTIVA EMULSION SPRAY | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (NORA-QD equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | 1 | PROGESTINS |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | \$0 | CONTRACEPTIVES |
| NORGESIC TAB FORTE | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| NORITATE CREAM | - | NC | DERMATOLOGICALS |
| NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 | CALCIUM CHANNEL BLOCKERS |
| NORPACE CAP | - | NC | ANTIARRHYTHMICS |
| NORPACE CR CAP | - | 2 | ANTIARRHYTHMICS |
| NORPRAMIN TAB | - | NC | ANTIDEPRESSANTS |
| NOR-QD TAB | - | NC | CONTRACEPTIVES |
| NORTHERA CAP | - | NC | VASOPRESSORS |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 | CONTRACEPTIVES |
| nortrel tab (OVCON 35 equiv) | - | \$0 | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | 1 | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 | ANTIDEPRESSANTS |
| NORVASC TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| NORVIR POWDER PACK | - | 2 | ANTIVIRALS |
| NORVIR TAB | - | NC | ANTIVIRALS |
| NOVACORT GEL | - | NC | DERMATOLOGICALS |
| NOVAVAX INJ (QL= 1 dose/24 days) | QL-VAC | \$0 | VACCINES |
| NOVOEIGHT INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| NOVOFINE PEN NEEDLE | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN 70/30 FLEXPEN RELION INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN 70/30 INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN 70/30 RELION INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN N FLEXPEN INJ | OTC | NC | ANTIDIABETICS |

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|--|---------------------|-------------|---|
| NOVOLIN N INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN N RELION 100UNIT/ML | OTC | NC | ANTIDIABETICS |
| NOVOLIN R FLEXPEN INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN R INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN R RELION INJ | OTC | NC | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ | - | NC | ANTIDIABETICS |
| NOVOLOG FLEXPEN RELION INJ | - | NC | ANTIDIABETICS |
| NOVOLOG INJ | - | NC | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ | - | NC | ANTIDIABETICS |
| NOVOLOG MIX INJ | - | NC | ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | NC | ANTIDIABETICS |
| NOVOSEVEN RT INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| NOVOTWIST PEN NEEDLE | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| NOVOTWIST/NOVOFINE PEN NEEDLE | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| NOXAFIL PAK | - | 3 | ANTIFUNGALS |
| NOXAFIL SUSP | - | NC | ANTIFUNGALS |
| NOXAFIL TAB | - | NC | ANTIFUNGALS |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 | THYROID AGENTS |
| NUBEQA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCALA INJ (QL= 1 inj/28 days) | PA-QL-SP | 4 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| NUCARACLINPA KIT | - | NC | DERMATOLOGICALS |
| NUCARARXPAK KIT | - | NC | DERMATOLOGICALS |
| NUCYNTA ER TAB (QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 | ANALGESICS - OPIOID |
| NUCYNTA TAB | - | 3 | ANALGESICS - OPIOID |
| NUDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nulido pad (NULIDO equiv) | - | NC | DERMATOLOGICALS |
| NUPLAZID CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NUPLAZID TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NURTEC ODT (QL= 8 tabs/fill; 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| NUVAKAAN II KIT | - | NC | DERMATOLOGICALS |
| NUVARING | - | NC | CONTRACEPTIVES |
| NUVIGIL TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| NUWIQ INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| NUWIQ KIT | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist) | QL-RS-SP | 4 | TETRACYCLINES |
| NYMALIZE SOLN | - | NC | CALCIUM CHANNEL BLOCKERS |
| NYPOZI INJ | - | NC | HEMATOPOIETIC AGENTS |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 | DERMATOLOGICALS |
| nystatin oint | - | 1 | DERMATOLOGICALS |
| nystatin susp | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| NYSTATIN SUSP | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| nystatin tab | - | 1 | ANTIFUNGALS |
| nystatin topical powder | - | 1 | DERMATOLOGICALS |

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| nystatin/triamcinolone cream | - | 1 | DERMATOLOGICALS |
| nystatin/triamcinolone oint | - | 1 | DERMATOLOGICALS |
| NYVEPRIA INJ | SP | 4 | HEMATOPOIETIC AGENTS |
| OBIZUR INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| octreotide inj (SANDOSTATIN equiv) | SP | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCTREOTIDE INJ 100MCG | SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCUFLOX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ODACTRA SL TAB | PA | 3 | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ODEFSEY TAB | - | 2 | ANTIVIRALS |
| ODOMZO CAP (QL= 1 cap/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OFEV CAP (QL= 2 caps/day) | PA-QL-SF-SP | 4 | RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 | OTIC AGENTS |
| OFLOXACIN TAB | - | 1 | FLUOROQUINOLONES |
| OGSIVEO TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OGSIVEO TAB 50MG (QL= 6 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OHTUVAYRE SUSP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| OJEMDA SUSP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OJEMDA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OJJAARA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| olanzapine ODT (ZYPREXA equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| OLLIZAC POWDER | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| olmesartan tab (BENICAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| olopatadine nasal spray (PATANASE equiv) | - | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| olopatadine ophth soln (PATANOL equiv) | - | NC | OPHTHALMIC AGENTS |
| OLPRUVA PACK | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OLUMIANT TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| OLUX E FOAM | - | NC | DERMATOLOGICALS |
| OLUX FOAM | - | NC | DERMATOLOGICALS |
| OMEGA-3 RX PAK COMPLETE | - | NC | ANTIHYPERLIPIDEMICS |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 | ULCER DRUGS |

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| omeprazole tab | OTC | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC | ULCER DRUGS |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC | ULCER DRUGS |
| OMLONTI OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| OMNARIS NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| OMNIPAQUE INJ | - | NC | DIAGNOSTIC PRODUCTS |
| OMNIPAQUE SOLN | - | NC | DIAGNOSTIC PRODUCTS |
| OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 DEX G7G6 PODS (QL= 10 pods/month) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 10 pods/30 days) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PDM KIT | - | NC | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PODS (QL= 10 pods/month) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT (QL= 10 pods/month) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNITROPE INJ | PA-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OMVOH INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ONAPGO INJ | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron tab (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONDANSETRON TAB | - | NC | ANTIEMETICS |
| ONDANSETRON TAB ODT | - | NC | ANTIEMETICS |
| ONEXTON GEL 1.2-3.75% | - | NC | DERMATOLOGICALS |
| ONFI SUSP | - | NC | ANTICONSULTANTS |
| ONFI TAB | - | NC | ANTICONSULTANTS |
| ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill) | PA-QL | 3 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| ONGLYZA TAB | - | NC | ANTIDIABETICS |
| ONTRALFY ORAL SOLN | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ONUREG TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ONYCHO-MED KIT | - | NC | DERMATOLOGICALS |
| ONYDA XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ONZETRA XSAIL | - | NC | MIGRAINE PRODUCTS |
| OPANA TAB | - | NC | ANALGESICS - OPIOID |
| OPILL TAB | OTC | \$0 | CONTRACEPTIVES |
| OPIPZA FILM | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| OPIUM TINCTURE | - | 3 | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| OPSUMIT TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |

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| OPSYNVI TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| OPVEE NASAL SPRAY | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| OPZELURA CREAM (QL= 12 tubes/year) | PA-QL | 3 | DERMATOLOGICALS |
| ORACEA CAP | - | NC | DERMATOLOGICALS |
| ORACIT SOLN | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORALAIR SL TAB | - | NC | BIOLOGICALS MISC |
| ORAP TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ORAPRED ODT TAB, PREDNISOLONE ODT TAB | - | 3 | CORTICOSTEROIDS |
| ORAPRED SOLN | - | NC | CORTICOSTEROIDS |
| ORAVIG TAB | - | NC | MONTH/THROAT/DENTAL AGENTS |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENITRAM TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ORENITRAM TAB MONTH PAK | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ORFADIN CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORFADIN SUSP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORGOVYX TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 | ESTROGENS |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day) | PA-QL-SP | 4 | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day) | PA-QL-SP | 4 | RESPIRATORY AGENTS - MISC. |
| ORLADEYO CAP | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ORLADEYO PACK | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ORLYNVAH TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| ORSERDU TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORSERDU TAB 345MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORTHO TRI-CYCLEN (LO) TAB | - | NC | CONTRACEPTIVES |
| ORTHO-CYCLEN TAB | - | NC | CONTRACEPTIVES |
| ORTIKOS ER CAP | - | NC | CORTICOSTEROIDS |
| ORUDIS CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 | ANTIVIRALS |
| OSMOLEX ER TAB | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| OSMOPREP TAB | - | NC | LAXATIVES |

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| OSPHENA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA XR TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA/OTEZLA XR STARTER PACK (QL= 1 pack/28 day) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC | OTIC AGENTS |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC | OTIC AGENTS |
| OTULFI INJ | - | NC | DERMATOLOGICALS |
| OTULFI, USTEKINUMAB-AAUZ SYRINGE | - | NC | DERMATOLOGICALS |
| OVACE PLUS CREAM | - | 3 | DERMATOLOGICALS |
| OVACE PLUS LIQ WASH 10% | - | NC | DERMATOLOGICALS |
| OVACE PLUS LOTION | - | NC | DERMATOLOGICALS |
| OVACE PLUS SHAMPOO | - | NC | DERMATOLOGICALS |
| OVACE PLUS FOAM | - | NC | DERMATOLOGICALS |
| OVCON 35 TAB | - | NC | CONTRACEPTIVES |
| OVEEZA CAP | - | NC | HEMATOPOIETIC AGENTS |
| OVIDE LOTION | - | NC | DERMATOLOGICALS |
| OVIDREL INJ | INF | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| oxaprozin tab (DAYPRO equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) | - | 2 | ANTIAXIETY AGENTS |
| OXBRYTA TAB | - | NC | HEMATOPOIETIC AGENTS |
| OXBRYTA TAB FOR ORAL SUSP | - | NC | HEMATOPOIETIC AGENTS |
| oxcarbazepine er tab (OXTELLAR equiv) | - | NC | ANTICONVULSANTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime) | PA-QL-SP | 4 | OPHTHALMIC AGENTS |
| OXIANUJO CREAM | - | NC | DERMATOLOGICALS |
| oxiconazole nitrate cream (OXISTAT equiv) | - | NC | DERMATOLOGICALS |
| OXISTAT CREAM | - | NC | DERMATOLOGICALS |
| OXISTAT LOTION | - | NC | DERMATOLOGICALS |
| OXSORALEN ULTRA CAP | - | NC | DERMATOLOGICALS |
| OXTELLAR XR TAB | - | NC | ANTICONVULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | 1 | URINARY ANTISPASMODICS |
| OXYBUTYNIN TAB | - | NC | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone conc (ROXICODONE equiv) | - | 2 | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) | - | 2 | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE TAB | - | NC | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 2 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | NC | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | - | NC | ANALGESICS - OPIOID |
| OXYCONTIN CR TAB | - | NC | ANALGESICS - OPIOID |

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| oxymorphone tab (OPANA equiv) | - | NC | ANALGESICS - OPIOID |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 | ANTIDIABETICS |
| PALFORZIA POWDER PACK | PA-SP | 4 | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| PALFORZIA SPRINKLE CAP | PA-SP | 4 | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| paliperidone ER tab (INVEGA equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PALSONIFY TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PALYNZIQ INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PAMELOR CAP | - | NC | ANTIDEPRESSANTS |
| PANCREAZE CAP, PERTZYE CAP | - | NC | DIGESTIVE AIDS |
| PANDEL CREAM | - | NC | DERMATOLOGICALS |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 | ULCER DRUGS |
| pantoprazole sodium packet (PROTONIX equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| paramox hc gel (NOVACORT GEL equiv) | - | NC | DERMATOLOGICALS |
| PAREGORIC TINCTURE | - | NC | ANTIDIARRHEALS |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PARLODEL CAP | - | NC | ANTIPARKINSON AGENTS |
| PARLODEL TAB | - | NC | ANTIPARKINSON AGENTS |
| PARNATE TAB | - | NC | ANTIDEPRESSANTS |
| paroxetine cap (BRISDELLE equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 | ANTIDEPRESSANTS |
| PAROXETINE SUSP | - | 3 | ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PATANASE NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| PAXIL CR TAB | - | NC | ANTIDEPRESSANTS |
| PAXIL ORAL SUSP | - | NC | ANTIDEPRESSANTS |
| PAXIL TAB | - | NC | ANTIDEPRESSANTS |
| PAXLOVID PAK (QL= 11 tabs/90 days) | QL | 2 | ANTIVIRALS |
| PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days) | QL | 2 | ANTIVIRALS |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days) | QL | 2 | ANTIVIRALS |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day) | PA-QL-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PAZOPANIB TAB 400MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PEAK FLOW METER | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| PEDIARIX INJ | VAC | \$0 | TOXOIDS |
| pediatric multiple vitamins/fluoride soln | - | NC | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | NC | MULTIVITAMINS |
| PEDIZOLPAK THERAPY PACK | - | NC | DERMATOLOGICALS |
| PEDVAXHIB INJ | VAC | \$0 | VACCINES |

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| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| peg 3350/electrolytes soln (COLYTE equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| peg 3350/electrolytes soln (NULYTELY equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| PEGASYS INJ | SP | 4 | ANTIVIRALS |
| PEG-PREP KIT | - | NC | LAXATIVES |
| PEMAZYRE TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PEN NEEDLE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| penciclovir cream (DENA VIR equiv) | - | NC | DERMATOLOGICALS |
| penicillamine cap (CUPRIMINE equiv) | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillin vk tab (VEETIDS equiv) | - | 1 | PENICILLINS |
| PENLAC SOLN | - | NC | DERMATOLOGICALS |
| PENMENVY INJ | VAC | \$0 | VACCINES |
| PENNSAID SOLN | - | NC | DERMATOLOGICALS |
| PENTACEL INJ | VAC | \$0 | TOXOIDS |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| PENTASA CR CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| PENTASA CR CAP 500MG | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 3 | ANALGESICS - OPIOID |
| PENTOSAN CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| PEPCID SUSP | - | NC | ULCER DRUGS |
| PEPCID TAB | - | NC | ULCER DRUGS |
| perampanel susp (FYCOMPA equiv) | - | NC | ANTICONSULTANTS |
| perampanel tab (FYCOMPA equiv) | - | NC | ANTICONSULTANTS |
| PERCO CET TAB | - | NC | ANALGESICS - OPIOID |
| PERFOROMIST NEB SOLN | - | NC | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| PERIDEX SOLN | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| PERINDOPRIL TAB | - | 1 | ANTI-HYPERTENSIVES |
| perindopril tab (ACEON equiv) | - | 1 | ANTI-HYPERTENSIVES |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | 1 | ANTI-PSYCHOTICS/ANTI-MANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PERSERIS INJ | - | 2 | ANTI-PSYCHOTICS/ANTI-MANIC AGENTS |
| PEXEVA TAB | - | NC | ANTI-DEPRESSANTS |
| PHEBURANE ORAL PELLETS | SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PHENAZOPYRIDINE TAB | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |

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| phenazopyridine tab (PYRIDIDIUM equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| PHENDIMETRAZINE ER TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| PHENELZINE SULFATE TAB | - | 1 | ANTIDEPRESSANTS |
| phenelzine tab (NARDIL equiv) | - | 1 | ANTIDEPRESSANTS |
| phenobarbital elixir | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| PHENOBARBITAL ELXIR | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| phenobarbital tab | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | 2 | ANTIHYPERTENSIVES |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | 1 | ANTICONSULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | 2 | ANTICONSULSANTS |
| phenytoin susp (DILANTIN equiv) | - | 1 | ANTICONSULSANTS |
| PHEXXI GEL (QL= 1 box/fill) | QL | \$0 | VAGINAL AND RELATED PRODUCTS |
| PHOSLO CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| PHOSPHA 250 NEUTRAL TAB | - | 1 | MINERALS & ELECTROLYTES |
| PHOSPHOLINE OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PHOSPHO-TRIN K500 TAB | - | 2 | MINERALS & ELECTROLYTES |
| PHOTREXA OP KIT | - | NC | OPHTHALMIC AGENTS |
| PHYRAGO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| phytonadione tab (MEPHYTON equiv) | - | 2 | VITAMINS |
| PIFELTRO TAB | - | 2 | ANTIVIRALS |
| pilocarpine hcl ophth soln 1.25% (VUITY equiv) | - | NC | OPHTHALMIC AGENTS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| pimecrolimus cream (ELIDEL equiv) | PA | 2 | DERMATOLOGICALS |
| PIMOZIDE TAB | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | 1 | BETA BLOCKERS |
| pioglitazone tab (ACTOS equiv) | - | 1 | ANTIDIABETICS |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | NC | ANTIDIABETICS |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | NC | ANTIDIABETICS |
| PIQRAY TAB | PA-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day) | PA-QL-SP | 1 | RESPIRATORY AGENTS - MISC. |
| PIRFENIDONE TAB | - | NC | RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | PA-QL-SP | 1 | RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | PA-QL-SP | 1 | RESPIRATORY AGENTS - MISC. |
| piroxicam cap (FELDENE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| pitavastatin calcium tab (LIVALO equiv) | - | NC | ANTHYPERLIPIDEMICS |
| PIVYA TAB | - | NC | PENICILLINS |
| PLAN B TAB | OTC | EXC | CONTRACEPTIVES |

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| PLAQUENIL TAB | - | NC | ANTIMALARIALS |
| PLAVIX TAB 300MG | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| PLAVIX TAB 75MG | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| PLEGRIDY INJ | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLENITY CAP | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| PLENVU SOLN | - | NC | LAXATIVES |
| PLEXION CREAM 9.8-4.8% | - | NC | DERMATOLOGICALS |
| PLIAGLIS CREAM | - | NC | DERMATOLOGICALS |
| PLIAGLIS KIT | - | NC | DERMATOLOGICALS |
| PNEUMOVAX INJ | VAC | \$0 | VACCINES |
| PODIAPN CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| PODOCON SOLN | - | 2 | DERMATOLOGICALS |
| podofilox gel (CONDYLOX equiv) | - | 3 | DERMATOLOGICALS |
| PODOFILOX SOLN | - | 2 | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | 2 | DERMATOLOGICALS |
| POKONZA ORAL SOLN | - | NC | MINERALS & ELECTROLYTES |
| POKONZA POWDER | - | NC | MINERALS & ELECTROLYTES |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 | PHARMACEUTICAL ADJUVANTS |
| POLY-IRON CAP 150 FORTE | - | 1 | HEMATOPOIETIC AGENTS |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 | OPHTHALMIC AGENTS |
| POLYTRIM OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| POLY-TUSSIN DM SYRUP | - | NC | COUGH/COLD/ALLERGY |
| POLY-VI-FLOR SUSP | - | NC | MULTIVITAMINS |
| pomalidomide cap (POMALYST equiv) (QL= 21 caps/28 days) | PA-QL-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| POMALYST CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PONVORY TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PONVORY TAB STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| posaconazole DR tab (NOXAFIL equiv) | - | 3 | ANTIFUNGALS |
| posaconazole susp (NOXAFIL equiv) | - | 3 | ANTIFUNGALS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (K-TAB equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | 2 | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE TAB ER | - | 1 | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROCIT-K equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| POTASSIUM IODIDE ORAL SOLN | - | 2 | COUGH/COLD/ALLERGY |

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| PRADAXA CAP | - | NC | ANTICOAGULANTS |
| PRADAXA PELLETT PACK | - | NC | ANTICOAGULANTS |
| pralatrexate iv inj (FOLOTYN equiv) | - | NC/3P | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 3 | ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | 1 | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1-1% | - | NC | DERMATOLOGICALS |
| PRAMOSONE CREAM 1-2.5% | - | NC | DERMATOLOGICALS |
| PRAMOSONE LOTION | - | NC | DERMATOLOGICALS |
| PRAMOSONE OINT | - | NC | DERMATOLOGICALS |
| PRANDIMET TAB | - | NC | ANTIDIABETICS |
| prasugrel tab (EFFIENT equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 | ANTIHYPERTENSIVES |
| praziquantel tab (BILTRICIDE equiv) | - | 2 | ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | 1 | ANTIHYPERTENSIVES |
| PRECISION XTRA KETONE TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| PRECISION XTRA METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 | DIAGNOSTIC PRODUCTS |
| PRECOSE TAB | - | NC | ANTIDIABETICS |
| PRED FORTE OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| PRED FORTE OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PRED MILD OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| prednisolone acetate ophth susp (PRED FORTE equiv) | - | 1 | OPHTHALMIC AGENTS |
| prednisolone ODT (ORAPRED equiv) | - | 2 | CORTICOSTEROIDS |
| PREDNISOLONE OPHTH SUSP | - | 1 | OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| prednisolone soln | - | 1 | CORTICOSTEROIDS |
| prednisolone soln (PEDIAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE SOLN | - | 3 | CORTICOSTEROIDS |
| prednisolone tab (MILLIPRED equiv) | - | NC | CORTICOSTEROIDS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISON DR TAB | - | NC | CORTICOSTEROIDS |
| prednison pack | - | NC | CORTICOSTEROIDS |
| PREDNISON SOLN | - | 2 | CORTICOSTEROIDS |
| prednison tab (DELTASONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC | CORTICOSTEROIDS |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin ER tab (LYRICA CR equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | 2 | ANTICONVULSANTS |
| PREGEN DHA CAP | - | NC | MULTIVITAMINS |

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| PREGENNA TAB | - | NC | MULTIVITAMINS |
| PREHEVBRIO SUSP | VAC | \$0 | VACCINES |
| PREMARIN TAB | - | 3 | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | 2 | ESTROGENS |
| PRENARA CAP | - | NC | MULTIVITAMINS |
| PRENATABS RX TAB | - | 1 | MULTIVITAMINS |
| PRENATAL 19 CHEW TAB | - | 1 | MULTIVITAMINS |
| PRENATAL 19 TAB | - | 1 | MULTIVITAMINS |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 | MULTIVITAMINS |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 | MULTIVITAMINS |
| PRENATE MAX TAB | - | NC | MULTIVITAMINS |
| PRENATOL-M TAB 27-1.2MG | - | NC | MULTIVITAMINS |
| PRENATRIX TAB | - | NC | MULTIVITAMINS |
| PRENATRYL TAB | - | NC | MULTIVITAMINS |
| PRESTALIA TAB | - | NC | ANTIHYPERTENSIVES |
| PRETOMANID TAB (QL= 1 tab/day) | PA-QL | 2 | ANTIMYCOBACTERIAL AGENTS |
| PREVACID CAP | - | NC | ULCER DRUGS |
| PREVIDENT 5000 PASTE 1.1% | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT 5000 PLUS 1.1% | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT SOLN 0.2% | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 20 INJ | VAC | \$0 | VACCINES |
| PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days) | PA-QL-SP. | 4 | ANTIVIRALS |
| PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days) | PA-QL-SP | 4 | ANTIVIRALS |
| PREZCOBIX TAB | - | 2 | ANTIVIRALS |
| PREZISTA SUSP | - | 2 | ANTIVIRALS |
| PREZISTA TAB | - | 2 | ANTIVIRALS |
| PREZISTA TAB | - | NC | ANTIVIRALS |
| PRIFTIN TAB | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| PRILOSEC CAP | - | NC | ULCER DRUGS |
| primaquine tab (PRIMAQUINE equiv) | - | 1 | ANTIMALARIALS |
| PRIMAQUINE TAB | - | NC | ANTIMALARIALS |
| primidone tab (MYSOLINE equiv) | - | 1 | ANTICONSULSANTS |
| PRIMIDONE TAB | - | NC | ANTICONSULSANTS |
| PRIMLEV TAB 10-300MG | - | NC | ANALGESICS - OPIOID |
| PRIMLEV TAB 5-300MG | - | NC | ANALGESICS - OPIOID |
| PRINIVIL TAB, ZESTRIL TAB | - | NC | ANTIHYPERTENSIVES |
| PRIORIX INJ | VAC | \$0 | VACCINES |
| PRISTIQ TAB | - | NC | ANTIDEPRESSANTS |
| probenecid tab (BENEMID equiv) | - | 1 | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PROCRIT INJ | - | NC | HEMATOPOIETIC AGENTS |
| PROCTOCORT CREAM | - | NC | DERMATOLOGICALS |
| PROCTOCORT SUPP | - | NC | ANORECTAL AND RELATED PRODUCTS |
| PROCTOFOAM HC FOAM | - | 2 | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 | ANORECTAL AGENTS |

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|--|---------------------|-------------|--------------------------------------|
| PROCYSBI CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PROCYSBI GRANULES PACKET | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PRODRIN TAB | - | NC | MIGRAINE PRODUCTS |
| PROFILNINE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| PROFINAC PAK | - | NC | DERMATOLOGICALS |
| progesterone cap (PROMETRIUM equiv) | - | 1 | PROGESTINS |
| progesterone oil inj | - | 1 | PROGESTINS |
| PROGESTERONE SUPP | PA | 3 | VAGINAL PRODUCTS |
| progesterone vaginal insert (ENDOMETRIN equiv) | PA | 2 | VAGINAL AND RELATED PRODUCTS |
| PROGLYCEM SUSP | - | NC | ANTIDIABETICS |
| PROGRAF CAP | - | NC | ASSORTED CLASSES |
| PROGRAF PACKET | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| PROLATE TAB 7.5-300MG | - | NC | ANALGESICS - OPIOID |
| PROLENSA OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PROMACTA POWDER | - | NC | HEMATOPOIETIC AGENTS |
| PROMACTA TAB 12.5MG, 25MG | - | NC | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | 1 | COUGH/COLD/ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 2 | ANTIHISTAMINES |
| promethazine syrup | - | 1 | ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | 1 | ANTIHISTAMINES |
| PROMETHAZINE VC SYRUP | - | 1 | COUGH/COLD/ALLERGY |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 | COUGH/COLD/ALLERGY |
| PROMETHAZINE VC/CODEINE SYRUP | - | NC | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | NC | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | NC | COUGH/COLD/ALLERGY |
| PROMETHEGAN SUPP | - | 2 | ANTIHISTAMINES |
| PROMETRIUM CAP | - | NC | PROGESTINS |
| PROMISEB CREAM | - | NC | DERMATOLOGICALS |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 | ANTIARRHYTHMICS |
| propafenone tab (RYTHMOL equiv) | - | 1 | ANTIARRHYTHMICS |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | 1 | BETA BLOCKERS |
| PROPRANOLOL SOLN 20MG/5ML | - | 1 | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | 1 | BETA BLOCKERS |
| propylthiouracil tab | - | 1 | THYROID AGENTS |
| PROQUAD INJ | VAC | \$0 | VACCINES |
| PROQUIN XR TAB | - | NC | FLUOROQUINOLONES |
| PROSCAR TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PROSED DS TAB | - | NC | URINARY ANTI-INFECTIVES |
| PROTHELIAL PASTE | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| PROTONIX EC TAB | - | NC | ULCER DRUGS |
| PROTOPIC OINT | - | NC | DERMATOLOGICALS |
| protriptyline tab (VIVACTIL equiv) | - | 3 | ANTIDEPRESSANTS |
| PROVERA TAB | - | NC | PROGESTINS |

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| PROVIGIL TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| PROZAC CAP | - | NC | ANTIDEPRESSANTS |
| PROZAC WEEKLY CAP | - | NC | ANTIDEPRESSANTS |
| PROZENA PAD | - | NC | DERMATOLOGICALS |
| prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day) | PA-QL | 3 | GASTROINTESTINAL AGENTS - MISC. |
| PULMICORT FLEXHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMICORT INH SUSP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMOZYME INH SOLN | SP | 4 | RESPIRATORY AGENTS - MISC. |
| PUREFOLIX TAB | - | NC | HEMATOPOIETIC AGENTS |
| PYLERA CAP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| pyrazinamide tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| PYRIDIDIUM TAB 100MG | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PYRIDIDIUM TAB 200MG | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| PYRIDOSTIGMINE TAB 30MG | - | NC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridstigmine soln (MESTINON equiv) | - | 3 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day) | QL-SP | 1 | ANTIMALARIALS |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC | ANTIMALARIALS |
| PYRUKYND TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| PYRUKYND TAPER PACK (QL= 1 tab/day) | PA-QL-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| PYZCHIVA INJ | - | NC | DERMATOLOGICALS |
| QBRELIS SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTIHYPERTENSIVES |
| QBREXZA PAD | - | NC | DERMATOLOGICALS |
| QDOLO SOLN, TRAMADOL SOLN | - | NC | ANALGESICS - OPIOID |
| QELBREE ER CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| QFITLIA INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| QINLOCK TAB (QL= 3 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| QLOSI OPHTH SOLN, VUIITY OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| QMIIZ ODT TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| QNASL NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| QTERN TAB | - | NC | ANTIDIABETICS |
| QUALAQUIN CAP | - | NC | ANTIMALARIALS |
| QUAZEPAM TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| QUDEXY XR CAP | - | NC | ANTICONVULSANTS |
| QUESTRAN LITE POWDER | - | NC | ANTIHYPERLIPIDEMICS |
| QUESTRAN POWDER | - | NC | ANTIHYPERLIPIDEMICS |
| QUESTRAN POWDER PACK | - | NC | ANTIHYPERLIPIDEMICS |
| quetiapine tab (SEROQUEL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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| QUETIAPINE TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| QUILLICHEW ER TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| QUILLIVANT XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| quinapril tab (ACCUPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| QUINAPRIL/HCTZ TAB | - | NC | ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | NC | ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | 2 | ANTIARRHYTHMICS |
| quinidine sulfate tab | - | 1 | ANTIARRHYTHMICS |
| QUINIDINE SULFATE TAB | - | NC | ANTIARRHYTHMICS |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC | ANTIMALARIALS |
| QUINIXIL PAK | - | NC | DERMATOLOGICALS |
| QULIPTA TAB | - | NC | MIGRAINE PRODUCTS |
| QUVIVIQ TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| QVAR AERO | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| QVAR REDIHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| RABAVERT INJ | VAC | \$0 | VACCINES |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 | ULCER DRUGS |
| RAGWITEK SL TAB | - | NC | BIOLOGICALS MISC |
| RALDESY SOLN | - | NC | ANTIDEPRESSANTS |
| raloxifene tab (EVISTA equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay) | - | \$0 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day) | QL | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ramipril cap (ALTACE equiv) | - | 1 | ANTIHYPERTENSIVES |
| RANEXA TAB | - | NC | ANTIANGINAL AGENTS |
| RANITIDINE TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| ranolazine tab (RANEXA equiv) | - | 1 | ANTIANGINAL AGENTS |
| RAPAFLO CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| RAPAMUNE SOLN | - | NC | MISCELLANEOUS THERAPEUTIC CLASSE |
| RAPAMUNE TAB | - | NC | ASSORTED CLASSES |
| rasagiline tab (AZILECT equiv) | - | 2 | ANTIPARKINSON AGENTS |
| RAVICTI LIQUID | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYALDEE CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYOS TAB | - | NC | CORTICOSTEROIDS |
| RAZADYNE SOLN | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|--|---------------------|-------------|---|
| REBIF INJ | SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBINYN INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| RECOMBINATE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| RECORLEV TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RECTIV OINT | - | NC | ANORECTAL AND RELATED PRODUCTS |
| REDEMPLO PFS INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| REDITREX INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| REGLAN TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 | DERMATOLOGICALS |
| RELAFEN DS TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 | ANTIVIRALS |
| RELEUKO INJ | - | NC | HEMATOPOIETIC AGENTS |
| RELEUKO PREFILLED SYRINGE INJ | - | NC | HEMATOPOIETIC AGENTS |
| RELEVIA TAB 27-1MG | - | NC | MULTIVITAMINS |
| RELEXXI ER TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| RELISTOR INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR INJ KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELPAK TAB | - | NC | MIGRAINE PRODUCTS |
| RELTONE CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| REMERON SOLUTAB | - | NC | ANTIDEPRESSANTS |
| REMERON TAB | - | NC | ANTIDEPRESSANTS |
| RENACIDIN SOLN | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| RENAGEL TAB 800MG | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| renaphro cap (NEPHROCAP equiv) | - | NC | MULTIVITAMINS |
| RENOVA CREAM | - | EXC | DERMATOLOGICALS |
| RENVELA PAK | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RENVELA TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| repaglinide tab (PRANDIN equiv) | - | 1 | ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| REQUIP TAB | - | NC | ANTIPARKINSON AGENTS |
| REQUIP XL TAB | - | NC | ANTIPARKINSON AGENTS |
| RESERVAPAK SYRUP | - | NC | ALTERNATIVE MEDICINES |
| RESTASIS OPTH EMULSION | - | NC | OPHTHALMIC AGENTS |
| RESTORIL CAP 15MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| RESTORIL CAP 22.5MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| RESTORIL CAP 30MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| RESTORIL CAP 7.5MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| RETACRIT INJ | - | 2 | HEMATOPOIETIC AGENTS |

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| RETEVMO CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO CAP 40MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO TAB 40MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETIN-A CREAM (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 1 | DERMATOLOGICALS |
| RETIN-A GEL (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 1 | DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC | DERMATOLOGICALS |
| RETIN-A MICRO GEL/GEL PUMP, TRETINOIN MICROSPHERE GEL/GEL PUI | - | NC | DERMATOLOGICALS |
| RETROVIR CAP | - | NC | ANTIVIRALS |
| RETROVIR SYRUP | - | NC | ANTIVIRALS |
| RETROVIR TAB | - | NC | ANTIVIRALS |
| REVATIO SUSP | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| REVATIO TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| REVLIMID CAP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| REVUFORJ TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| REVUFORJ TAB 110MG (QL= 4 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| REVUFORJ TAB 25MG (QL= 8 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| REXAPHENAC CREAM | - | NC | DERMATOLOGICALS |
| REXASIL KIT | - | NC | DERMATOLOGICALS |
| REXULTI TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| REYATAZ CAP | - | NC | ANTIVIRALS |
| REYATAZ POWDER PACK | - | 2 | ANTIVIRALS |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| REZDIFFRA TAB (QL= 1 tab/day) | PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| REZENOPY SPRAY 10MG/0.11ML | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| REZLIDHIA CAP (QL= 2 caps/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| REZUROCK TAB (QL= 1 tab/day) | PA-QL-SP | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| REZVOGLAR INJ | - | NC | ANTIDIABETICS |
| REZYST CHEW TAB | - | NC | ANTIDIARRHEALS |
| RHAPSIDO TAB | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| RHOFADE CREAM | - | EXC | DERMATOLOGICALS |
| RHOPRESSA OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ribavirin cap (REBETOL equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | RS-SP | 1 | ANTIVIRALS |
| RIBAVIRIN CAP | SP | 4 | ANTIVIRALS |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC | ANTIVIRALS |
| RIBAVIRIN TAB | SP | 4 | ANTIVIRALS |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| RIFADIN CAP | - | NC | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |

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| rilpivirine hcl tab (EDURANT equiv) | - | 2 | ANTIVIRALS |
| RILUTEK TAB | - | NC | NEUROMUSCULAR AGENTS |
| riluzole tab (RILUTEK equiv) | - | 2 | NEUROMUSCULAR AGENTS |
| RIMANTADINE TAB | - | 3 | ANTIVIRALS |
| RINVOQ ER TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| RINVOQ ORAL SOLN (QL= 12ml/day) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| RIOMET SOLN | - | NC | ANTIDIABETICS |
| risedronate DR tab (ATELVIA equiv) | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab (ACTONEL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RISPERDAL M ODT | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERDAL SOLN | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERDAL TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone microspheres inj (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERIDONE ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone ODT (RISPERDAL M equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RITALIN LA CAP, APTENSIO XR CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| RITALIN TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ritonavir tab (NORVIR equiv) | - | 2 | ANTIVIRALS |
| rivaroxaban for susp (XARELTO equiv) | - | 1 | ANTICOAGULANTS |
| rivaroxaban tab 2.5mg (XARELTO equiv) (QL= 2 tabs/day) | QL | 1 | ANTICOAGULANTS |
| rivastigmine cap (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RIVFLOZA INJ | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| RIVFLOZA INJ 160MG | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| RIVFLOZA VIAL | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| RIVIVE, REXTOVY SPRAY | OTC | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| RIXUBIS INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| ROAOXIA GEL | - | NC | DERMATOLOGICALS |
| ROBAXIN TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ROBINUL TAB | - | NC | ULCER DRUGS |
| ROCALTROL CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ROCALTROL SOLN | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ROCKLATAN OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| roflumilast tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| ROMVIMZA CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ropinirole ER tab (REQUIP XL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC | LOCAL ANESTHETICS-PARENTERAL |
| ROSADAN KIT | - | NC | DERMATOLOGICALS |
| ROSULA EMULSION | - | NC | DERMATOLOGICALS |
| rosuvastatin tab (CRESTOR equiv) | - | \$0 | ANTIHYPERTENSIVES |
| ROSZET TAB | - | NC | ANTIHYPERTENSIVES |
| ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB | - | NC | ANTIHYPERTENSIVES |
| ROTARIX SUSP | VAC | \$0 | VACCINES |
| ROTATEQ INJ | VAC | \$0 | VACCINES |
| ROWASA KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ROXICET SOLN | - | NC | ANALGESICS - OPIOID |
| ROXICODONE TAB | - | NC | ANALGESICS - OPIOID |
| ROXYBOND TAB | - | NC | ANALGESICS - OPIOID |
| ROZEREM TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ROZLYTREK CAP (QL= 3 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ROZLYTREK PAK (QL= 6 packs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUBRACA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUCONEST INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| rufinamide susp (BANZEL equiv) | PA | 2 | ANTICONVULSANTS |
| rufinamide tab (BANZEL TAB equiv) | PA | 2 | ANTICONVULSANTS |
| RYALTRIS SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 | ANTIDIABETICS |
| RYBIX ODT | - | NC | ANALGESICS - OPIOID |
| RYDAPT CAP (QL= 56 caps/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYTHMOL SR CAP | - | NC | ANTIARRHYTHMICS |
| SABRIL TAB | - | NC | ANTICONVULSANTS |
| sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| SAFYRAL TAB | - | \$0 | CONTRACEPTIVES |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SALAGEN TAB | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| SALEX LOTION KIT | - | NC | DERMATOLOGICALS |
| SALEX SHAMPOO | - | 3 | DERMATOLOGICALS |
| SALEX SHAMPOO | - | NC | DERMATOLOGICALS |
| SALICATE LIQUID | - | NC | DERMATOLOGICALS |
| SALICYLIC AC SOLN ER, XALIX SOLN | - | NC | DERMATOLOGICALS |
| salicylic acid cream (CERAVE PSORIASIS equiv) | - | NC | DERMATOLOGICALS |
| SALIMEZ FORTE CREAM | - | NC | DERMATOLOGICALS |
| SALSALATE TAB | - | 2 | ANALGESICS - NONNARCOTIC |
| salsalate tab (DISALCID equiv) | - | 2 | ANALGESICS - NONNARCOTIC |

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| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 | ANTIEMETICS |
| SANDIMMUNE CAP | - | NC | ASSORTED CLASSES |
| SANDIMMUNE SOLN 100MG/ML | - | 2 | ASSORTED CLASSES |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 | DERMATOLOGICALS |
| SAPHRIS SL TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | PA-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | PA-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SARAFEM TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVAYSA TAB | - | NC | ANTICOAGULANTS |
| SAVELLA PAK | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| saxagliptin hcl tab (ONGLYZA equiv) | - | NC | ANTIDIABETICS |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) | - | NC | ANTIDIABETICS |
| SAXENDA INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| SCARCIN GEL | - | NC | DERMATOLOGICALS |
| SCARCIN LIQUID ROLL-ON | - | NC | DERMATOLOGICALS |
| SCEMBLIX TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SCEMBLIX TAB 100 MG (QL= 4 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 2 | ANTIEMETICS |
| SDAMLO SOLN | - | NC | CALCIUM CHANNEL BLOCKERS |
| SEASONIQUE TAB | - | NC | CONTRACEPTIVES |
| SECUADO PATCH | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SEGLENTIS TAB | - | NC | ANALGESICS - OPIOID |
| SEGLUROMET TAB | - | NC | ANTIDIABETICS |
| SELARSDI INJ | - | NC | DERMATOLOGICALS |
| SELARSDI SYRINGE (QL= 1 inj/84 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| SELARSDI SYRINGE 90MG/ML (QL= 1 inj/84 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| selegiline cap (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| SELENIUM SUL SHA | - | 2 | DERMATOLOGICALS |
| SELENIUM SUL SHA 2% | - | NC | DERMATOLOGICALS |
| SELENIUM SULFIDE LOTION | - | 1 | DERMATOLOGICALS |
| selenium sulfide lotion 2.5% (SELSUN equiv) | - | 1 | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 | DERMATOLOGICALS |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC | DERMATOLOGICALS |
| SELZENTRY SOLN | - | 2 | ANTIVIRALS |
| SELZENTRY TAB | - | NC | ANTIVIRALS |
| SEMGLEE INJ (SINGLE PEN) | - | NC | ANTIDIABETICS |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ | - | 2 | ANTIDIABETICS |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN | - | 2 | ANTIDIABETICS |
| SEMGLEE SOLN | - | NC | ANTIDIABETICS |

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| SEMPREX-D CAP | - | EXC | COUGH/COLD/ALLERGY |
| SENSIPAR TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SEPHIENCE POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SEREVENT DISKUS INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SERNIVO SPRAY | - | NC | DERMATOLOGICALS |
| SEROQUEL TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SEROQUEL XR TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SERTRALINE CAP | - | NC | ANTIDEPRESSANTS |
| sertraline conc (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sertraline hcl cap | - | NC | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer powder pak (REVELA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (REVELA TAB equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SEVENFACT INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| SEYSARA TAB | - | NC | TETRACYCLINES |
| SHINGRIX INJ (Covered for members age 19 years and older) | VAC | \$0 | VACCINES |
| SIGNIFOR INJ (QL= 2 vials/day) | PA-QL-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SIKLOS TAB | - | NC | HEMATOPOIETIC AGENTS |
| SILALITE PAK MIS | - | NC | DERMATOLOGICALS |
| SILATRIX GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older) | PA | 2 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) (QL= 12 tabs/day) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| SILIQ INJ | - | NC | DERMATOLOGICALS |
| silodosin cap (RAPAFLO equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| SILVADENE CREAM | - | NC | DERMATOLOGICALS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| SILVERA PAD | - | NC | DERMATOLOGICALS |
| SIMBRINZA OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| SIMCOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| SIMLANDI KIT (adalimumab-ryvk) (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI AUTO-INJECTOR 50MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI INJ 100MG (QL=1 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI INJ 50MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 | ANTIHYPERLIPIDEMICS |
| simvastatin tab 80mg (ZOCOR equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| SINEMET CR TAB | - | NC | ANTIPARKINSON AGENTS |
| SINEMET TAB | - | NC | ANTIPARKINSON AGENTS |
| SINGULAIR CHEW TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| SINGULAIR GRANULE PACK | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| sirolimus soln (RAPAMUNE equiv) | - | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| sirolimus tab (RAPAMUNE equiv) | - | 2 | ASSORTED CLASSES |
| SIRTURO TAB | - | NC | ANTIMYCOBACTERIAL AGENTS |
| SITAGLIPTIN/METFORMIN TAB | - | NC | ANTIDIABETICS |
| SITAVIG TAB | - | NC | ANTIVIRALS |
| SITZMARKS CAP | - | NC | DIAGNOSTIC PRODUCTS |
| SIVEXTRO INJ | - | NC/3P | ANTI-INFECTIVE AGENTS - MISC. |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| SKELAXIN TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SKLICE LOTION | - | NC | DERMATOLOGICALS |
| SKYCLARYS CAP | - | NC | NEUROMUSCULAR AGENTS |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| SKYTROFA INJ | PA-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SLYND TAB | - | \$0 | CONTRACEPTIVES |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| SOAANZ TAB | - | NC | DIURETICS |
| SOD SUL/SULF LIQ 9-4.5% | - | 2 | DERMATOLOGICALS |
| SOD SUL/SULF SUSP 10-5% | - | 2 | DERMATOLOGICALS |
| SOD SUL/SULF SUSP 8-4% | - | 2 | DERMATOLOGICALS |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium fluoride chew tab (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay) | - | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| SODIUM FLUORIDE GEL | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| SODIUM FLUORIDE PASTE | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE SOLN | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| SODIUM FLUORIDE TAB (\$0 copay for members age 5 years and younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| SODIUM IODIDE I-131 SOLN | - | NC | THYROID AGENTS |
| sodium oxybate oral soln (XYREM equiv) (QL= 540ml/30 days) | PA-QL-SP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days) | PA-QL-SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 | ASSORTED CLASSES |
| sodium polystyrene susp (SPS equiv) | - | 1 | ASSORTED CLASSES |
| SODIUM SULFA LIQ WASH | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE WASH, OVACE PLUS GEL WASH | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv) | - | 2 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR CREAM 10-2% | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 3 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR SUSP | - | NC | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR WASH | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC | DERMATOLOGICALS |
| sodium/magnesium/potassium soln (SUPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| SOFDRA GEL | - | NC | DERMATOLOGICALS |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANTIVIRALS |
| SOGROYA INJ | PA-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOHONOS CAP 1.5MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 10MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 1MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 2.5MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 5MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOLAICE PATCH | - | NC | DERMATOLOGICALS |
| SOLARAVIX PAK | - | NC | DERMATOLOGICALS |
| solifenacin tab (VESICARE equiv) | - | 1 | URINARY ANTISPASMODICS |
| SOLIQUA INJ (QL= 15ml/25 days) | QL | 2 | ANTIDIABETICS |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 | AMEBICIDES |
| SOLU-CORTEF INJ (QL= 1 vial/fill) | QL | 2 | CORTICOSTEROIDS |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill) | QL | 3 | CORTICOSTEROIDS |
| SOLU-MEDROL INJ | - | NC | CORTICOSTEROIDS |
| SOLU-MEDROL INJ 2GM | - | 2 | CORTICOSTEROIDS |
| SOLU-MEDROL PF INJ | - | 3 | CORTICOSTEROIDS |
| SOMA TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOMA TAB 250MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOMAVERT INJ | PA-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOOLANTRA CREAM | - | NC | DERMATOLOGICALS |
| sorafenib tosylate tab (NEXAVAR equiv) | PA-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SORIATANE CAP | - | NC | DERMATOLOGICALS |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| sotalol AF tab (BETAPACE AF equiv) | - | 1 | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | 1 | BETA BLOCKERS |
| SOTYKTU TAB | - | NC | DERMATOLOGICALS |
| SOTYLIZE SOLN | - | NC | BETA BLOCKERS |
| SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older) | PA | 3 | BETA BLOCKERS |
| SOVALDI PELLETT PAK | - | NC | ANTIVIRALS |
| SOVALDI TAB | - | NC | ANTIVIRALS |
| SOVUNA TAB | - | NC | ANTIMALARIALS |
| SPEVIGO INJ | - | NC | DERMATOLOGICALS |
| SPIKEVAX INJ (QL= 1 dose/24 days) | QL-VAC | \$0 | VACCINES |
| SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days) | QL-VAC | \$0 | VACCINES |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 | DERMATOLOGICALS |
| SPIRIVA HANDIHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)) | QL-ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 | DIURETICS |
| spironolactone tab (ALDACTONE equiv) | - | 1 | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 | DIURETICS |
| SPORANOX CAP | - | NC | ANTIFUNGALS |
| SPORANOX SOLN | - | NC | ANTIFUNGALS |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 | CONTRACEPTIVES |
| SPRIX NASAL SPRAY | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SPRYCEL TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SPS | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| SSKI ORAL SOLN | - | NC | COUGH/COLD/ALLERGY |
| STALEVO TAB | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| STARJEMZA INJ | - | NC | DERMATOLOGICALS |
| STARJEMZA PFS INJ | - | NC | DERMATOLOGICALS |
| STAVZOR CAP | - | NC | ANTICONSULTANTS |
| STAXYN ODT | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| STEGLATRO TAB | - | NC | ANTIDIABETICS |
| STEGLUJAN TAB | - | NC | ANTIDIABETICS |
| STELARA INJ | - | NC | DERMATOLOGICALS |
| STENDRA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| STEQEYMA INJ (QL= 1 inj/84 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| STEQEYMA INJ 90MG (QL= 1 inj/84 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| STIMUFEND INJ | - | NC | HEMATOPOIETIC AGENTS |
| STIOLTO INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| STRATTERA CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| STRENSIQ INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STRIANT FILM | - | NC | ANDROGENS-ANABOLIC |
| STRIBILD TAB | - | 2 | ANTIVIRALS |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STROMEKTOL TAB | - | NC | ANTHELMINTICS |
| SUBOXONE SL FILM | - | NC | ANALGESICS - OPIOID |
| SUBSYS SPRAY | - | NC | ANALGESICS - OPIOID |
| SUBVENITE SUSP | - | NC | ANTICONVULSANTS |
| SUCRAID SOLN | - | NC | DIGESTIVE AIDS |
| sucrafate susp (CARAFATE equiv) | - | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS |
| sucrafate tab (CARAFATE equiv) | - | 1 | ULCER DRUGS |
| SUFLAVE SOLN | - | NC | LAXATIVES |
| SULAR ER TAB 34MG | - | NC | CALCIUM CHANNEL BLOCKERS |
| SULAR TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| SULFACETAMIDE SOD OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv) | - | NC | DERMATOLOGICALS |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | 2 | DERMATOLOGICALS |
| SULFACETAMIDE SODIUM/SULFUR CREAM 9.8-4.8% | - | NC | DERMATOLOGICALS |
| sulfadiazine tab | - | 3 | SULFONAMIDES |
| SULFAMYLON CREAM | - | 2 | DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| SUMADAN WASH 9-4.5% | - | NC | DERMATOLOGICALS |
| SUMADEN XLT KIT | - | NC | DERMATOLOGICALS |
| SUMANSETRON PAK | - | NC | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan/naproxen tab (TREXIMET equiv) | - | NC | MIGRAINE PRODUCTS |
| SUMAVEL DOSEPRO INJ | - | NC | MIGRAINE PRODUCTS |
| SUMAXIN WASH | - | NC | DERMATOLOGICALS |
| sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day) | PA-QL-SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| SUPRAX CAP | - | 3 | CEPHALOSPORINS |
| SUPRAX CAP | - | NC | CEPHALOSPORINS |

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|--|---------------------|-------------|---|
| SUPRAX SUSP | - | NC | CEPHALOSPORINS |
| SUPRAX SUSP 500MG/5ML | - | 3 | CEPHALOSPORINS |
| SUPREP BOWEL PREP PACK | - | NC | LAXATIVES |
| SURMONTIL CAP | - | NC | ANTIDEPRESSANTS |
| SUSTIVA TAB | - | NC | ANTIVIRALS |
| SUSTOL INJ | - | NC | ANTIEMETICS |
| SUTAB TAB | - | NC | LAXATIVES |
| SUTENT CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYLATRON INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMBICORT INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SYMBRAVO TAB | - | NC | MIGRAINE PRODUCTS |
| SYMBYAX CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SYMDEKO TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | RESPIRATORY AGENTS - MISC. |
| SYMFI (LO) TAB | - | NC | ANTIVIRALS |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 1 | VASOPRESSORS |
| SYMLINPEN INJ | - | NC | ANTIDIABETICS |
| SYMPAZAN ORAL FILM | - | NC | ANTICONVULSANTS |
| SYMPROIC TAB (QL= 1 tab/day) | PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SYMTUZA TAB | - | 2 | ANTIVIRALS |
| SYNAREL NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SYNDROS SOLN | - | NC | ANTIEMETICS |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| SYNTHROID TAB | - | 2 | THYROID AGENTS |
| TABLOID TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TABRECTA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tacrolimus cap (PROGRAF equiv) | - | 1 | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 | DERMATOLOGICALS |
| tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| TADLIQ SUSP (Prior Authorization required for members age 7 years and older) | PA-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAFINLAR TAB | PA-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) | - | NC | OPHTHALMIC AGENTS |
| TAGRISSE TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| TAKHZYRO INJ 150MG/ML | - | NC | HEMATOLOGICAL AGENTS - MISC. |

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| TALICIA CAP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| TALTZ INJ (QL= 1 inj/28 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| TALZENNA CAP 0.1MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP 0.35MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAMIFLU CAP | - | NC | ANTIVIRALS |
| TAMIFLU CAP 30MG | - | NC | ANTIVIRALS |
| TAMIFLU SUSP | - | NC | ANTIVIRALS |
| tamoxifen tab (NOLVADEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| TANZEUM INJ | - | NC | ANTIDIABETICS |
| TAPAZOLE TAB | - | NC | THYROID AGENTS |
| TAPENTADOL ER TAB 100MG | - | NC | ANALGESICS - OPIOID |
| TAPENTADOL ER TAB 150MG | - | NC | ANALGESICS - OPIOID |
| TAPENTADOL ER TAB 200MG | - | NC | ANALGESICS - OPIOID |
| TAPENTADOL ER TAB 250MG | - | NC | ANALGESICS - OPIOID |
| TAPENTADOL ER TAB 50MG | - | NC | ANALGESICS - OPIOID |
| tapentadol hcl tab (NUCYNTA equiv) | - | 3 | ANALGESICS - OPIOID |
| TARCEVA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARGRETIN GEL | - | NC | DERMATOLOGICALS |
| TARPEYO CAP | - | NC | CORTICOSTEROIDS |
| TASCENSO ODT TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TASIGNA CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tasimelteon cap (HETLIOZ equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| TASMAR TAB | - | NC | ANTIPARKINSON AGENTS |
| TASOPROL CREAM KIT | - | NC | DERMATOLOGICALS |
| tavaborole soln (KERYDIN equiv) | - | NC | DERMATOLOGICALS |
| TAVALISSE TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| TAVNEOS CAP (QL= 6 caps/day) | PA-QL-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| TAYTULLA CAP | - | NC | CONTRACEPTIVES |
| tazarotene cream 0.05% (TAZORAC equiv) (Members age 26 or older require Prior Authorization) | PA | 3 | DERMATOLOGICALS |
| tazarotene cream 0.1% (TAZORAC equiv) (Members age 26 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| tazarotene gel (TAZORAC equiv) | - | NC | DERMATOLOGICALS |

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| TAZVERIK TAB (QL= 8 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TECFIDERA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECFIDERA STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TEGRETOL SUSP | - | NC | ANTICONVULSANTS |
| TEGRETOL TAB | - | NC | ANTICONVULSANTS |
| TEGRETOL XR TAB | - | NC | ANTICONVULSANTS |
| TEKURNA TAB | - | NC | ANTIHYPERTENSIVES |
| telmisartan tab (MICARDIS equiv) | - | 1 | ANTIHYPERTENSIVES |
| TELMISARTAN/AMLODIPINE TAB | - | NC | ANTIHYPERTENSIVES |
| telmisartan/amlodipine tab (TWINSTA equiv) | - | NC | ANTIHYPERTENSIVES |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| temazepam cap 22.5mg (RESTORIL equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| temazepam cap 7.5mg (RESTORIL equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| TEMOVATE CREAM | - | NC | DERMATOLOGICALS |
| TEMOVATE OINT | - | NC | DERMATOLOGICALS |
| temozolomide cap (TEMODAR equiv) | SP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TEMPO SMART BUTTON | - | NC | MEDICAL DEVICES AND SUPPLIES |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 | ANTIVIRALS |
| TENORETIC TAB | - | NC | ANTIHYPERTENSIVES |
| TENORMIN TAB | - | NC | BETA BLOCKERS |
| TEPMETKO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TERAVAX CAP | - | NC | MULTIVITAMINS |
| TERAZOL CREAM | - | NC | VAGINAL PRODUCTS |
| terazosin cap (HYTRIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| terbinafine tab (LAMISIL equiv) | - | 1 | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 0.8% | - | 1 | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| teriflunomide tab (AUBAGIO equiv) | SP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| teriparatide (recombinant) soln pen-inj (FORTEO equiv) | SP | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TESSALON CAP | - | NC | COUGH/COLD/ALLERGY |
| TEST STRIP (all other test strips) | OTC | NC | DIAGNOSTIC PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill) | QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |

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| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 10MG/ACT | - | NC | ANDROGENS-ANABOLIC |
| testosterone gel 2% (FORTESTA equiv) | - | NC | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL, VOGELXO GEL | - | NC | ANDROGENS-ANABOLIC |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | \$0 | TOXOIDS |
| tetrabenazine tab (XENAZINE equiv) | SP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracaine hcl ophth soln | - | 1 | OPHTHALMIC AGENTS |
| TETRACAINE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| tetracycline cap | - | 3 | TETRACYCLINES |
| TETRACYCLINE TAB | - | NC | TETRACYCLINES |
| TEXACORT SOLN | - | NC | DERMATOLOGICALS |
| TEZRULY SOLN | - | NC | ANTIHYPERTENSIVES |
| THALITONE TAB | - | NC | DIURETICS |
| THALOMID CAP | SP | 4 | ASSORTED CLASSES |
| theophylline ER tab (UNIPHYL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline er tab (THEOPHYLLINE ER equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THEOPHYLLINE TAB ER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THIOLA EC TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| thioridazine hcl tab (THIORIDAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| THYQUIDITY SOLN | - | NC | THYROID AGENTS |
| TIAGABINE TAB | - | 2 | ANTICONVULSANTS |
| tiagabine tab (GABITRIL equiv) | - | 2 | ANTICONVULSANTS |
| TIAZAC CAP | - | NC | CALCIUM CHANNEL BLOCKERS |
| TIBSOVO TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ticagrelor tab (BRILINTA equiv) | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| TICANASE PAK | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| TICOVAC INJ | VAC | EXC | VACCINES |
| TIGAN CAP | - | NC | ANTIEMETICS |
| TIGLUTIK SUSP | - | NC | NEUROMUSCULAR AGENTS |
| TIKOSYN CAP | - | NC | ANTIARRHYTHMICS |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 3 | OPHTHALMIC AGENTS |

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| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 | OPHTHALMIC AGENTS |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) | - | 3 | OPHTHALMIC AGENTS |
| TIMOLOL MALEATE TAB | - | 1 | BETA BLOCKERS |
| timolol maleate tab (BLOCADREN equiv) | - | 1 | BETA BLOCKERS |
| timolol ophth soln (BETIMOL equiv) | - | 2 | OPHTHALMIC AGENTS |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | - | NC | OPHTHALMIC AGENTS |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5% | - | NC | OPHTHALMIC AGENTS |
| TIMOPTIC OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| TIMOPTIC-XE OPHTH GEL | - | NC | OPHTHALMIC AGENTS |
| TINDAMAX TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| tinidazole tab (TINDAMAX equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| tiopronin tab (THIOLA equiv) | PA-SP | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| tiopronin tab delayed release (THIOLA EC equiv) | PA-SP | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| tiotropium bromide cap inhaler (SPIRIVA equiv) | - | NC | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| TIROSINT CAP | - | NC | THYROID AGENTS |
| TIROSINT-SOL (QL= 1ml/day; Prior Authorization required for members age 9 years and older) | PA-QL | 3 | THYROID AGENTS |
| TIVICAY PD TAB | - | 2 | ANTIVIRALS |
| TIVICAY TAB | - | 2 | ANTIVIRALS |
| tizanidine cap (ZANAFLEX equiv) | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| TIZANIDINE COMFORT KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| TOBI PODHALER | PA-SP | 4 | AMINOGLYCOSIDES |
| TOBRADEX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| TOBRADEX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| TOBRADEX ST OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | RS-SP | 1 | AMINOGLYCOSIDES |
| tobramycin neb soln (BETHKIS equiv) | - | NC | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| TOBEX OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| TOBEX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | EXC | VAGINAL PRODUCTS |
| TOFRANIL TAB | - | NC | ANTIDEPRESSANTS |
| tolcapone tab (TASMAR equiv) | - | 3 | ANTIPARKINSON AGENTS |
| TOLMETIN CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| TOLMETIN TAB, TOLECTIN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| TOLMETIN, TOLECTIN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| TOLSURA CAP | - | NC | ANTIFUNGALS |
| tolterodine SR cap (DETROL LA equiv) | - | 1 | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | - | 1 | URINARY ANTISPASMODICS |
| TOLVAPTAN TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| tolvaptan tab (SAMSCA, JYNARQUE equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TONMYA SUB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TOPAMAX SPRINKLE CAP | - | NC | ANTICONVULSANTS |
| TOPAMAX TAB | - | NC | ANTICONVULSANTS |
| TOPICORT CREAM | - | NC | DERMATOLOGICALS |
| TOPICORT CREAM 0.05% | - | NC | DERMATOLOGICALS |
| TOPICORT GEL | - | NC | DERMATOLOGICALS |
| TOPICORT OINT | - | NC | DERMATOLOGICALS |
| topiramate ER cap (QUDEXY equiv) | - | NC | ANTICONVULSANTS |
| topiramate er cap (TROKENDI XR equiv) | - | NC | ANTICONVULSANTS |
| topiramate oral soln (EPRONTIA equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTICONVULSANTS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| TOPROL XL TAB | - | NC | BETA BLOCKERS |
| toremifene tab (FARESTON equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torseamide tab (DEMADEX equiv) | - | 1 | DIURETICS |
| TOSYMRA SOLN | - | NC | MIGRAINE PRODUCTS |
| TOUJEO MAX SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOVET KIT | - | NC | DERMATOLOGICALS |
| TOVIAZ TAB | - | NC | URINARY ANTISPASMODICS |
| TRACLEER TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| TRAMADOL COMPOUND KIT | - | NC | DERMATOLOGICALS |
| TRAMADOL ER CAP | - | NC | ANALGESICS - OPIOID |
| tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 3 | ANALGESICS - OPIOID |
| TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 3 | ANALGESICS - OPIOID |
| TRAMADOL HCL TAB | - | NC | ANALGESICS - OPIOID |
| tramadol hcl tab 100mg | - | NC | ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) | - | 1 | ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 | ANALGESICS - OPIOID |
| trandolapril tab (MAVIK equiv) | - | 1 | ANTIHYPERTENSIVES |
| TRANDOLAPRIL/VERAPAMIL ER TAB | - | NC | ANTIHYPERTENSIVES |
| tranexamic acid tab (LYSTEDA equiv) | - | 1 | HEMOSTATICS |
| TRANSDERM-SCOP PATCH | - | NC | ANTIEMETICS |
| TRANXENE-T TAB | - | NC | ANTIAXIETY AGENTS |
| tranylcypromine tab (PARNATE equiv) | - | 2 | ANTIDEPRESSANTS |
| TRAVATAN Z DROPS | - | NC | OPHTHALMIC AGENTS |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| trazodone tab (DESYREL equiv) | - | 1 | ANTIDEPRESSANTS |
| trazodone tab 300mg (DESYREL equiv) | - | NC | ANTIDEPRESSANTS |
| TRECATOR TAB | - | NC | ANTIMYCOBACTERIAL AGENTS |

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| TRELEGY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TREMFYA INDUCTION INJ 200MG/ML (QL= 2 inj/28 days; 6 inj/year) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| TREMFYA INJ (QL= 1 inj/56 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| TRESIBA FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| TRESIBA INJ | - | 2 | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | SP | 1 | ANTINEOPLASTICS |
| tretinoin cream (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 2 | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 2 | DERMATOLOGICALS |
| tretinoin microsphere gel | - | NC | DERMATOLOGICALS |
| TRETTEN INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| TREXALL TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TREXIMET TAB | - | NC | MIGRAINE PRODUCTS |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC | ANALGESICS - OPIOID |
| triamcinolone acetonide inj (KENALOG equiv) | - | 1 | CORTICOSTEROIDS |
| triamcinolone acetonide oint (TRIANEX equiv) | - | NC | DERMATOLOGICALS |
| triamcinolone cream | - | 1 | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | 1 | DERMATOLOGICALS |
| triamcinolone oint | - | 1 | DERMATOLOGICALS |
| triamcinolone OTC nasal spray (NASACORT equiv) | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| TRIAMCINOLONE SPRAY | - | NC | DERMATOLOGICALS |
| triamcinolone spray (KENALOG equiv) | - | NC | DERMATOLOGICALS |
| triamterene cap (DYRENIUM equiv) | - | 2 | DIURETICS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 | DIURETICS |
| TRIAMVEX KIT | - | NC | DERMATOLOGICALS |
| TRIANEX OINT | - | NC | DERMATOLOGICALS |
| triazolam tab (HALCION equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| TRIBENZOR TAB | - | NC | ANTIHYPERTENSIVES |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC | DIAGNOSTIC PRODUCTS |
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| TRICHOSOL SOLN | - | NC | PHARMACEUTICAL ADJUVANTS |
| TRICOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| trientine cap (SYPRINE equiv) | PA-SP | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| TRIENTINE CAP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| trifluoperazine tab (STELAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| TRIFLURIDINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| TRIGLIDE TAB | - | NC | ANTIHYPERLIPIDEMICS |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| TRIHXYPHENIDYL SOLN | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |

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| trihexyphenidyl tab (ARTANE equiv) | - | 1 | ANTIPARKINSON AGENTS |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| TRIKAFTA TAB (QL= 84 tabs/28 days) | PA-QL-SP | 4 | RESPIRATORY AGENTS - MISC. |
| TRIKAFTA THERAPY PACK (QL= 2 packets/day) | PA-QL-SP | 4 | RESPIRATORY AGENTS - MISC. |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 | CONTRACEPTIVES |
| TRILEPTAL SUSP | - | NC | ANTICONVULSANTS |
| TRILEPTAL TAB | - | NC | ANTICONVULSANTS |
| TRILIPIX CAP | - | NC | ANTIHYPERLIPIDEMICS |
| TRILOCICLO KIT | - | NC | DERMATOLOGICALS |
| TRI-LUMA CREAM | - | EXC | DERMATOLOGICALS |
| trimethobenzamide cap (TIGAN equiv) | - | 1 | ANTIEMETICS |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| TRIMETHOPRIM TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| trimipramine cap (SURMONTIL equiv) | - | 3 | ANTIDEPRESSANTS |
| TRI-NORINYL TAB | - | NC | CONTRACEPTIVES |
| TRINTELLIX TAB | - | NC | ANTIDEPRESSANTS |
| TRIONEX PAK | - | NC | DERMATOLOGICALS |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 | CONTRACEPTIVES |
| TRIUMEQ PD TAB | - | 2 | ANTIVIRALS |
| TRIUMEQ TAB | - | 2 | ANTIVIRALS |
| TRI-VITAMIN FLUORIDE DROPS | - | NC | MULTIVITAMINS |
| TROKENDI XR CAP | - | NC | ANTICONVULSANTS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 | URINARY ANTISPASMODICS |
| tropium tab (SANCTURA equiv) | - | 1 | URINARY ANTISPASMODICS |
| TRUDHESA NASAL SPRAY | - | NC | MIGRAINE PRODUCTS |
| TRULANCE TAB (QL= 1 tab/day) | PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 | ANTIDIABETICS |
| TRUMENBA INJ | VAC | \$0 | VACCINES |
| TRUQAP TAB (QL= 64 tabs/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUQAP THERAPY PACK (QL= 64 tabs/28 days) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRUSOPT OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| TRUVADA TAB | - | NC | ANTIVIRALS |
| TRYNGOLZA INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TRYPTYR SOLN | - | NC | OPHTHALMIC AGENTS |
| TRYVIO TAB | - | NC | ANTIHYPERTENSIVES |
| TUDORZA PRESSAIR INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TUKYSA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TURALIO CAP (QL= 4 caps/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TUSSICAPS | - | NC | COUGH/COLD/ALLERGY |

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| TUXARIN ER TAB | - | NC | COUGH/COLD/ALLERGY |
| TUZISTRA XR SUSP | - | NC | COUGH/COLD/ALLERGY |
| TWIIST REFILL KIT | - | NC | MEDICAL DEVICES AND SUPPLIES |
| TWIIST STARTER KIT | - | NC | MEDICAL DEVICES AND SUPPLIES |
| TWINRIX INJ | VAC | \$0 | VACCINES |
| TWIRLA PATCH | - | EXC | CONTRACEPTIVES |
| TWYNEO CREAM | - | NC | DERMATOLOGICALS |
| TYBLUME TAB | - | \$0 | CONTRACEPTIVES |
| TYBOST TAB | - | 2 | ANTIVIRALS |
| TYENNE INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| TYKERB TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TYLENOL/CODEINE TAB | - | NC | ANALGESICS - OPIOID |
| TYMLOS INJ | SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYPHIM VI INJ | VAC | EXC | VACCINES |
| TYRVAYA NASAL SPRAY | - | NC | OPHTHALMIC AGENTS |
| TYVASO DPI POWDER (QL= 4 cartridges/day) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/2 days) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/2 days) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/2 days) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| UCERIS RECTAL FOAM | - | NC | ANORECTAL AND RELATED PRODUCTS |
| UCERIS TAB | - | NC | CORTICOSTEROIDS |
| UDENYCA INJ | - | NC | HEMATOPOIETIC AGENTS |
| ULORIC TAB | - | NC | GOUT AGENTS |
| ULTRACET TAB | - | NC | ANALGESICS - OPIOID |
| ULTRAM TAB | - | NC | ANALGESICS - OPIOID |
| ULTRAVATE CREAM | - | NC | DERMATOLOGICALS |
| ULTRAVATE LOTION | - | NC | DERMATOLOGICALS |
| ULTRAVATE OINT | - | NC | DERMATOLOGICALS |
| ULTRAVATE PAC KIT | - | NC | DERMATOLOGICALS |
| UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| UMECTA EMULSION | - | NC | DERMATOLOGICALS |
| UMECTA PD EMULSION | - | NC | DERMATOLOGICALS |
| UMECTA SUSP | - | NC | DERMATOLOGICALS |
| UPNEEQ SOLN | - | EXC | OPHTHALMIC AGENTS |
| UPTRAVI INJ | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| UPTRAVI TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| URAMAXIN CREAM | - | NC | DERMATOLOGICALS |
| URAMAXIN GEL | - | NC | DERMATOLOGICALS |
| urea cream | - | NC | DERMATOLOGICALS |

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| UREA EMULSION | - | NC | DERMATOLOGICALS |
| urea gel (URAMAXIN equiv) | - | NC | DERMATOLOGICALS |
| UREA LOT | - | NC | DERMATOLOGICALS |
| UREA NAIL KIT | - | NC | DERMATOLOGICALS |
| UREA SUSP | - | NC | DERMATOLOGICALS |
| urea susp 40% (UMECTA equiv) | - | NC | DERMATOLOGICALS |
| UREA/SALICYLIC CREAM | - | NC | DERMATOLOGICALS |
| URECHOLINE TAB | - | NC | URINARY ANTISPASMODICS |
| UROCIT-K TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| UROXATRAL TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| URSO FORTE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol cap (ACTIGALL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| URSODIOL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| USTEKINUMAB INJ 45/0.5ML | - | NC | DERMATOLOGICALS |
| USTEKINUMAB INJ 90MG/ML | - | NC | DERMATOLOGICALS |
| USTEKINUMAB-AEKN 45MG/0.5ML | - | NC | DERMATOLOGICALS |
| USTEKINUMAB-AEKN 90MG/ML | - | NC | DERMATOLOGICALS |
| UTA cap | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| UZEDY INJ | - | 2 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| VAFSEO TAB | PA-SP | 4 | HEMATOPOIETIC AGENTS |
| VAGIFEM TAB | - | NC | VAGINAL PRODUCTS |
| valacyclovir tab (VALTREX equiv) | - | 1 | ANTIVIRALS |
| VALCHLOR GEL (QL= 4 tubes/30 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| VALCYTE SOLN | - | NC | ANTIVIRALS |
| VALCYTE TAB | - | NC | ANTIVIRALS |
| valganciclovir soln (VALCYTE equiv) | - | 2 | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | 2 | ANTIVIRALS |
| VALIUM TAB | - | NC | ANTI-ANXIETY AGENTS |
| valproate inj (DEPACON equiv) | - | NC | ANTICONVULSANTS |
| valproic acid cap (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valsartan oral soln (VALSARTAN equiv) | - | NC | ANTI-HYPERTENSIVES |
| valsartan tab (DIOVAN equiv) | - | 1 | ANTI-HYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 | ANTI-HYPERTENSIVES |
| VALTOCO NASAL SPRAY (QL= 5 doses/fill) | QL | 3 | ANTICONVULSANTS |
| VALTREX TAB | - | NC | ANTIVIRALS |
| VANCOGIN CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin cap (VANCOGIN equiv) (QL= 56 caps/fill) | QL | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin hcl soln (VANCOMYCIN equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN ORAL SOLN | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN SOLN | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| VANFLYTA TAB | - | NC | ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VANFLYTA TAB 26.5MG | - | NC | ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VANIQA CREAM | - | EXC | DERMATOLOGICALS |

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|---|---------------------|-------------|---|
| VANOS CREAM | - | NC | DERMATOLOGICALS |
| VANRAFIA TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| VARENICLINE TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VARIVAX INJ | VAC | \$0 | VACCINES |
| VARUBI TAB | - | NC | ANTIEMETICS |
| VASCEPA CAP | - | NC | ANTIHYPERLIPIDEMICS |
| VASERETIC TAB | - | NC | ANTIHYPERTENSIVES |
| vasolex oint (XENADERM equiv) | - | NC | DERMATOLOGICALS |
| VASOTEC TAB | - | NC | ANTIHYPERTENSIVES |
| VAXCHORA SUSP | VAC | EXC | VACCINES |
| VAXELIS INJ | VAC | \$0 | TOXOIDS |
| VAXNEUVANCE INJ | VAC | \$0 | VACCINES |
| V-C FORTE CAP | - | NC | MULTIVITAMINS |
| v-c forte cap (V-C FORTE equiv) | - | NC | MULTIVITAMINS |
| VECAMYL TAB | - | NC | ANTIHYPERTENSIVES |
| VECTICAL OINT | - | NC | DERMATOLOGICALS |
| VELIVET PAK | - | \$0 | CONTRACEPTIVES |
| velivet tab (CYCLESSA equiv) | - | \$0 | CONTRACEPTIVES |
| VELPHORO CHEW TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VELSIPITY TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VELTASSA POWDER (QL= 1 packet/day) | PA-QL | 2 | ASSORTED CLASSES |
| VELTASSA POWDER 1GM (QL= 4 packets/day) | PA-QL | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| VEMLIDY TAB | - | 2 | ANTIVIRALS |
| VENCLEXTA STARTER PACK | PA-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB | PA-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 | ANTIDEPRESSANTS |
| venlafaxine ER tab | - | NC | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | - | 1 | ANTIDEPRESSANTS |
| VENLAFAXINE TAB | - | NC | ANTIDEPRESSANTS |
| VENNGEL ONE KIT | - | NC | DERMATOLOGICALS |
| VENTAVIS INH SOLN (QL= 9 ampules/day) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| VEOZAH TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VERAPAMIL CR CAP, VERELAN CAP | - | NC | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP | - | NC | CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |

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| verapamil tab (CALAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERDESO FOAM | - | NC | DERMATOLOGICALS |
| VERDROCET TAB 2.5MG-325MG | - | NC | ANALGESICS - OPIOID |
| VEREGEN OINT | - | NC | DERMATOLOGICALS |
| VERELAN CAP | - | NC | CALCIUM CHANNEL BLOCKERS |
| VERQUVO TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| VERSACLOZ SUSP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VERSAPENN AL GEL ANHYDROU | - | NC | PHARMACEUTICAL ADJUVANTS |
| VERZENIO TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VESICARE LS SUSP | - | NC | URINARY ANTISPASMODICS |
| VESICARE TAB | - | NC | URINARY ANTISPASMODICS |
| VEVYE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| VFEND SUSP | - | NC | ANTIFUNGALS |
| VFEND TAB | - | NC | ANTIFUNGALS |
| V-GO INJ KIT (QL= 1 kit/day) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| VIAGRA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| VIBERZI TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VIBRAMYCIN CAP | - | NC | TETRACYCLINES |
| VIBRAMYCIN SUSP | - | NC | TETRACYCLINES |
| VICOPROFEN TAB | - | NC | ANALGESICS - OPIOID |
| VICTOZA INJ | - | NC | ANTIDIABETICS |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 | CONTRACEPTIVES |
| vigabatrin powder pack (SABRIL POWDER equiv) | PA-SP | 1 | ANTICONVULSANTS |
| vigabatrin tab (SABRIL equiv) | PA-SP | 1 | ANTICONVULSANTS |
| vigadrone powder pack | PA-SP | 4 | ANTICONVULSANTS |
| VIGAFYDE SOLN | - | NC | ANTICONVULSANTS |
| VIGAMOX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| VIBRYD STARTER KIT | - | NC | ANTIDEPRESSANTS |
| VIJOICE GRANULES PACKET | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| VIJOICE TAB (QL= 1 tab/day) | PA-QL-SP | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| VIJOICE TAB 250MG (QL= 2 tabs/day) | PA-QL-SP | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| vilazodone hcl tab (VIBRYD equiv) | - | 1 | ANTIDEPRESSANTS |
| VIMKUNYA INJ | VAC | EXC | VACCINES |
| VIMOVO TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VIMPAT SOLN | - | NC | ANTICONVULSANTS |
| VIMPAT TAB | - | NC | ANTICONVULSANTS |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 | CONTRACEPTIVES |
| VIRACEPT TAB | - | 2 | ANTIVIRALS |
| VIRAMUNE SUSP | - | NC | ANTIVIRALS |
| VIRAMUNE TAB | - | NC | ANTIVIRALS |
| VIRAMUNE XR TAB | - | NC | ANTIVIRALS |
| VIREAD TAB | - | 2 | ANTIVIRALS |
| VIREAD TAB | - | NC | ANTIVIRALS |
| VISTARIL CAP | - | NC | ANTI-ANXIETY AGENTS |
| VISTOGARD PAK | - | NC | ANTIDOTES |
| VITAFOL STRIPS | - | 3 | MULTIVITAMINS |
| vitamin D cap (RX strength only) | - | 1 | VITAMINS |
| vitamin D cap 1000unit | OTC | NC | VITAMINS |

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| vitamin D cap 400unit | OTC | NC | VITAMINS |
| VITAMIN D TAB 400UNIT | OTC | NC | VITAMINS |
| VITRAKVI CAP 100MG (QL= 2 caps/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI CAP 25MG (QL= 6 caps/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VIVELLE-DOT, MINIVELLE PATCH | - | NC | ESTROGENS |
| VIVITROL INJ | SP | 4 | ANTIDOTES |
| VIVJOA CAP | - | NC | ANTIFUNGALS |
| VIVLODEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VIVOTIF CAP | VAC | EXC | VACCINES |
| VIZIMPRO TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VIZZ OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| VOGELXO GEL PUMP 1% | - | NC | ANDROGENS-ANABOLIC |
| VONJO CAP (QL= 4 caps/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VONVENDI INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| VOPAC 5 CREAM | - | NC | DERMATOLOGICALS |
| VOPAC CREAM | - | NC | DERMATOLOGICALS |
| VOPAC GB CREAM | - | NC | DERMATOLOGICALS |
| VOQUEZNA DUAL PAK | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| VOQUEZNA TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| VOQUEZNA TRIP PAK | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| VORANIGO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VORANIGO TAB 10MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| voriconazole susp (VFEND equiv) | - | 3 | ANTIFUNGALS |
| voriconazole tab (VFEND equiv) | - | 2 | ANTIFUNGALS |
| VOSEVI TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANTIVIRALS |
| VOTRIENT TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOWST CAP (QL= 12 caps/fill) | PA-QL-SP | 4 | GASTROINTESTINAL AGENTS - MISC. |
| VOXZOGO INJ (QL= 1 vial/day) | PA-QL-SP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VOYDEYA TAB (QL= 6 tabs/day) | PA-QL-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day) | PA-QL-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| VOYXACT INJ | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| VP-PNV-DHA CAP | - | 1 | MULTIVITAMINS |
| VRAYLAR CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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|---|---------------------|-------------|---|
| VRAYLAR PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VSL #3 CAP | - | NC | ANTIDIARRHEALS |
| VTAMA CREAM | - | NC | DERMATOLOGICALS |
| VTOL SOLN | - | NC | ANALGESICS - NONNARCOTIC |
| VUITY OPHTH SOLN 1.25% | - | NC | OPHTHALMIC AGENTS |
| VUMERITY CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYALEV INJ | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| VYBRIQUE ORAL FILM | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| VYKAT XR TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VYKAT XR TAB 150MG | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VYKAT XR TAB 75MG | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VYLEESI INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYNDAMAX CAP (QL= 1 cap/day) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| VYNDAQEL CAP (QL= 4 caps/day) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| VYSCOXA SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VYTONE CREAM 1.9-1% | - | NC | DERMATOLOGICALS |
| VYTORIN TAB | - | NC | ANTHYPERLIPIDEMICS |
| VYVANSE CAP | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYVANSE CHEW TAB (Members age 7 years or older require Prior Authorization) | PA | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYVGART HYTRULO INJ (QL= 4 inj/28 days) | PA-QL-SP | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| VYZULTA SOLN | - | NC | OPHTHALMIC AGENTS |
| WAINUA INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| WAKIX TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| warfarin tab (COUMADIN equiv) | - | 1 | ANTICOAGULANTS |
| WAYRILZ TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| WEGOVY INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY INJ 1.7MG/0.75ML | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY INJ 2.4MG/0.75ML | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WELCHOL PACK | - | NC | ANTHYPERLIPIDEMICS |
| WELCHOL TAB | - | NC | ANTHYPERLIPIDEMICS |
| WELIREG TAB (QL= 3 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| WELLBUTRIN SR TAB | - | NC | ANTIDEPRESSANTS |
| WELLBUTRIN XL TAB | - | NC | ANTIDEPRESSANTS |
| WESTCORT OINT | - | NC | DERMATOLOGICALS |

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| WEZLANA INJ | - | NC | DERMATOLOGICALS |
| WEZLANA SYRINGE | - | NC | DERMATOLOGICALS |
| WILATE INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| WINLEVI CREAM | - | NC | DERMATOLOGICALS |
| WINREVAIR INJ | PA-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| WOUND-DRESSING GELS | - | NC | DERMATOLOGICALS |
| WPR PLUS | - | NC | DERMATOLOGICALS |
| WYNZORA CREAM | - | NC | DERMATOLOGICALS |
| XACIATO GEL (QL= 1 applicator/fill) | QL | 2 | VAGINAL AND RELATED PRODUCTS |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 | ANTIPARKINSON AGENTS |
| XALATAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| XALKORI CAP (QL= 2 caps/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XALKORI SPRINKLE CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XANAX TAB | - | NC | ANTIANKXIETY AGENTS |
| XANAX XR TAB | - | NC | ANTIANKXIETY AGENTS |
| XARELTO STARTER PACK | - | 2 | ANTICOAGULANTS |
| XARELTO SUSP | - | 2 | ANTICOAGULANTS |
| XARELTO TAB | - | 2 | ANTICOAGULANTS |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XDEMVY DROP | - | NC | OPHTHALMIC AGENTS |
| XELJANZ SOLN (QL= 10 ml/day) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ TAB (QL= 2 tabs/day) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| XELPROS OPHTH EMULSION | - | NC | OPHTHALMIC AGENTS |
| XELSTRYM PAD | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| XEMBIFY INJ | PA-SP | 4 | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| XENADERM OINT | - | NC | DERMATOLOGICALS |
| XENAZINE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XENICAL CAP | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| XEPI CREAM | - | NC | DERMATOLOGICALS |
| XERESE CREAM | - | NC | DERMATOLOGICALS |
| XERMELO TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| XHANCE NASAL EXHALER | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| XIFAXAN TAB 550MG (QL= 60 tabs/30 days) | QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| XIGDUO XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |

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Alphabetical Index
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|--|---------------------|-------------|---|
| XIGDUO XR TAB 10-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| XIIDRA OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| XODOL TAB 10MG-300MG | - | NC | ANALGESICS - OPIOID |
| XODOL TAB 5MG-300MG | - | NC | ANALGESICS - OPIOID |
| XODOL TAB 7.5MG-300MG | - | NC | ANALGESICS - OPIOID |
| XOFLUZA TAB (QL= 1 tab/fill) | QL | 3 | ANTIVIRALS |
| XOLAIR INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 150MG/ML (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days) | PA-QL-SP | 4 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR SYRINGE (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days) | PA-QL-SP | 4 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days) | PA-QL-SP | 4 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLEGEL | - | NC | DERMATOLOGICALS |
| XOLREMDI CAP | - | NC | HEMATOPOIETIC AGENTS |
| XOPENEX NEB SOLN | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOSPATA TAB (QL= 3 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XPHOZAH TAB (QL= 2 tabs/day) | PA-QL-SP | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XPOVIO PAK (QL= 32 tabs/28 days) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XROMI SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 | HEMATOPOIETIC AGENTS |
| XRYLIX PAK | - | NC | DERMATOLOGICALS |
| XTAMPZA ER CAP (QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 | ANALGESICS - OPIOID |
| XTANDI CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTANDI TAB 40MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTANDI TAB 80MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XULTOPHY INJ (QL= 15ml/30 days) | QL | 2 | ANTIDIABETICS |
| XURIDEN POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XYNTHA INJ | - | EXC | HEMATOLOGICAL AGENTS - MISC. |
| XYOSTED INJ | - | NC | ANDROGENS-ANABOLIC |
| XYREM SOLN | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYWAV SOLN | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|--|---------------------|-------------|--|
| XYZAL SOLN | - | EXC | ANTIHISTAMINES |
| XYZAL TAB | - | EXC | ANTIHISTAMINES |
| XYZBAC TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| YAZ TAB, YASMIN 28 TAB | - | NC | CONTRACEPTIVES |
| YBUPHEN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| YESINTEK INJ (QL= 1 inj/84 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| YESINTEK SYRINGE (QL= 1 inj/84 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| YESINTEK SYRINGE 90MG (QL= 1 inj/84 days) | PA-QL-SP | 4 | DERMATOLOGICALS |
| YF-VAX INJ | VAC | EXC | VACCINES |
| YONSA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| YORVIPATH INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| YORVIPATH INJ 294MCG | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| YORVIPATH INJ 420MCG | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| YOSPRALA TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| YUFLYMA INJ KIT (adalimumab-aaty) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| YUFLYMA KIT (adalimumab-aaty) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| YUSIMRY INJ (adalimumab-aqvh) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| YUTREPIA CAP (QL= 112 caps/28 days) | PA-QL-SP | 4 | CARDIOVASCULAR AGENTS - MISC. |
| YUVEZZI SOLN | - | NC | OPHTHALMIC AGENTS |
| YUUIWEL INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| zafemy patch (XULANE equiv) | - | \$0 | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZANAFLEX CAP | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ZANAFLEX TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ZARONTIN CAP | - | NC | ANTICONVULSANTS |
| ZARONTIN SOLN | - | NC | ANTICONVULSANTS |
| ZARXIO INJ | SP | 4 | HEMATOPOIETIC AGENTS |
| ZAVESCA CAP | - | NC | HEMATOPOIETIC AGENTS |
| ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| ZECUITY PAD | - | NC | MIGRAINE PRODUCTS |
| ZEGALOGUE INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| ZEGERID POWDER PACK | - | NC | ULCER DRUGS |
| ZEJULA TAB (QL= 1 tab/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELAPAR ODT | - | NC | ANTIPARKINSON AGENTS |
| ZELBORAF TAB (QL= 8 tabs/day) | PA-QL-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELSUVMI GEL | - | NC | DERMATOLOGICALS |
| ZEMPLAR CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ZENPEP CAP | - | 2 | DIGESTIVE AIDS |

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|--------------------------------------|---------------------|-------------|--|
| zenzedi tab 10mg (DEXEDRINE equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ZEPATIER TAB | - | NC | ANTIVIRALS |
| ZEPBOUND INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ZEPBOUND KWIKPEN INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ZEPBOUND VIAL INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ZEPOSIA CAP (QL= 1 cap/day) | PA-QL-SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZEPOSIA STARTER PACK (QL= 1 cap/day) | PA-QL-SP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZERVIATE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ZESTORETIC TAB | - | NC | ANTIHYPERTENSIVES |
| ZETIA TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ZIAC TAB | - | NC | ANTIHYPERTENSIVES |
| ZIAGEN SOLN | - | NC | ANTIVIRALS |
| ZIAGEN TAB | - | NC | ANTIVIRALS |
| ZIANA GEL | - | NC | DERMATOLOGICALS |
| zidovudine cap (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| ZIEXTENZO INJ | - | NC | HEMATOPOIETIC AGENTS |
| ZILACAINE PAK | - | NC | DERMATOLOGICALS |
| ZILBRYSQ INJ (QL= 1 inj/day) | PA-QL-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| ZILBRYSQ INJ 23MG (QL= 1 inj/day) | PA-QL-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| ZILBRYSQ INJ 32.4MG (QL= 1 inj/day) | PA-QL-SP | 4 | HEMATOLOGICAL AGENTS - MISC. |
| zileuton ER tab (ZYFLO CR equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZILXI FOAM | - | NC | DERMATOLOGICALS |
| ZIMHI SOLN | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| ZINBRYTA INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZINC GLUCONATE TAB | OTC | 1 | MINERALS & ELECTROLYTES |
| ZIOPTAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ziprasidone cap (GEODON equiv) | - | 1 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| ZIPSOR CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ZIRGAN OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | 3 | MACROLIDES |
| ZITHROMAX SUSP | - | NC | MACROLIDES |
| ZITHROMAX TAB | - | NC | MACROLIDES |
| ZITUVIMET XR TAB | - | NC | ANTIDIABETICS |
| ZITUVIO TAB | - | NC | ANTIDIABETICS |
| ZOCOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ZOCOR TAB 80MG | - | NC | ANTIHYPERLIPIDEMICS |
| ZOFRAN ODT | - | NC | ANTIEMETICS |

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|---|---------------------|-------------|---|
| ZOFRAN SOLN | - | NC | ANTIEMETICS |
| ZOFRAN TAB | - | NC | ANTIEMETICS |
| ZOKINVY CAP (QL= 4 caps/day) | PA-QL-SP | 4 | MISCELLANEOUS THERAPEUTIC CLASSE |
| ZOLINZA CAP | PA-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY | - | NC | MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ZOLOFT CONC | - | NC | ANTIDEPRESSANTS |
| ZOLOFT TAB | - | NC | ANTIDEPRESSANTS |
| ZOLPAK KIT | - | NC | DERMATOLOGICALS |
| ZOLPIDEM CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOLPIDEM TARTRATE SL TAB 1.75MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOLPIDEM TARTRATE SL TAB 3.5MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOLPIMIST SPRAY | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOMACTON INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| ZOMIG TAB | - | NC | MIGRAINE PRODUCTS |
| ZONATUSS CAP 150MG | - | NC | COUGH/COLD/ALLERGY |
| ZONEGRAN CAP | - | NC | ANTICONVULSANTS |
| ZONISADE SUSP (Prior Authorization required for members age 9 years and older) | PA | 3 | ANTICONVULSANTS |
| zonisamide cap (ZONEGRAN equiv) | - | 1 | ANTICONVULSANTS |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 3 | HEMATOLOGICAL AGENTS - MISC. |
| ZORTRESS TAB | - | NC | MISCELLANEOUS THERAPEUTIC CLASSE |
| ZORVOLEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ZORYVE CREAM (QL= 60 grams/30 days) | PA-QL | 2 | DERMATOLOGICALS |
| ZORYVE CREAM 0.05% | - | NC | DERMATOLOGICALS |
| ZORYVE CREAM 0.15% | - | NC | DERMATOLOGICALS |
| ZORYVE FOAM (QL= 60 grams/30 days) | PA-QL | 2 | DERMATOLOGICALS |
| ZOVIRAX CAP | - | NC | ANTIVIRALS |
| ZOVIRAX CREAM | - | NC | DERMATOLOGICALS |
| ZOVIRAX OINT | - | NC | DERMATOLOGICALS |
| ZOVIRAX SUSP | - | NC | ANTIVIRALS |
| ZOVIRAX TAB | - | NC | ANTIVIRALS |
| ZTALMY SUSP (QL= 1100ml/30 days) | PA-QL-SP | 4 | ANTICONVULSANTS |
| ZUBSOLV SL TAB | - | 2 | ANALGESICS - OPIOID |

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| ZUNVEYL TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZUPLENZ SL FILM | - | NC | ANTIEMETICS |
| ZURAMPIC TAB | - | NC | GOUT AGENTS |
| ZURNAI INJ | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days) | PA-QL-SP | 4 | ANTIDEPRESSANTS |
| ZURZUVAE CAP 30MG (QL= 14 caps/365 days) | PA-QL-SP | 4 | ANTIDEPRESSANTS |
| ZYBAN TAB | SMKG | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZYCLARA CREAM | - | NC | DERMATOLOGICALS |
| ZYCUBO INJ | - | NC | MINERALS & ELECTROLYTES |
| ZYDELIG TAB | PA-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYFLO TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZYKADIA TAB (QL= 3 tabs/day) | PA-QL-SF-SP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| ZYLET OPHTH SUSP 0.5-0.3% (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 | OPHTHALMIC AGENTS |
| ZYLOPRIM TAB | - | NC | GOUT AGENTS |
| ZYLOTROL-L KIT | - | NC | DERMATOLOGICALS |
| ZYMAXID OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ZYMFENTRA INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ZYPITAMAG TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ZYPREXA RELPREVV INJ | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYPREXA TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYPREXA ZYDIS TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYRTEC CHILD CHEW ALLERGY | OTC | NC | ANTIHISTAMINES |
| ZYVOX SUSP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| ZYVOX TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |

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Category/Class
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| DrugName | Special Code | Tier |
|---|--------------|------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | 1 |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 |
| lisdexamfetamine chew tab (VYVANSE equiv) (Members age 7 years and older require Prior Authorization) | PA | 1 |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) | - | 1 |
| VYVANSE CAP | - | 2 |
| VYVANSE CHEW TAB (Members age 7 years or older require Prior Authorization) | PA | 2 |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 |
| ADDERALL TAB | - | NC |
| ADDERALL XR CAP | - | NC |
| ADZENYS ER SUSP | - | NC |
| ADZENYS XR ODT | - | NC |
| amphetamine er odt (ADZENYS XR equiv) | - | NC |
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP | - | NC |
| amphetamine tab (EVEKEO equiv) | - | NC |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) | - | NC |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) | - | NC |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) | - | NC |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) | - | NC |
| ARYNTA SOLN | - | NC |
| DEXEDRINE CAP | - | NC |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) | - | NC |
| dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) | - | NC |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) | - | NC |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) | - | NC |
| dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) | - | NC |
| DYANAVEL XR CHEW | - | NC |
| EVEKEO ODT | - | NC |
| methamphetamine hcl tab (METHAMPHETAMINE equiv) | - | NC |
| MYDAYIS CAP 12.5MG | - | NC |
| MYDAYIS CAP 25MG | - | NC |
| MYDAYIS CAP 37.5MG | - | NC |
| MYDAYIS CAP 50MG | - | NC |
| XELSTRYM PAD | - | NC |
| zenzedi tab 10mg (DEXEDRINE equiv) | - | NC |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC |
| ANALECTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger) | - | 2 |
| CAFCIT INJ | - | NC |
| ANOREXIANTS NON-AMPHETAMINE | | |
| BENZPHETAMINE TAB | - | EXC |
| DIETHYLPROPION ER TAB | - | EXC |
| diethylpropion tab | - | EXC |

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State of Arkansas Formulary
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| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| PHENDIMETRAZINE ER TAB | - | EXC |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EXC |
| PLENITY CAP | - | EXC |
| ANTI-OBESITY AGENTS | | |
| liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv) | - | EXC |
| SAXENDA INJ | - | EXC |
| WEGOVY INJ | - | EXC |
| WEGOVY INJ 1.7MG/0.75ML | - | EXC |
| WEGOVY INJ 2.4MG/0.75ML | - | EXC |
| WEGOVY TAB | - | EXC |
| XENICAL CAP | - | EXC |
| ZEPBOUND INJ | - | EXC |
| ZEPBOUND KWIKPEN INJ | - | EXC |
| ZEPBOUND VIAL INJ | - | EXC |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| atomoxetine cap (STRATTERA equiv) | - | 1 |
| clonidine ER tab (KAPVAY equiv) | - | 1 |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| INTUNIV TAB | - | NC |
| KAPVAY TAB | - | NC |
| ONYDA XR SUSP | - | NC |
| QELBREE ER CAP | - | NC |
| STRATTERA CAP | - | NC |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS | | |
| WAKIX TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| STIMULANTS - MISC. | | |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | QL | 1 |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 1 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate chew tab (METHYLIN equiv) (Members age 7 years and older require Prior Authorization) | PA | 1 |
| methylphenidate ER cap (RITALIN LA equiv) | - | 1 |
| METHYLPHENIDATE ER TAB | - | 1 |
| methylphenidate ER tab (CONCERTA equiv) | - | 1 |
| methylphenidate soln (METHYLIN equiv) (Members age 7 years and older require Prior Authorization) | PA | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 |
| methylphenidate CD cap (METADATE CD equiv) | - | 2 |
| methylphenidate ER cap (APTENSIO XR equiv) | - | 2 |
| AZSTARYS CAP | - | NC |
| CONCERTA TAB, RITALIN SR TAB | - | NC |
| COTEMPLA XR ODT | - | NC |
| FOCALIN TAB | - | NC |
| FOCALIN XR CAP | - | NC |

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| METHYLIN SOLN | - | NC |
| methylphenidate ER tab 72mg | - | NC |
| METHYLPHENIDATE ER TAB, RELEXXII TAB | - | NC |
| methylphenidate td patch (DAYTRANA equiv) | - | NC |
| NUVIGIL TAB | - | NC |
| PROVIGIL TAB | - | NC |
| QUILLICHEW ER TAB | - | NC |
| QUILLIVANT XR SUSP | - | NC |
| RELEXXI ER TAB | - | NC |
| RITALIN LA CAP, APTENSIO XR CAP | - | NC |
| RITALIN TAB | - | NC |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| ALLERGENIC EXTRACTS | | |
| ODACTRA SL TAB | PA | 3 |
| PALFORZIA POWDER PACK | PA-SP | 4 |
| PALFORZIA SPRINKLE CAP | PA-SP | 4 |
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC |
| ALTERNATIVE MEDICINES | | |
| ALTERNATIVE MEDICINE - R'S | | |
| RESERVAPAK SYRUP | - | NC |
| AMEBICIDES | | |
| AMEBICIDES | | |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 |
| AMINOGLYCOSIDES | | |
| AMINOGLYCOSIDES | | |
| neomycin tab | - | 1 |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | RS-SP | 1 |
| ARIKAYCE SUSP (QL= 1 vial/day) | PA-QL-SP | 4 |
| TOBI PODHALER | PA-SP | 4 |
| HUMATIN CAP | - | NC |
| KITABIS PAK NEB SOLN | - | NC |
| tobramycin neb soln (BETHKIS equiv) | - | NC |
| ANALGESICS - ANTI-INFLAMMATORY | | |
| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
| OLUMIANT TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| RINVOQ ER TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| RINVOQ ORAL SOLN (QL= 12ml/day) | PA-QL-SP | 4 |
| XELJANZ SOLN (QL= 10 ml/day) | PA-QL-SP | 4 |
| XELJANZ TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| XELJANZ XR TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| ANTIRHEUMATIC ANTIMETABOLITES | | |
| REDITREX INJ | - | NC |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year) | PA-QL-SP | 4 |
| ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-ADAZ INJ 10/0.1ML (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| SIMLANDI KIT (adalimumab-ryvk) (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days) | PA-QL-SP | 4 |
| SIMPONI INJ 100MG (QL=1 inj/28 days) | PA-QL-SP | 4 |
| ABRILADA INJ | - | NC |
| ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML | - | NC |
| ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML | - | NC |
| ADALIMUMAB-RYVK INJ | - | NC |
| ADALIMUMAB-RYVK INJ (SIMLANDI equiv) | - | NC |
| AMJEVITA AUTO-INJECTOR (adalimumab-atto) | - | NC |
| AMJEVITA INJ (adalimumab-atto) | - | NC |
| CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm) | - | NC |
| CYLTEZO INJ (adalimumab-adbm) | - | NC |
| HADLIMA INJ (adalimumab-bwwd) | - | NC |
| HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) | - | NC |
| HADLIMA PUSH INJ (adalimumab-bwwd) | - | NC |
| HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) | - | NC |
| HULIO INJ (adalimumab-fkjp) | - | NC |
| HULIO KIT (adalimumab-fkjp) | - | NC |
| HUMIRA INJ 10MG | - | NC |
| HUMIRA INJ 20MG | - | NC |
| HUMIRA INJ 40MG | - | NC |
| HUMIRA INJ 80MG | - | NC |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | - | NC |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | - | NC |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | - | NC |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | - | NC |
| HUMIRA PEN INJ 40MG | - | NC |
| HYRIMOZ INJ (adalimumab-adaz) | - | NC |
| HYRIMOZ PFS INJ (adalimumab-adaz) | - | NC |
| IDACIO INJ (adalimumab-aacf) | - | NC |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| SIMPONI AUTO-INJECTOR 50MG | - | NC |
| SIMPONI INJ 50MG | - | NC |
| YUFLYMA INJ KIT (adalimumab-aaty) | - | NC |
| YUFLYMA KIT (adalimumab-aaty) | - | NC |
| YUSIMRY INJ (adalimumab-aqvh) | - | NC |
| GOLD COMPOUNDS | | |
| AURANOFIN CAP, RIDAURA CAP | - | NC |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | |
| KINERET INJ (QL= 1 inj/day) | PA-QL-SP | 4 |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| KEVZARA INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| TYENNE INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ACTEMRA ACTPEN INJ | - | NC |
| ACTEMRA SC INJ | - | NC |
| AVTOZMA INJ | - | NC |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| celecoxib cap (CELEBREX equiv) | - | 1 |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 |
| etodolac cap (LODINE equiv) | - | 1 |
| etodolac tab | - | 1 |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 |
| ibuprofen tab | - | 1 |
| ibuprofen tab (RX only) | - | 1 |
| indomethacin cap (INDOCIN equiv) | - | 1 |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 |
| meloxicam tab (MOBIC equiv) | - | 1 |
| nabumetone tab (RELAFEN equiv) | - | 1 |
| naproxen sodium tab (ANAPROX equiv) | - | 1 |
| naproxen tab (NAPROSYN equiv) | - | 1 |
| piroxicam cap (FELDENE equiv) | - | 1 |
| sulindac tab (CLINORIL equiv) | - | 1 |
| mefenamic acid cap (PONSTEL equiv) | - | 2 |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 |
| oxaprozin tab (DAYPRO equiv) | - | 2 |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 3 |
| etodolac ER tab (LODINE XL equiv) | - | 3 |
| ANAPROX TAB | - | NC |
| ARTHROTEC TAB | - | NC |
| CELEBREX CAP | - | NC |

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| COMBOGESIC TAB | - | NC |
| COXANTO CAP | - | NC |
| DAYPRO TAB | - | NC |
| DICLOFENAC CAP | - | NC |
| diclofenac potassium cap (ZIPSOR equiv) | - | NC |
| diclofenac potassium tab 25mg (DICLOFENAC equiv) | - | NC |
| FELDENE CAP | - | NC |
| fenoprofen calcium cap (NALFON equiv) | - | NC |
| FENOPROFEN CAP, NAFLON CAP | - | NC |
| FENOPROFEN TAB | - | NC |
| FENOPRON CAP | - | NC |
| FLURBIPROFEN TAB | - | NC |
| flurbiprofen tab (ANSAID equiv) | - | NC |
| IBU 600-EZS KIT | - | NC |
| IBUPROFEN TAB | - | NC |
| ibuprofen-famotidine tab (DUEXIS equiv) | - | NC |
| INDOCIN SUPP | - | NC |
| INDOCIN SUSP | - | NC |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC |
| indomethacin suppository (INDOCIN equiv) | - | NC |
| indomethacin susp (INDOCIN equiv) | - | NC |
| INFLATHERM PAK | - | NC |
| KETOPROFEN CAP | - | NC |
| KETOPROFEN ER CAP | - | NC |
| KETOROLAC INJ | - | NC |
| ketorolac inj (TORADOL equiv) | - | NC |
| MECLOFENAMATE CAP | - | NC |
| meloxicam cap (VIVLODEX equiv) | - | NC |
| MELOXICAM COMFORT KIT | - | NC |
| MELOXICAM SUSP, ZYBIC SUSP | - | NC |
| MOBIC TAB | - | NC |
| MOTRIN SUSP | - | NC |
| NAFLON CAP | - | NC |
| NAPRELAN CR TAB | - | NC |
| NAPROSYN EC TAB | - | NC |
| NAPROSYN EC TAB 500MG | - | NC |
| NAPROSYN TAB | - | NC |
| naproxen EC tab 500mg (NAPROSYN EC equiv) | - | NC |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC |
| NAPROXEN SUSP | - | NC |
| naproxen susp (NAPROSYN equiv) | - | NC |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC |
| ORUDIS CAP | - | NC |
| QMIIZ ODT TAB | - | NC |
| RELAFEN DS TAB | - | NC |
| SPRIX NASAL SPRAY | - | NC |

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| TOLMETIN CAP | - | NC |
| TOLMETIN TAB, TOLECTIN TAB | - | NC |
| TOLMETIN, TOLECTIN TAB | - | NC |
| VIMOVO TAB | - | NC |
| VIVLODEX CAP | - | NC |
| VYSCOXA SUSP | - | NC |
| YBUPHEN TAB | - | NC |
| ZIPSOR CAP | - | NC |
| ZORVOLEX CAP | - | NC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | PA-QL-SP | 4 |
| OTEZLA TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| OTEZLA XR TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| OTEZLA/OTEZLA XR STARTER PACK (QL= 1 pack/28 day) | PA-QL-SP | 4 |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| leflunomide tab (ARAVA equiv) | - | 1 |
| ARAVA TAB | - | NC |
| SELECTIVE COSTIMULATION MODULATORS | | |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | PA-QL-SP | 4 |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | PA-QL-SP | 4 |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | PA-QL-SP | 4 |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | PA-QL-SP | 4 |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | PA-QL-SP | 4 |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | PA-QL-SP | 4 |
| ENBREL MINI INJ (QL= 4 inj/28 days) | PA-QL-SP | 4 |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | PA-QL-SP | 4 |
| ANALGESICS - NONNARCOTIC | | |
| ANALGESIC COMBINATIONS | | |
| ALLZITAL TAB | - | NC |
| butalbital/acetaminophen cap | - | NC |
| butalbital/acetaminophen/caffeine soln | - | NC |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC |
| DOLGIC PLUS TAB | - | NC |
| ESGIC TAB | - | NC |
| FIORICET CAP | - | NC |
| FIORINAL CAP | - | NC |
| VTOL SOLN | - | NC |
| ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS | | |
| JOURNAVX TAB | - | NC |
| SALICYLATES | | |
| aspirin chew tab 81mg (Covered for female members only) | OTC | \$0 |
| aspirin EC tab 325mg | OTC | \$0 |

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| aspirin ec tab 81mg (Covered for female members only) | OTC | \$0 |
| aspirin tab 325mg | OTC | \$0 |
| diflunisal tab (DOLOBID equiv) | - | 1 |
| SALSALATE TAB | - | 2 |
| salsalate tab (DISALCID equiv) | - | 2 |
| ASPIRIN EC TAB 325MG | OTC | NC |
| DOLOBID TAB | - | NC |

ANALGESICS - OPIOID

OPIOID AGONISTS

| | | |
|---|-------|----|
| codeine sulfate tab | - | 1 |
| DISKETS TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 |
| hydromorphone tab (DILAUDID equiv) | - | 1 |
| methadone soln (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 |
| methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 |
| methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 |
| morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 1 |
| morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv) | - | 1 |
| morphine sulfate soln | - | 1 |
| morphine sulfate tab | - | 1 |
| oxycodone cap (OXYIR equiv) | - | 1 |
| oxycodone tab (ROXICODONE equiv) | - | 1 |
| tramadol tab (ULTRAM equiv) | - | 1 |
| fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 2 |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 |
| HYDROCODONE BITARTRATE ER TAB (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 |
| MORPHINE SULFATE SUPP | - | 2 |
| NUCYNTA ER TAB (QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 |
| oxycodone conc (ROXICODONE equiv) | - | 2 |
| oxycodone soln (ROXICODONE equiv) | - | 2 |
| XTAMPZA ER CAP (QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 2 |
| NUCYNTA TAB | - | 3 |
| tapentadol hcl tab (NUCYNTA equiv) | - | 3 |
| tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 3 |
| TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | ST | 3 |
| ABSTRAL SL TAB | - | NC |
| ACTIQ LOZENGE | - | NC |
| DILAUDID TAB | - | NC |
| DSUVIA SL TAB | - | NC |
| FENTANYL BUCCAL TAB | - | NC |
| FENTANYL CITRATE LOLLIPOP | - | NC |

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| ANALGESICS - OPIOID Cont. | | |
| fenentanyl citrate lollipop (ACTIQ equiv) | - | NC |
| fenentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC |
| FENTORA TAB | - | NC |
| hydromorphone ER tab (EXALGO TAB equiv) | - | NC |
| HYDROMORPHONE SUPP | - | NC |
| HYSINGLA ER TAB | - | NC |
| LAZANDA NASAL SPRAY | - | NC |
| levorphanol tab (LEVORPHANOL equiv) | - | NC |
| meperidine tab (DEMEROL equiv) | - | NC |
| METHADOSE CONC | - | NC |
| MORPHABOND TAB | - | NC |
| MORPHINE SULFATE ER BEAD CAP | - | NC |
| MORPHINE SULFATE ORAL SOLN 100MG/5ML | - | NC |
| MORPHINE SULFATE SOLN 20MG/5ML | - | NC |
| MORPHINE SULFATE TAB | - | NC |
| MS CONTIN TAB | - | NC |
| OPANA TAB | - | NC |
| OXYCODONE TAB | - | NC |
| OXYCONTIN CR TAB | - | NC |
| OXYMORPHONE ER TAB | - | NC |
| oxymorphone tab (OPANA equiv) | - | NC |
| QDOLO SOLN, TRAMADOL SOLN | - | NC |
| ROXICODONE TAB | - | NC |
| ROXYBOND TAB | - | NC |
| RYBIX ODT | - | NC |
| SUBSYS SPRAY | - | NC |
| TAPENTADOL ER TAB 100MG | - | NC |
| TAPENTADOL ER TAB 150MG | - | NC |
| TAPENTADOL ER TAB 200MG | - | NC |
| TAPENTADOL ER TAB 250MG | - | NC |
| TAPENTADOL ER TAB 50MG | - | NC |
| TRAMADOL ER CAP | - | NC |
| TRAMADOL HCL TAB | - | NC |
| tramadol hcl tab 100mg | - | NC |
| ULTRAM TAB | - | NC |

OPIOID COMBINATIONS

| | | |
|---|---|---|
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 |
| APAP/CODEINE SOLN | - | 2 |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 2 |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | 3 |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) | - | 3 |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 3 |

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| ANALGESICS - OPIOID Cont. | | |
| HYDROCODONE/IBUPROFEN TAB 10-200MG | - | 3 |
| LORTAB ELIXIR | - | 3 |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | NC |
| APADAZ TAB | - | NC |
| FIORICET/CODEINE CAP | - | NC |
| FIORINAL/CODEINE CAP | - | NC |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC |
| LORTAB | - | NC |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | NC |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | - | NC |
| PERCOCET TAB | - | NC |
| PRIMLEV TAB 10-300MG | - | NC |
| PRIMLEV TAB 5-300MG | - | NC |
| PROLATE TAB 7.5-300MG | - | NC |
| ROXICET SOLN | - | NC |
| SEGLENTIS TAB | - | NC |
| TREXIZ CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC |
| TYLENOL/CODEINE TAB | - | NC |
| ULTRACET TAB | - | NC |
| VERDROCET TAB 2.5MG-325MG | - | NC |
| VICOPROFEN TAB | - | NC |
| XODOL TAB 10MG-300MG | - | NC |
| XODOL TAB 5MG-300MG | - | NC |
| XODOL TAB 7.5MG-300MG | - | NC |
| OPIOID PARTIAL AGONISTS | | |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 2 |
| ZUBSOLV SL TAB | - | 2 |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)) | QL-ST | 3 |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 3 |
| BELBUCA FILM | - | NC |
| BUNAVAIL FILM | - | NC |
| buprenorphine hcl buccal film (BELBUCA equiv) | - | NC |
| BUTRANS PATCH | - | NC |
| SUBOXONE SL FILM | - | NC |
| ANDROGENS-ANABOLIC | | |
| ANDROGENS | | |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 |
| danazol cap (DANOCRINE equiv) | - | 2 |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill) | QL | 2 |

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| ANDROGENS-ANABOLIC Cont. | | |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 |
| testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 |
| TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days) | PA-QL | 2 |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| METHITEST TAB | PA | 3 |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 3 |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 3 |
| TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day) | PA-QL | 3 |
| ANDROGEL 1% 25MG | - | NC |
| ANDROGEL 1% 50MG, TESTIM GEL 1% | - | NC |
| ANDROGEL 1.62% 1.25GM | - | NC |
| ANDROGEL 1.62% 2.5GM | - | NC |
| ANDROGEL PUMP 1.62% | - | NC |
| FORTESTA GEL 2% | - | NC |
| KYZATREX CAP | - | NC |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP | - | NC |
| methyltestosterone cap | - | NC |
| NATESTO GEL | - | NC |
| NATESTO NASAL GEL | - | NC |
| STRIANT FILM | - | NC |
| TESTOSTERONE GEL 10MG/ACT | - | NC |
| testosterone gel 2% (FORTESTA equiv) | - | NC |
| TESTOSTERONE GEL, VOGELXO GEL | - | NC |
| VOGELXO GEL PUMP 1% | - | NC |
| XYOSTED INJ | - | NC |

ANORECTAL AGENTS

INTRARECTAL STEROIDS

| | | |
|--|---|----|
| hydrocortisone enema (CORTENEMA equiv) | - | 2 |
| CORTIFOAM | - | 3 |
| CORTENEMA | - | NC |

RECTAL COMBINATIONS

| | | |
|---|---|----|
| PROCTOFOAM HC FOAM | - | 2 |
| ANALPRAM-E KIT | - | 3 |
| ANALPRAM-HC CREAM | - | NC |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC |

RECTAL STEROIDS

| | | |
|---------------------------------------|---|----|
| proctosol HC cream (ANUSOL HC equiv) | - | 1 |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 |
| ANUSOL-HC CREAM | - | NC |

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

| | | |
|---|----|---|
| budesonide rectal foam (UCERIS RECTAL FOAM equiv) | PA | 3 |
|---|----|---|

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| ANORECTAL AND RELATED PRODUCTS Cont. | | |
| UCERIS RECTAL FOAM | - | NC |
| RECTAL COMBINATIONS | | |
| ANALPRAM HC CREAM 2.5-1% | - | 1 |
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM | - | 1 |
| LIDOCAINE/HC CREAM | - | 2 |
| ANALPRAM-HC CREAM | - | 3 |
| ANALPRAM HC CREAM 2.5-1% | - | NC |
| HYDROCORTISONE/PRAMOXINE SUPP | - | NC |
| RECTAL LOCAL ANESTHETICS | | |
| LIDOCAINE SUPP | - | NC |
| RECTAL STEROIDS | | |
| HYDROCORTISONE CREAM | - | 1 |
| ANUCORT-HC SUPP 25MG | - | 2 |
| ANUCORT-HC SUPP 30MG | - | 2 |
| PROCTOCORT SUPP | - | NC |
| VASODILATING AGENTS | | |
| nitroglycerin oint (RECTIV equiv) | - | NC |
| RECTIV OINT | - | NC |
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| ivermectin tab (STROMEKTOL equiv) | - | 1 |
| praziquantel tab (BILTRICIDE equiv) | - | 2 |
| albendazole tab (ALBENZA equiv) | - | NC |
| ALBENZA TAB | - | NC |
| BILTRICIDE TAB | - | NC |
| EGATEN TAB | - | NC |
| EMVERM TAB | - | NC |
| IVERMECTIN TAB | - | NC |
| STROMEKTOL TAB | - | NC |
| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| ranolazine tab (RANEXA equiv) | - | 1 |
| ASPRUZYO SPRINKLE GRANULES | - | NC |
| RANEXA TAB | - | NC |
| NITRATES | | |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 |
| NITROGLYCERIN ER CAP | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| NITRO-BID OINT | - | 2 |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 3 |
| ISOSORBIDE MONONITRATE TAB | - | 3 |

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| ANTIANGINAL AGENTS Cont. | | |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 |
| GONITRO POWDER | - | NC |
| ISORDIL TITRADOSE TAB | - | NC |
| ISORDIL TITRADOSE TAB 40MG | - | NC |
| NITRO-DUR PATCH | - | NC |
| NITROLINGUAL PUMP SPRAY | - | NC |
| NITROSTAT SL TAB | - | NC |

ANTIANKXIETY AGENTS

ANTIANKXIETY AGENTS - MISC.

| | | |
|--|---|----|
| buspirone tab (BUSPAR equiv) | - | 1 |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 |
| hydroxyzine syrup (ATARAX equiv) | - | 1 |
| hydroxyzine tab (ATARAX equiv) | - | 1 |
| BUCAPSOL CAP | - | NC |
| meprobamate tab (MILTOWN equiv) | - | NC |
| VISTARIL CAP | - | NC |

BENZODIAZEPINES

| | | |
|---|---|----|
| alprazolam tab (XANAX equiv) | - | 1 |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| alprazolam ER tab (XANAX XR equiv) | - | 2 |
| oxazepam cap (SERAX equiv) | - | 2 |
| alprazolam ODT (NIRAVAM equiv) | - | 3 |
| clorazepate tab (TRANXENE-T equiv) | - | 3 |
| ATIVAN TAB | - | NC |
| LOREEV XR CAP | - | NC |
| NIRAVAM ODT | - | NC |
| TRANXENE-T TAB | - | NC |
| VALIUM TAB | - | NC |
| XANAX TAB | - | NC |
| XANAX XR TAB | - | NC |

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

| | | |
|----------------------------------|---|----|
| disopyramide cap (NORPACE equiv) | - | 1 |
| quinidine sulfate tab | - | 1 |
| NORPACE CR CAP | - | 2 |
| quinidine gluconate CR tab | - | 2 |
| NORPACE CAP | - | NC |
| QUINIDINE SULFATE TAB | - | NC |

ANTIARRHYTHMICS TYPE I-B

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| ANTIARRHYTHMICS Cont. | | |
| mexiletine hcl cap | - | 2 |
| ANTIARRHYTHMICS TYPE I-C | | |
| flecainide tab (TAMBOCOR equiv) | - | 1 |
| propafenone tab (RYTHMOL equiv) | - | 1 |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 |
| RYTHMOL SR CAP | - | NC |
| ANTIARRHYTHMICS TYPE III | | |
| amiodarone tab (CORDARONE equiv) | - | 1 |
| dofetilide cap (TIKOSYN equiv) | - | 2 |
| MULTAQ TAB | - | 2 |
| CORDARONE TAB | - | NC |
| TIKOSYN CAP | - | NC |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
| FASENRA PEN INJ (QL= 1 inj/56 days) | PA-QL-SP | 4 |
| NUCALA INJ (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| XOLAIR INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| XOLAIR INJ 150MG/ML (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| XOLAIR SYRINGE (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| ANTI-INFLAMMATORY AGENTS | | |
| cromolyn neb soln (INTAL equiv) | - | NC |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ipratropium neb soln (ATROVENT equiv) | - | 1 |
| ATROVENT HFA AERO | - | 2 |
| INCRUSE ELLIPTA INHALER | - | 2 |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)) | QL-ST | 2 |
| ipratropium bromide hfa inhaler aerosol (ATROVENT equiv) | - | NC |
| SPIRIVA HANDIHALER | - | NC |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | - | NC |
| tiotropium bromide cap inhaler (SPIRIVA equiv) | - | NC |
| TUDORZA PRESSAIR INHALER | - | NC |
| LEUKOTRIENE MODULATORS | | |
| montelukast chew tab (SINGULAIR equiv) | - | 1 |
| montelukast tab (SINGULAIR equiv) | - | 1 |
| montelukast granule pack (SINGULAIR equiv) | - | 2 |
| zafirlukast tab (ACCOLATE equiv) | - | 2 |
| ACCOLATE TAB | - | NC |
| SINGULAIR CHEW TAB | - | NC |
| SINGULAIR GRANULE PACK | - | NC |
| SINGULAIR TAB | - | NC |

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| zileuton ER tab (ZYFLO CR equiv) | - | NC |
| ZYFLO TAB | - | NC |
| PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS | | |
| OHTUVAYRE SUSP | - | NC |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| roflumilast tab | - | 1 |
| DALIRESP TAB | - | NC |
| STEROID INHALANTS | | |
| budesonide inh susp (PULMICORT equiv) | - | 1 |
| ALVESCO INHALER | - | 2 |
| ARNUIITY ELLIPTA INHALER | - | 2 |
| ASMANEX HFA INHALER | - | 2 |
| ASMANEX INHALER | - | 2 |
| FLUTICASONE HFA INHALER | - | 2 |
| QVAR REDIHALER | - | 2 |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | - | NC |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | - | NC |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | - | NC |
| FLOVENT DISKUS INHALER | - | NC |
| FLOVENT HFA INHALER | - | NC |
| FLUTICASONE DISKUS INHALER | - | NC |
| FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100MCG/ACT | - | NC |
| FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200MCG/ACT | - | NC |
| FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50MCG/ACT | - | NC |
| FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT | - | NC |
| FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT | - | NC |
| FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT | - | NC |
| PULMICORT FLEXHALER | - | NC |
| PULMICORT INH SUSP | - | NC |
| QVAR AERO | - | NC |
| SYMPATHOMIMETICS | | |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | 1 |
| albuterol neb soln | - | 1 |
| ALBUTEROL NEBULIZER SOLN | - | 1 |
| albuterol sulfate syrup | - | 1 |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT | - | 1 |
| FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT | - | 1 |
| FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT | - | 1 |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 |
| ADVAIR HFA INHALER | - | 2 |
| albuterol sulfate tab | - | 2 |
| ANORO ELLIPTA INHALER | - | 2 |
| arformoterol tartrate neb soln (BROVANA equiv) | - | 2 |
| BREO ELLIPTA INHALER | - | 2 |

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| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| BREO ELLIPTA INHALER 50-25 MCG/ACT | - | 2 |
| BREZTRI AEROSPHERE INHALER | - | 2 |
| budesonide/formoterol inhaler (SYMBICORT equiv) | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| DULERA INHALER | - | 2 |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | 2 |
| FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT | - | 2 |
| FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT | - | 2 |
| FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT | - | 2 |
| FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT | - | 2 |
| FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT | - | 2 |
| levalbuterol neb soln (XOPENEX equiv) | - | 2 |
| STIOLTO INHALER | - | 2 |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 2 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 3 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product) | QL-ST | 3 |
| ADVAIR DISKUS INHALER | - | NC |
| AIRDUO POWDER INHALER W/SENSOR | - | NC |
| AIRDUO RESPICLICK | - | NC |
| AIRSUPRA INH | - | NC |
| ALBUTEROL HFA INHALER | - | NC |
| BEVESPI AEROSPHERE INHALER | - | NC |
| BROVANA NEB SOLN | - | NC |
| DUAKLIR INHALER | - | NC |
| PERFOROMIST NEB SOLN | - | NC |
| SEREVENT DISKUS INHALER | - | NC |
| SYMBICORT INHALER | - | NC |
| UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT | - | NC |
| XOPENEX NEB SOLN | - | NC |

XANTHINES

| | | |
|---|---|---|
| theophylline ER tab (UNIPHYL equiv) | - | 1 |
| theophylline soln | - | 1 |
| ELIXOPHYLLIN ELIXIR | - | 2 |
| theophylline er tab (THEOPHYLLINE ER equiv) | - | 2 |
| THEOPHYLLINE TAB ER | - | 2 |

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

| | | |
|-------------------------------|---|----|
| warfarin tab (COUMADIN equiv) | - | 1 |
| COUMADIN TAB | - | NC |

DIRECT FACTOR XA INHIBITORS

| | | |
|--|----|---|
| rivaroxaban for susp (XARELTO equiv) | - | 1 |
| rivaroxaban tab 2.5mg (XARELTO equiv) (QL= 2 tabs/day) | QL | 1 |

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| ANTICOAGULANTS Cont. | | |
| ELIQUIS SPRINKLE CAP | - | 2 |
| ELIQUIS TAB FOR ORAL SUSP | - | 2 |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 |
| XARELTO STARTER PACK | - | 2 |
| XARELTO SUSP | - | 2 |
| XARELTO TAB | - | 2 |
| SAVAYSA TAB | - | NC |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| heparin inj | PA | 1 |
| enoxaparin inj (LOVENOX equiv) | - | 2 |
| fondaparinux inj (ARIXTRA equiv) | - | 2 |
| FRAGMIN INJ | - | 3 |
| ARIXTRA INJ | - | NC |
| LOVENOX INJ | - | NC |
| THROMBIN INHIBITORS | | |
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 2 |
| PRADAXA CAP | - | NC |
| PRADAXA PELLETT PACK | - | NC |
| ANTICONVULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA TAB | - | NC |
| FYCOMPA SUSP | - | NC |
| perampanel susp (FYCOMPA equiv) | - | NC |
| perampanel tab (FYCOMPA equiv) | - | NC |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| clobazam tab (ONFI equiv) | - | 1 |
| clonazepam tab (KLONOPIN equiv) | - | 1 |
| clobazam susp (ONFI equiv) (Prior Authorization required for members age 7 years and older) | PA | 2 |
| diazepam rectal gel (QL= 2 packs/fill) | QL | 2 |
| MIDAZOLAM INJ (QL= 1 inj/fill) | QL | 2 |
| clonazepam ODT (KLONOPIN equiv) | - | 3 |
| NAYZILAM SPRAY (QL= 4 doses/fill) | QL | 3 |
| VALTOCO NASAL SPRAY (QL= 5 doses/fill) | QL | 3 |
| DIASTAT ACDL GEL | - | NC |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | NC |
| KLONOPIN TAB | - | NC |
| LIBERVANT FILM | - | NC |
| ONFI SUSP | - | NC |
| ONFI TAB | - | NC |
| SYMPAZAN ORAL FILM | - | NC |
| ANTICONVULSANTS - MISC. | | |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 |
| carbamazepine susp (TEGRETOL equiv) | - | 1 |
| carbamazepine tab (TEGRETOL equiv) | - | 1 |
| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day) | QL | 1 |

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| ANTICONVULSANTS Cont. | | |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 |
| lacosamide oral solution (VIMPAT equiv) | - | 1 |
| lacosamide tab (VIMPAT equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day) | QL | 1 |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |
| zonisamide cap (ZONEGRAN equiv) | - | 1 |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day) | QL | 2 |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | 2 |
| rufinamide susp (BANZEL equiv) | PA | 2 |
| rufinamide tab (BANZEL TAB equiv) | PA | 2 |
| EPRONTIA SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 |
| lamotrigine starter kit (LAMICTAL STARTER KIT equiv) | - | 3 |
| topiramate oral soln (EPRONTIA equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 |
| ZONISADE SUSP (Prior Authorization required for members age 9 years and older) | PA | 3 |
| DIACOMIT CAP | PA-SP | 4 |
| DIACOMIT POWDER PACK | PA-SP | 4 |
| EPIDIOLEX SOLN | PA-SP | 4 |
| FINTEPLA SOLN (QL= 12ml/day) | PA-QL-SP | 4 |
| ZTALMY SUSP (QL= 1100ml/30 days) | PA-QL-SP | 4 |
| APTiom TAB | - | NC |
| BANZEL SUSP | - | NC |
| BANZEL TAB | - | NC |
| brivaracetam inj (BRIVIACT equiv) | - | NC |
| brivaracetam oral soln 10mg/ml (BRIVIACT equiv) | - | NC |
| brivaracetam tab (BRIVIACT equiv) | - | NC |
| BRIVIACT INJ | - | NC |
| BRIVIACT SOLN 10MG/ML | - | NC |
| BRIVIACT TAB | - | NC |
| CARBAMAZEPINE CHEW TAB | - | NC |
| CARBATROL CAP | - | NC |

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|--|--------------|------|
| ANTICONVULSANTS Cont. | | |
| ELEPSIA XR TAB | - | NC |
| eslicarbazepine acetate tab (APTiom equiv) | - | NC |
| GABARONE TAB | - | NC |
| KEPPRA SOLN | - | NC |
| KEPPRA TAB | - | NC |
| KEPPRA XR TAB | - | NC |
| LAMICTAL CHEW TAB | - | NC |
| LAMICTAL STARTER KIT | - | NC |
| LAMICTAL TAB | - | NC |
| LAMICTAL XR TAB | - | NC |
| lamotrigine ODT (LAMICTAL equiv) | - | NC |
| lamotrigine ODT kit (LAMICTAL equiv) | - | NC |
| LEVETIRACETAM TAB FOR ORAL SUSP, SPRITAM TAB FOR ORAL SUSP | - | NC |
| LYRICA CAP | - | NC |
| LYRICA CAP 225MG | - | NC |
| LYRICA CAP 300MG | - | NC |
| LYRICA SOLN | - | NC |
| MOTPOLY XR CAP | - | NC |
| MYSOLINE TAB | - | NC |
| NEURONTIN CAP | - | NC |
| NEURONTIN SOLN | - | NC |
| NEURONTIN TAB 600MG | - | NC |
| NEURONTIN TAB 800MG | - | NC |
| oxcarbazepine er tab (OXTELLAR equiv) | - | NC |
| OXTELLAR XR TAB | - | NC |
| PRIMIDONE TAB | - | NC |
| QUDEXY XR CAP | - | NC |
| SUBVENITE SUSP | - | NC |
| TEGRETOL SUSP | - | NC |
| TEGRETOL TAB | - | NC |
| TEGRETOL XR TAB | - | NC |
| TOPAMAX SPRINKLE CAP | - | NC |
| TOPAMAX TAB | - | NC |
| topiramate ER cap (QUDEXY equiv) | - | NC |
| topiramate er cap (TROKENDI XR equiv) | - | NC |
| TRILEPTAL SUSP | - | NC |
| TRILEPTAL TAB | - | NC |
| TROKENDI XR CAP | - | NC |
| VIMPAT SOLN | - | NC |
| VIMPAT TAB | - | NC |
| ZONEGRAN CAP | - | NC |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | 2 |
| felbamate tab (FELBATOL equiv) | - | 2 |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 |

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| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 25MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 |
| FELBATOL SUSP | - | NC |
| FELBATOL TAB | - | NC |
| GABA MODULATORS | | |
| vigabatrin powder pack (SABRIL POWDER equiv) | PA-SP | 1 |
| vigabatrin tab (SABRIL equiv) | PA-SP | 1 |
| TIAGABINE TAB | - | 2 |
| tiagabine tab (GABITRIL equiv) | - | 2 |
| vigadrone powder pack | PA-SP | 4 |
| GABITRIL TAB | - | NC |
| SABRIL TAB | - | NC |
| VIGAFYDE SOLN | - | NC |
| HYDANTOINS | | |
| phenytoin cap (DILANTIN equiv) | - | 1 |
| phenytoin susp (DILANTIN equiv) | - | 1 |
| DILANTIN CAP 30MG | - | 2 |
| phenytoin chew tab (DILANTIN equiv) | - | 2 |
| DILANTIN CAP 100MG | - | NC |
| DILANTIN INFATABS | - | NC |
| DILANTIN SUSP | - | NC |
| SUCCINIMIDES | | |
| ethosuximide soln (ZARONTIN equiv) | - | 1 |
| ethosuximide cap (ZARONTIN equiv) | - | 2 |
| methsuximide cap (CELONTIN equiv) | - | 2 |
| CELONTIN CAP | - | NC |
| ZARONTIN CAP | - | NC |
| ZARONTIN SOLN | - | NC |
| VALPROIC ACID | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 |
| valproic acid cap (DEPAKENE equiv) | - | 1 |
| valproic acid syrup (DEPAKENE equiv) | - | 1 |
| DEPACON INJ | - | NC |
| DEPAKENE CAP | - | NC |
| DEPAKENE SYRUP | - | NC |
| DEPAKOTE ER TAB | - | NC |
| DEPAKOTE SPRINKLE CAP | - | NC |
| DEPAKOTE TAB | - | NC |
| STAVZOR CAP | - | NC |

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| valproate inj (DEPACON equiv) | - | NC |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | 1 |
| mirtazapine tab (REMERON equiv) | - | 1 |
| REMERON SOLUTAB | - | NC |
| REMERON TAB | - | NC |
| ANTIDEPRESSANT COMBINATIONS | | |
| AUVELITY TAB | - | NC |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 |
| bupropion tab (WELLBUTRIN equiv) | - | 1 |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 |
| APLENZIN TAB | - | NC |
| BUPROPION XL TAB, FORFIVO XL TAB | - | NC |
| WELLBUTRIN SR TAB | - | NC |
| WELLBUTRIN XL TAB | - | NC |
| GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID | | |
| ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days) | PA-QL-SP | 4 |
| ZURZUVAE CAP 30MG (QL= 14 caps/365 days) | PA-QL-SP | 4 |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| PHENELZINE SULFATE TAB | - | 1 |
| phenelzine tab (NARDIL equiv) | - | 1 |
| MARPLAN TAB | - | 2 |
| tranylcypromine tab (PARNATE equiv) | - | 2 |
| EMSAM PATCH | - | 3 |
| NARDIL TAB 15MG | - | 3 |
| PARNATE TAB | - | NC |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| citalopram soln (CELEXA equiv) | - | 1 |
| citalopram tab (CELEXA equiv) | - | 1 |
| escitalopram tab (LEXAPRO equiv) | - | 1 |
| fluoxetine cap (PROZAC equiv) | - | 1 |
| fluoxetine soln (PROZAC equiv) | - | 1 |
| fluoxetine tab (PROZAC equiv) | - | 1 |
| fluvoxamine tab (LUVOX equiv) | - | 1 |
| paroxetine tab (PAXIL equiv) | - | 1 |
| sertraline conc (ZOLOFT equiv) | - | 1 |
| sertraline tab (ZOLOFT equiv) | - | 1 |
| escitalopram soln (LEXAPRO equiv) | - | 2 |
| fluvoxamine ER cap (LUVOX CR equiv) | - | 2 |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 |
| PAROXETINE SUSP | - | 3 |
| CELEXA TAB | - | NC |

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| ANTIDEPRESSANTS Cont. | | |
| CITALOPRAM CAP | - | NC |
| citalopram hydrobromide cap | - | NC |
| ESCITALOPRAM CAP | - | NC |
| FLUOXETINE TAB | - | NC |
| fluoxetine weekly cap (PROZAC equiv) | - | NC |
| LEXAPRO TAB | - | NC |
| PAXIL CR TAB | - | NC |
| PAXIL ORAL SUSP | - | NC |
| PAXIL TAB | - | NC |
| PEXEVA TAB | - | NC |
| PROZAC CAP | - | NC |
| PROZAC WEEKLY CAP | - | NC |
| SERTRALINE CAP | - | NC |
| sertraline hcl cap | - | NC |
| ZOLOFT CONC | - | NC |
| ZOLOFT TAB | - | NC |
| SEROTONIN MODULATORS | | |
| trazodone tab (DESYREL equiv) | - | 1 |
| vilazodone hcl tab (VIIBRYD equiv) | - | 1 |
| EXXUA TAB/EXXUA TITRATION PACK | - | NC |
| NEFAZODONE TAB | - | NC |
| RALDESY SOLN | - | NC |
| trazodone tab 300mg (DESYREL equiv) | - | NC |
| TRINTELLIX TAB | - | NC |
| VIIBRYD STARTER KIT | - | NC |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 |
| venlafaxine tab (EFFEXOR equiv) | - | 1 |
| CYMBALTA CAP | - | NC |
| DESVENLAFAXINE ER TAB | - | NC |
| DRIZALMA DR CAP | - | NC |
| duloxetine cap 40mg (IRENKA equiv) | - | NC |
| EFFEXOR XR CAP | - | NC |
| FETZIMA CAP | - | NC |
| FETZIMA TITRATION PACK | - | NC |
| PRISTIQ TAB | - | NC |
| venlafaxine ER tab | - | NC |
| VENLAFAXINE TAB | - | NC |
| TRICYCLIC AGENTS | | |
| amitriptyline tab (ELAVIL equiv) | - | 1 |
| amoxapine tab (AMOXAPINE equiv) | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |

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| ANTIDEPRESSANTS Cont. | | |
| DOXEPIN HCL CONC | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |
| desipramine tab (NORPRAMIN equiv) | - | 2 |
| clomipramine cap (ANAFRANIL equiv) | - | 3 |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 3 |
| protriptyline tab (VIVACTIL equiv) | - | 3 |
| trimipramine cap (SURMONTIL equiv) | - | 3 |
| ANAFRANIL CAP | - | NC |
| NORPRAMIN TAB | - | NC |
| PAMELOR CAP | - | NC |
| SURMONTIL CAP | - | NC |
| TOFRANIL TAB | - | NC |

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

| | | |
|-------------------------------|---|----|
| acarbose tab (PRECOSE equiv) | - | 1 |
| MIGLITOL TAB | - | 3 |
| miglitol tab (MIGLITOL equiv) | - | 3 |
| PRECOSE TAB | - | NC |

ANTIDIABETIC - AMYLIN ANALOGS

| | | |
|---------------|---|----|
| SYMLINPEN INJ | - | NC |
|---------------|---|----|

ANTIDIABETIC COMBINATIONS

| | | |
|---|----|----|
| glipizide/metformin tab (METAGLIP equiv) | - | 1 |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 |
| SOLIQUA INJ (QL= 15ml/25 days) | QL | 2 |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 10-1000MG (QL= 1 tab/day) | QL | 2 |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 |
| XULTOPHY INJ (QL= 15ml/30 days) | QL | 2 |
| ACTOPLUS MET TAB | - | NC |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | - | NC |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | - | NC |
| ALOGLIPTIN-METFORMIN TAB | - | NC |

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| ANTIDIABETICS Cont. | | |
| ALOGLIPTIN-PIOGILTAZONE TAB | - | NC |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG | - | NC |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG | - | NC |
| DUETACT TAB | - | NC |
| INVOKAMET TAB | - | NC |
| INVOKAMET XR TAB | - | NC |
| KOMBIGLYZE XR TAB | - | NC |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | NC |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | NC |
| PRANDIMET TAB | - | NC |
| QTERN TAB | - | NC |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) | - | NC |
| SEGLUROMET TAB | - | NC |
| SITAGLIPTIN/METFORMIN TAB | - | NC |
| STEGLUJAN TAB | - | NC |
| ZITUVIMET XR TAB | - | NC |
| BIGUANIDES | | |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 |
| metformin tab (GLUCOPHAGE equiv) | - | 1 |
| metformin soln (RIOMET equiv) | - | 3 |
| FORTAMET TAB | - | NC |
| GLUCOPHAGE TAB | - | NC |
| GLUCOPHAGE XR TAB | - | NC |
| GLUMETZA TAB 1000MG | - | NC |
| GLUMETZA TAB 500MG | - | NC |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC |
| metformin ER osmotic tab (GLUMETZA equiv) | - | NC |
| metformin hcl tab 625MG | - | NC |
| metformin hcl tab 750MG | - | NC |
| METFORMIN TAB | - | NC |
| RIOMET SOLN | - | NC |
| DIABETIC OTHER | | |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 |
| glucagon (rdna) for inj kit (QL= 2 inj/fill) | QL | 2 |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ KIT (QL= 2 inj/fill) | QL | 2 |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 |
| ZEGALOGUE INJ (QL= 2 inj/fill) | QL | 2 |
| diazoxide susp (PROGLYCEM equiv) | - | 3 |
| GLUCAGON INJ KIT | - | NC |
| KORLYM TAB | - | NC |
| PROGLYCEM SUSP | - | NC |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA TAB (QL= 1 tab/day) | QL | 2 |

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| ANTIDIABETICS Cont. | | |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 |
| ALOGLIPTIN TAB | - | NC |
| ALOGLIPTIN TAB, NESINA TAB | - | NC |
| BRYNOVIN SOLN | - | NC |
| ONGLYZA TAB | - | NC |
| saxagliptin hcl tab (ONGLYZA equiv) | - | NC |
| ZITUVIO TAB | - | NC |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC | | |
| CYCLOSET TAB | - | 3 |
| INCRETIN MIMETIC AGENTS | | |
| liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 |
| VICTOZA INJ | - | NC |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81)) | QL-RDX | 2 |
| BYDUREON BCISE AUTO INJ | - | NC |
| BYDUREON INJ | - | NC |
| BYDUREON PEN INJ | - | NC |
| EXENATIDE INJ (BYETTA INJ EQUIV) | - | NC |
| TANZEUM INJ | - | NC |
| INSULIN | | |
| HUMALOG INJ | - | 1 |
| HUMALOG JR KWIKPEN INJ | - | 1 |
| HUMALOG KWIKPEN INJ | - | 1 |
| HUMALOG MIX INJ | - | 1 |
| HUMALOG MIX KWIKPEN INJ | - | 1 |
| HUMALOG PEN INJ | - | 1 |
| HUMULIN MIX INJ | OTC | 1 |
| HUMULIN MIX PEN INJ | OTC | 1 |
| HUMULIN N INJ | OTC | 1 |
| HUMULIN N PEN INJ | OTC | 1 |
| HUMULIN R INJ | OTC | 1 |
| INSULIN LISPRO INJ (HUMALOG equiv) | - | 1 |
| INSULIN LISPRO JR KWIKPEN INJ | - | 1 |
| INSULIN LISPRO KWIKPEN INJ | - | 1 |
| INSULIN LISPRO PROTAMINE PEN INJ (HUMALOG equiv) | - | 1 |
| LANTUS INJ | - | 1 |
| LANTUS SOLOSTAR INJ | - | 1 |
| LYUMJEV INJ | - | 1 |
| LYUMJEV KWIKPEN INJ | - | 1 |
| HUMULIN R INJ U-500 | - | 2 |

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| HUMULIN R U-500 KWIKPEN INJ | - | 2 |
| INSULIN GLARGINE SOLN PEN-INJ | - | 2 |
| LEVEMIR FLEXTOUCH INJ | - | 2 |
| LEVEMIR INJ | - | 2 |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ | - | 2 |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN | - | 2 |
| TOUJEO MAX SOLOSTAR INJ | - | 2 |
| TOUJEO SOLOSTAR INJ | - | 2 |
| TRESIBA FLEXTOUCH INJ | - | 2 |
| TRESIBA INJ | - | 2 |
| ADMELOG INJ | - | NC |
| ADMELOG SOLOSTAR, HUMALOG TEMPO PEN | - | NC |
| APIDRA INJ | - | NC |
| APIDRA SOLOSTAR INJ | - | NC |
| BASAGLAR INJ, INSULIN GLARGINE SOLOSTAR INJ | - | NC |
| DEGLUDEC FLEXTOUCH INJ | - | NC |
| DEGLUDEC INJ | - | NC |
| FIASP FLEXTOUCH INJ | - | NC |
| FIASP INJ | - | NC |
| FIASP PENFILL INJ, FIASP PUMP CARTRIDGE | - | NC |
| HUMALOG TEMPO PEN | - | NC |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART PENFILL INJ | - | NC |
| INSULIN GLARGINE INJ | - | NC |
| INSULIN GLARGINE-YFGN (SINGLE PEN) | - | NC |
| INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML | - | NC |
| KIRSTY INJ | - | NC |
| LYUMJEV TEMPO PEN | - | NC |
| LYUMJEV TEMPO PEN INJ | - | NC |
| MERILOG INJ | - | NC |
| MERILOG SOLOSTAR INJ | - | NC |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | NC |
| NOVOLIN 70/30 FLEXPEN RELION INJ | OTC | NC |
| NOVOLIN 70/30 INJ | OTC | NC |
| NOVOLIN 70/30 RELION INJ | OTC | NC |
| NOVOLIN N FLEXPEN INJ | OTC | NC |
| NOVOLIN N INJ | OTC | NC |
| NOVOLIN N RELION 100UNIT/ML | OTC | NC |
| NOVOLIN R FLEXPEN INJ | OTC | NC |
| NOVOLIN R INJ | OTC | NC |
| NOVOLIN R RELION INJ | OTC | NC |
| NOVOLOG FLEXPEN INJ | - | NC |
| NOVOLOG FLEXPEN RELION INJ | - | NC |

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| NOVOLOG INJ | - | NC |
| NOVOLOG MIX FLEXPEN INJ | - | NC |
| NOVOLOG MIX INJ | - | NC |
| NOVOLOG PENFILL INJ | - | NC |
| REZVOGLAR INJ | - | NC |
| SEMGLEE INJ (SINGLE PEN) | - | NC |
| SEMGLEE SOLN | - | NC |
| INSULIN SENSITIZING AGENTS | | |
| pioglitazone tab (ACTOS equiv) | - | 1 |
| ACTOS TAB | - | NC |
| MEGLITINIDE ANALOGUES | | |
| repaglinide tab (PRANDIN equiv) | - | 1 |
| nateglinide tab (STARLIX equiv) | - | 2 |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 |
| BEXAGLIFLOZN TAB | - | NC |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG | - | NC |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG | - | NC |
| INVOKANA TAB | - | NC |
| STEGLATRO TAB | - | NC |
| SULFONYLUREAS | | |
| glimepiride tab (AMARYL equiv) | - | 1 |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 |
| glipizide tab (GLUCOTROL equiv) | - | 1 |
| GLYBURID MCR TAB | - | 1 |
| glyburide tab (MICRONASE equiv) | - | 1 |
| AMARYL TAB | - | NC |
| GLIMEPIRIDE TAB | - | NC |
| GLIPIZIDE TAB 2.5MG | - | NC |
| GLUCOTROL TAB | - | NC |
| GLUCOTROL XL TAB | - | NC |
| GLYNASE TAB | - | NC |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIPERISTALTIC AGENTS | | |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 3 |
| OPIUM TINCTURE | - | 3 |
| loperamide hcl soln (LOPERAMIDE equiv) | OTC | NC |
| ANTIDIARRHEALS | | |
| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS | | |
| MYTESI TAB | - | NC |
| ANTIDIARRHEAL AGENTS - MISC. | | |
| REZYST CHEW TAB | - | NC |
| VSL #3 CAP | - | NC |

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| ANTIDIARRHEALS Cont. | | |
| ANTIDIARRHEAL COMBINATIONS | | |
| EVIVO LIQUID | - | NC |
| ANTIPERISTALTIC AGENTS | | |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 |
| LOMOTIL TAB | - | NC |
| loperamide cap (IMODIUM equiv) | - | NC |
| PAREGORIC TINCTURE | - | NC |
| ANTIDOTES | | |
| ANTIDOTES | | |
| VISTOGARD PAK | - | NC |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | 2 |
| FERRIPROX SOLN | PA-SP | 4 |
| OPIOID ANTAGONISTS | | |
| naltrexone tab (REVIA equiv) | - | 1 |
| VIVITROL INJ | SP | 4 |
| EVZIO INJ | - | NC |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| deferasirox granules packet (JADENU equiv) | SP | 1 |
| deferasirox tab (JADENU equiv) | SP | 1 |
| deferasirox tab for oral susp (EXJADE equiv) | SP | 1 |
| deferiprone tab (FERRIPROX equiv) | PA-SP | 1 |
| JADENU SPRINKLE | - | NC |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| CETYLEV TAB | - | NC |
| OPIOID ANTAGONISTS | | |
| naloxone hcl nasal spray (NARCAN equiv) | OTC | 1 |
| naloxone inj | - | 1 |
| naloxone prefilled inj | - | 1 |
| RIVIVE, REXTOVY SPRAY | OTC | 1 |
| KLOXXADO NASAL SPRAY | - | 2 |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 |
| OPVEE NASAL SPRAY | - | 2 |
| ZIMHI SOLN | - | 2 |
| ZURNAI INJ | - | 2 |
| EVZIO INJ | - | NC |
| NARCAN NASAL SPRAY | OTC | NC |
| REZENOPY SPRAY 10MG/0.11ML | - | NC |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 |

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| ondansetron soln (ZOFTRAN equiv) | - | 1 |
| ondansetron tab (ZOFTRAN equiv) | - | 1 |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 |
| KYTRIL TAB | - | NC |
| ONDANSETRON TAB | - | NC |
| ONDANSETRON TAB ODT | - | NC |
| SUSTOL INJ | - | NC |
| ZOFTRAN ODT | - | NC |
| ZOFTRAN SOLN | - | NC |
| ZOFTRAN TAB | - | NC |
| ZUPLENZ SL FILM | - | NC |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| trimethobenzamide cap (TIGAN equiv) | - | 1 |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 2 |
| meclizine tab (ANTIVERT equiv) | - | NC |
| TIGAN CAP | - | NC |
| TRANSDERM-SCOP PATCH | - | NC |
| ANTIEMETICS - MISCELLANEOUS | | |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| dronabinol cap (MARINOL equiv) | PA | 2 |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC |
| MARINOL CAP | - | NC |
| SYNDROS SOLN | - | NC |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| EMEND CAP | - | NC |
| EMEND PAK | - | NC |
| EMEND SUSP | - | NC |
| VARUBI TAB | - | NC |
| ANTIFUNGALS | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) | | |
| BREXAFEMME TAB | - | NC |
| ANTIFUNGALS | | |
| nystatin tab | - | 1 |
| terbinafine tab (LAMISIL equiv) | - | 1 |
| flucytosine cap (ANCOBON equiv) | - | 2 |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 |
| ANCOBON CAP | - | NC |
| FULVICIN P/G TAB | - | NC |
| FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB | - | NC |
| GRIS-PEG TAB | - | NC |
| LAMISIL TAB | - | NC |
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| ANTIFUNGALS Cont. | | |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| fluconazole susp (DIFLUCAN equiv) | - | 1 |
| fluconazole tab (DIFLUCAN equiv) | - | 1 |
| ketoconazole tab (NIZORAL equiv) | - | 1 |
| itraconazole cap (SPORANOX equiv) | - | 2 |
| voriconazole tab (VFEND equiv) | - | 2 |
| itraconazole soln (SPORANOX equiv) | PA | 3 |
| NOXAFIL PAK | - | 3 |
| posaconazole DR tab (NOXAFIL equiv) | - | 3 |
| posaconazole susp (NOXAFIL equiv) | - | 3 |
| voriconazole susp (VFEND equiv) | - | 3 |
| CRESEMBA CAP | - | NC |
| DIFLUCAN SUSP | - | NC |
| DIFLUCAN TAB | - | NC |
| NOXAFIL SUSP | - | NC |
| NOXAFIL TAB | - | NC |
| SPORANOX CAP | - | NC |
| SPORANOX SOLN | - | NC |
| TOLSURA CAP | - | NC |
| VFEND SUSP | - | NC |
| VFEND TAB | - | NC |
| VIVJOA CAP | - | NC |

ANTIHISTAMINES

| | | |
|---------------------------------------|-----|----|
| ANTIHISTAMINES - ALKYLAMINES | | |
| CORPHENA ORAL SOLN, RYCLORA ORAL SOLN | - | NC |
| MICLARA LIQUID | OTC | NC |

| | | |
|---------------------------------------|---|----|
| ANTIHISTAMINES - ETHANOLAMINES | | |
| CARBINOXAMINE SOLN | - | 3 |
| carbinoxamine tab (PALGIC equiv) | - | 3 |
| carbinoxamine maleate tab 6mg | - | NC |
| CARBZAH SOLN 4MG/5ML | - | NC |
| CLEMASTINE SYRUP | - | NC |
| CLEMASTINE TAB | - | NC |
| CLEMASTINE TAB, CLEMASZ TAB | - | NC |
| diphenhydramine inj (BENADRYL equiv) | - | NC |
| KARBINAL ER SUSP | - | NC |

| | | |
|--------------------------------------|-----|-----|
| ANTIHISTAMINES - NON-SEDATING | | |
| CLARINEX SYRUP | - | EXC |
| CLARINEX TAB | - | EXC |
| CLARITIN CAP | OTC | EXC |
| CLARITIN CHEW TAB | OTC | EXC |
| DESLORATADINE ODT | - | EXC |
| DESLORATADINE SOLN | - | EXC |
| desloratadine tab (CLARINEX equiv) | - | EXC |
| levocetirizine soln (XYZAL equiv) | - | EXC |

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| ANTIHISTAMINES Cont. | | | | | | | | | | | | | | | | | | | | |
| levocetirizine tab (XYZAL equiv) | - | EXC | | | | | | | | | | | | | | | | | | |
| loratadine cap (CLARITIN equiv) | OTC | EXC | | | | | | | | | | | | | | | | | | |
| XYZAL SOLN | - | EXC | | | | | | | | | | | | | | | | | | |
| XYZAL TAB | - | EXC | | | | | | | | | | | | | | | | | | |
| ZYRTEC CHILD CHEW ALLERGY | OTC | NC | | | | | | | | | | | | | | | | | | |
| ANTIHISTAMINES - PHENOTHAZINES | | | | | | | | | | | | | | | | | | | | |
| promethazine syrup | - | 1 | | | | | | | | | | | | | | | | | | |
| promethazine tab (PHENERGAN equiv) | - | 1 | | | | | | | | | | | | | | | | | | |
| promethazine supp (PHENERGAN equiv) | - | 2 | | | | | | | | | | | | | | | | | | |
| PROMETHEGAN SUPP | - | 2 | | | | | | | | | | | | | | | | | | |
| ANTIHISTAMINES - PIPERIDINES | | | | | | | | | | | | | | | | | | | | |
| cyproheptadine syrup | - | 1 | | | | | | | | | | | | | | | | | | |
| cyproheptadine tab | - | 1 | | | | | | | | | | | | | | | | | | |
| ANTIHYPERLIPIDEMICS | | | | | | | | | | | | | | | | | | | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | | | | | | | | | | | | | | | | | | | |
| NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | | | | | | | | | | | | | | | | | | |
| ANTIHYPERLIPIDEMICS - COMBINATIONS | | | | | | | | | | | | | | | | | | | | |
| NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | | | | | | | | | | | | | | | | | | |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 3 | | | | | | | | | | | | | | | | | | |
| EZETIMIBE/ATORVASTATIN TAB | - | NC | | | | | | | | | | | | | | | | | | |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage) | - | NC | | | | | | | | | | | | | | | | | | |
| OMEGA-3 RX PAK COMPLETE | - | NC | | | | | | | | | | | | | | | | | | |
| ROSZET TAB | - | NC | | | | | | | | | | | | | | | | | | |
| ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB | - | NC | | | | | | | | | | | | | | | | | | |
| VYTORIN TAB | - | NC | | | | | | | | | | | | | | | | | | |
| ANTIHYPERLIPIDEMICS - MISC. | | | | | | | | | | | | | | | | | | | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 | | | | | | | | | | | | | | | | | | |
| icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day) | QL | 2 | | | | | | | | | | | | | | | | | | |
| KYNAMRO INJ | - | NC | | | | | | | | | | | | | | | | | | |
| LOVAZA CAP | - | NC | | | | | | | | | | | | | | | | | | |
| VASCEPA CAP | - | NC | | | | | | | | | | | | | | | | | | |
| BILE ACID SEQUESTRANTS | | | | | | | | | | | | | | | | | | | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 | | | | | | | | | | | | | | | | | | |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 | | | | | | | | | | | | | | | | | | |
| cholestyramine powder (QUESTRAN equiv) | - | 1 | | | | | | | | | | | | | | | | | | |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 | | | | | | | | | | | | | | | | | | |
| colestipol tab (COLESTID equiv) | - | 1 | | | | | | | | | | | | | | | | | | |
| colesevelam pack (WELCHOL equiv) | - | 2 | | | | | | | | | | | | | | | | | | |
| colesevelam tab (WELCHOL equiv) | - | 2 | | | | | | | | | | | | | | | | | | |
| colestipol granule (COLESTID equiv) | - | 3 | | | | | | | | | | | | | | | | | | |
| colestipol powder packet (COLESTID equiv) | - | 3 | | | | | | | | | | | | | | | | | | |
| COLESTID GRANULE | - | NC | | | | | | | | | | | | | | | | | | |
| COLESTID POWDER PACK | - | NC | | | | | | | | | | | | | | | | | | |
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| COLESTID TAB | - | NC |
| QUESTRAN LITE POWDER | - | NC |
| QUESTRAN POWDER | - | NC |
| QUESTRAN POWDER PACK | - | NC |
| WELCHOL PACK | - | NC |
| WELCHOL TAB | - | NC |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 |
| gemfibrozil tab (LOPID equiv) | - | 1 |
| FENOFIBRIC TAB | - | 3 |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP | - | NC |
| ANTARA CAP, LOFIBRA CAP | - | NC |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC |
| FENOFIBRATE CAP, LIPOFEN CAP | - | NC |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC |
| LOPID TAB | - | NC |
| TRICOR TAB | - | NC |
| TRIGLIDE TAB | - | NC |
| TRILIPIX CAP | - | NC |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab (LIPITOR equiv) | - | \$0 |
| lovastatin tab (MEVACOR equiv) | - | \$0 |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 |
| rosuvastatin tab (CRESTOR equiv) | - | \$0 |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 |
| fluvastatin cap (LESCOL equiv) | - | 2 |
| ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older) | PA | 3 |
| EZALLOR SPRINKLE CAP (Prior Authorization required for members age 7 years and older) | PA | 3 |
| FLOLIPID SUSP (Prior Authorization required for members age 9 years and older) | PA | 3 |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 |
| ADVICOR TAB | - | NC |
| ALTOPREV TAB | - | NC |
| CRESTOR TAB | - | NC |
| LESCOL XL TAB | - | NC |
| LIPITOR TAB | - | NC |
| LIVALO TAB | - | NC |
| pitavastatin calcium tab (LIVALO equiv) | - | NC |
| SIMCOR TAB | - | NC |
| simvastatin tab 80mg (ZOCOR equiv) | - | NC |
| ZOCOR TAB | - | NC |
| ZOCOR TAB 80MG | - | NC |

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| ZYPITAMAG TAB | - | NC |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| ezetimibe tab (ZETIA equiv) | - | 1 |
| ZETIA TAB | - | NC |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | | |
| JUXTAPID CAP | - | NC |
| NICOTINIC ACID DERIVATIVES | | |
| niacin ER tab (NIASPAN equiv) | - | 1 |
| NIACOR TAB | - | NC |
| NIASPAN ER TAB | - | NC |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 |
| LEROCHOL SOLN | - | NC |
| ANTIHYPERTENSIVES | | |
| ACE INHIBITORS | | |
| benazepril tab (LOTENSIN equiv) | - | 1 |
| captopril tab (CAPOTEN equiv) | - | 1 |
| enalapril tab (VASOTEC equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| moexipril tab (UNIVASC equiv) | - | 1 |
| PERINDOPRIL TAB | - | 1 |
| perindopril tab (ACEON equiv) | - | 1 |
| quinapril tab (ACCUPRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |
| trandolapril tab (MAVIK equiv) | - | 1 |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 |
| QBRELIS SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 |
| ACCUPRIL TAB | - | NC |
| ALTACE CAP | - | NC |
| EPANED SOLN | - | NC |
| LOTENSIN TAB | - | NC |
| MAVIK TAB | - | NC |
| PRINIVIL TAB, ZESTRIL TAB | - | NC |
| VASOTEC TAB | - | NC |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | 2 |
| DEMSEER CAP | - | NC |
| DIBENZYLINE CAP | - | NC |
| metyrosine cap (DEMSEER equiv) | - | NC |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| candesartan tab (ATACAND equiv) | - | 1 |
| irbesartan tab (AVAPRO equiv) | - | 1 |

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| losartan tab (COZAAR equiv) | - | 1 |
| olmesartan tab (BENICAR equiv) | - | 1 |
| telmisartan tab (MICARDIS equiv) | - | 1 |
| valsartan tab (DIOVAN equiv) | - | 1 |
| ARB LI SUSP (QL= 330mL/30 days; Prior Authorization required for members age 7 years and older) | PA-QL | 3 |
| ATACAND TAB | - | NC |
| AVAPRO TAB | - | NC |
| BENICAR TAB | - | NC |
| COZAAR TAB | - | NC |
| DIOVAN TAB | - | NC |
| EDARBI TAB | - | NC |
| MICARDIS TAB | - | NC |
| valsartan oral soln (VALSARTAN equiv) | - | NC |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| clonidine tab (CATAPRES equiv) | - | 1 |
| doxazosin tab (CARDURA equiv) | - | 1 |
| guanfacine IR tab (TENEX equiv) | - | 1 |
| methyldopa tab (ALDOMET equiv) | - | 1 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 |
| METHYLDOPA TAB | - | 3 |
| CARDURA TAB | - | NC |
| CATAPRES-TTS PATCH | - | NC |
| JAVADIN SOLN | - | NC |
| MINIPRESS CAP | - | NC |
| NEXICLON XR TAB | - | NC |
| TEZRULY SOLN | - | NC |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 |
| amlodipine/olmesartan tab (AZOR equiv) | - | 1 |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 1 |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | 1 |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv) | - | 1 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | - | 1 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |

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| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 2 |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | NC |
| AVALIDE TAB | - | NC |
| AZOR TAB | - | NC |
| BENICAR HCT TAB | - | NC |
| BYVALSON TAB | - | NC |
| DIOVAN HCT TAB | - | NC |
| DUTOPROL TAB | - | NC |
| EDARBYCLOR TAB | - | NC |
| EXFORGE TAB | - | NC |
| HYZAAR TAB | - | NC |
| LOTENSIN HCT TAB | - | NC |
| LOTREL CAP | - | NC |
| MICARDIS HCT TAB | - | NC |
| PRESTALIA TAB | - | NC |
| QUINAPRIL/HCTZ TAB | - | NC |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | NC |
| TELMISARTAN/AMLODIPINE TAB | - | NC |
| telmisartan/amlodipine tab (TWINSTA equiv) | - | NC |
| TENORETIC TAB | - | NC |
| TRANDOLAPRIL/VERAPAMIL ER TAB | - | NC |
| TRIBENZOR TAB | - | NC |
| VASERETIC TAB | - | NC |
| ZESTORETIC TAB | - | NC |
| ZIAC TAB | - | NC |
| ANTIHYPERTENSIVES - MISC. | | |
| VECAMYL TAB | - | NC |
| DIRECT RENIN INHIBITORS | | |
| aliskiren tab (TEKTURNA equiv) | - | 2 |
| TEKTURNA TAB | - | NC |
| ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| TRYVIO TAB | - | NC |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPIRA equiv) | - | 1 |
| INSPIRA TAB | - | NC |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | 1 |
| minoxidil tab (LONITEN equiv) | - | 1 |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| metronidazole tab (FLAGYL equiv) | - | 1 |
| tinidazole tab (TINDAMAX equiv) | - | 1 |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 |

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| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| XIFAXAN TAB 550MG (QL= 60 tabs/30 days) | QL | 2 |
| FIRST METRONIDAZOLE SUSP | - | 3 |
| LIKMEZ SUSP (Prior Authorization required for members age 7 years and older) | PA | 3 |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 |
| AEMCOLO TAB | - | NC |
| FLAGYL TAB | - | NC |
| IMPAVIDO CAP | - | NC |
| metronidazole cap (FLAGYL equiv) | - | NC |
| METRONIDAZOLE TAB | - | NC |
| NEBUPENT NEB SOLN | - | NC |
| TINDAMAX TAB | - | NC |
| TRIMETHOPRIM TAB | - | NC |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 |
| BACTRIM DS TAB | - | NC |
| HYOPHEN TAB | - | NC |
| UTA CAP | - | NC |
| ANTIPROTOZOAL AGENTS | | |
| atovaquone susp (MEPRON equiv) | - | 2 |
| LAMPIT TAB | PA | 2 |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 |
| ALINIA TAB | - | NC |
| MEPRON SUSP | - | NC |
| GLYCOPEPTIDES | | |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 |
| FIRVANQ SOLN 25MG/ML | - | NC |
| FIRVANQ SOLN 50MG/ML | - | NC |
| VANCOCIN CAP | - | NC |
| vancomycin hcl soln (VANCOMYCIN equiv) | - | NC |
| VANCOMYCIN ORAL SOLN | - | NC |
| VANCOMYCIN SOLN | - | NC |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 2 |
| CLEOCIN CAP | - | NC |
| CLEOCIN SOLN | - | NC |
| OXAZOLIDINONES | | |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| ZYVOX SUSP | - | NC |
| ZYVOX TAB | - | NC |
| SIVEXTRO INJ | - | NC/3P |

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| ANTI-INFECTIVE AGENTS - MISC. Cont. | | | | | |
| PENEMS | | | | | |
| ORLYNVAH TAB | - | NC | | | |
| POLYMYXINS | | | | | |
| colistimethate inj (COLY-MYCIN M equiv) | - | NC | | | |
| URINARY ANTI-INFECTIVES | | | | | |
| METHENAM MAN TAB | - | 1 | | | |
| methenamine mandelate tab | - | 1 | | | |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 | | | |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | | | |
| methenamine hippurate tab (HIPREX equiv) | - | 2 | | | |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 3 | | | |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 | | | |
| BLUJEPA TAB | - | NC | | | |
| HIPREX TAB | - | NC | | | |
| MACROBID CAP | - | NC | | | |
| MACRODANTIN CAP | - | NC | | | |
| MONUROL GRANULE PACK | - | NC | | | |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | NC | | | |
| NITROFURANTOIN SUSP | - | NC | | | |
| ANTIMALARIALS | | | | | |
| ANTIMALARIAL COMBINATIONS | | | | | |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 | | | |
| MALARONE TAB | - | NC | | | |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC | | | |
| ANTIMALARIALS | | | | | |
| CHLOROQUINE TAB | - | 1 | | | |
| chloroquine tab (ARALEN equiv) | - | 1 | | | |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 | | | |
| primaquine tab (PRIMAQUINE equiv) | - | 1 | | | |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day) | QL-SP | 1 | | | |
| KRINTAFEL TAB | - | 2 | | | |
| mefloquine tab (LARIAM equiv) | - | 2 | | | |
| ARAKODA TAB | - | 3 | | | |
| PLAQUENIL TAB | - | NC | | | |
| PRIMAQUINE TAB | - | NC | | | |
| QUALAQUIN CAP | - | NC | | | |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC | | | |
| SOVUNA TAB | - | NC | | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | | | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | | | | |
| pyridostigmine tab (MESTINON equiv) | - | 1 | | | |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 | | | |
| pyridostigmine soln (MESTINON equiv) | - | 3 | | | |
| FIRDAPSE TAB | PA-SP | 4 | | | |
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| ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont. | | |
| MESTINON SYRUP | - | NC |
| MESTINON TAB | - | NC |
| MESTINON TIMESPAN TAB | - | NC |
| PYRIDOSTIGMINE TAB 30MG | - | NC |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTIMYCOBACTERIAL AGENTS | | |
| isoniazid tab | - | 1 |
| pyrazinamide tab | - | 1 |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 |
| PRETOMANID TAB (QL= 1 tab/day) | PA-QL | 2 |
| PRIFTIN TAB | - | 2 |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 |
| rifampin cap (RIFADIN equiv) | - | 2 |
| isoniazid syrup (ISONIAZID equiv) | - | 3 |
| CYCLOSERINE CAP | - | NC |
| MYAMBUTOL TAB | - | NC |
| MYCOBUTIN CAP | - | NC |
| RIFADIN CAP | - | NC |
| SIRTURO TAB | - | NC |
| TRECTOR TAB | - | NC |
| ANTINEOPLASTICS | | |
| ANTINEOPLASTICS MISC. | | |
| tretinoin cap (VESANOID equiv) | SP | 1 |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN CAP | SP | 4 |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| temozolomide cap (TEMODAR equiv) | SP | 1 |
| cyclophosphamide cap | - | 2 |
| CYCLOPHOSPHAMIDE TAB | - | 2 |
| GLEOSTINE CAP | - | 2 |
| lomustine cap (GLEOSTINE equiv) | - | 2 |
| MYLERAN TAB | SP | 4 |
| CYCLOPHOSPHAMIDE CAP | - | NC |
| LEUKERAN TAB | - | NC |
| ANTIMETABOLITES | | |
| capecitabine tab (XELODA equiv) | SP | 1 |
| METHOTREXATE INJ | - | 1 |
| methotrexate tab (Trexall equiv) | - | 1 |
| mercaptopurine tab (PURINETHOL equiv) | - | 2 |
| TABLOID TAB | - | 2 |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 |
| mercaptopurine susp (PURIXAN equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 |
| METHOTREXATE INJ | - | NC |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ONUREG TAB | - | NC |
| TREXALL TAB | - | NC |
| FOLOTYN INJ | - | NC/3P |
| pralatrexate iv inj (FOLOTYN equiv) | - | NC/3P |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | | |
| FRUZAQLA CAP 1MG (QL= 84 caps/28 days) | PA-QL-SP | 4 |
| FRUZAQLA CAP 5MG (QL= 21 caps/28 days) | PA-QL-SP | 4 |
| INLYTA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 |
| INLYTA TAB 1MG (QL= 8 tabs/day) | PA-QL-SF-SP | 4 |
| LENVIMA CAP (QL= 3 caps/day) | PA-QL-SF-SP | 4 |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| TUKYSA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 |
| HERNEXEOS TAB | - | NC |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA STARTER PACK | PA-SP | 4 |
| VENCLEXTA TAB | PA-SP | 4 |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day) | PA-QL-SF-SP | 1 |
| gefitinib tab (IRESSA equiv) (QL= 1 tab/day) | PA-QL | 1 |
| erlotinib tab (TARCEVA equiv) | PA-SP | 4 |
| GILOTRIF TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| TAGRISO TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 |
| VIZIMPRO TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 |
| EXKIVITY CAP | - | NC |
| LAZCLUZE TAB | - | NC |
| TARCEVA TAB | - | NC |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| ERIVEDGE CAP (QL= 1 cap/day) | PA-QL-SF-SP | 4 |
| ODOMZO CAP (QL= 1 cap/day) | PA-QL-SF-SP | 4 |
| DAURISMO TAB | - | NC |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| anastrozole tab (ARIMIDEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay) | - | \$0 |
| exemestane tab (AROMASIN equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay) | - | \$0 |
| tamoxifen tab (NOLVADEX equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay) | - | \$0 |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | QL-SP | 1 |
| bicalutamide tab (CASODEX equiv) | - | 1 |
| letrozole tab (FEMARA equiv) | - | 1 |
| megestrol susp (MEGACE equiv) | - | 1 |
| megestrol tab (MEGACE equiv) | - | 1 |
| nilutamide tab (NILANDRON equiv) | SP | 1 |
| EULEXIN CAP | - | 2 |
| FLUTAMIDE CAP | - | 2 |

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| flutamide cap (EULEXIN equiv) | - | 2 |
| toremifene tab (FARESTON equiv) | - | 2 |
| ERLEADA TAB (QL= 4 tabs/day) | PA-QL-SP | 4 |
| ERLEADA TAB 240MG (QL= 1 tab/day) | PA-QL-SP | 4 |
| LUPRON DEPOT INJ 11.25MG | SP | 4 |
| LUPRON DEPOT INJ 3.75MG | SP | 4 |
| LYSODREN TAB | SP | 4 |
| NUBEQA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 |
| abiraterone acetate tab 500mg (ZYTIGA equiv) | - | NC |
| AKEEGA TAB | - | NC |
| ARIMIDEX TAB | - | NC |
| AROMASIN TAB | - | NC |
| CASODEX TAB | - | NC |
| ELIGARD INJ, VABRINITY INJ | - | NC |
| ELIGARD INJ, VABRINTY INJ | - | NC |
| FARESTON TAB | - | NC |
| FEMARA TAB | - | NC |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC |
| INLURIYO TAB | - | NC |
| LUPRON DEPOT INJ 22.5MG | SP | NC |
| LUPRON DEPOT INJ 30MG | SP | NC |
| LUPRON DEPOT INJ 45MG | SP | NC |
| LUPRON DEPOT INJ 7.5MG | SP | NC |
| ORGOVYX TAB | - | NC |
| ORSERDU TAB | - | NC |
| ORSERDU TAB 345MG | - | NC |
| XTANDI CAP | - | NC |
| XTANDI TAB 40MG | - | NC |
| XTANDI TAB 80MG | - | NC |
| YONSA TAB | - | NC |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS | | |
| WELIREG TAB (QL= 3 tabs/day) | PA-QL-SP | 4 |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| pomalidomide cap (POMALYST equiv) (QL= 21 caps/28 days) | PA-QL-SP | 1 |
| POMALYST CAP | - | NC |
| ANTINEOPLASTIC - MENIN INHIBITORS | | |
| REVUFORJ TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 |
| REVUFORJ TAB 110MG (QL= 4 tabs/day) | PA-QL-SF-SP | 4 |
| REVUFORJ TAB 25MG (QL= 8 tabs/day) | PA-QL-SF-SP | 4 |
| KOMZIFTI CAP | - | NC |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | | |
| AYVAKIT TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 |
| ANTINEOPLASTIC - PROTEASE ACTIVATORS | | |
| MODEYSO CAP | - | NC |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |

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| XPOVIO PAK (QL= 32 tabs/28 days) | PA-QL-SF-SP | 4 |
| ANTINEOPLASTIC COMBINATIONS | | |
| INQOVI TAB (QL= 5 tabs/28 days) | PA-QL-SP | 4 |
| KISQALI PAK (QL= 91 tabs/28 days) | PA-QL-SP | 4 |
| LONSURF TAB | PA-SP | 4 |
| AVMAPKI FAKZYNJA CO-PACK | - | NC |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| dasatinib tab (SPRYCEL equiv) | PA-SP | 1 |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | PA-QL-SP | 1 |
| imatinib tab (GLEEVEC equiv) | SP | 1 |
| lapatinib ditosylate tab (TYKERB equiv) | PA-SP | 1 |
| nilotinib hcl cap (TASIGNA equiv) | PA-SP | 1 |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day) | PA-QL-SP | 1 |
| sorafenib tosylate tab (NEXAVAR equiv) | PA-SP | 1 |
| sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day) | PA-QL-SP | 1 |
| ALECENSA CAP (QL= 8 caps/day) | PA-QL-SP | 4 |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day) | PA-QL-SF-SP | 4 |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day) | PA-QL-SF-SP | 4 |
| BALVERSA TAB 3MG (QL= 3 tabs/day) | PA-QL-SF-SP | 4 |
| BALVERSA TAB 4MG (QL= 2 tabs/day) | PA-QL-SF-SP | 4 |
| BALVERSA TAB 5MG (QL= 1 tab/day) | PA-QL-SF-SP | 4 |
| BOSULIF CAP | PA-SP | 4 |
| BOSULIF TAB | PA-SF-SP | 4 |
| BRAFTOVI CAP 75MG (QL= 6 caps/day) | PA-QL-SP | 4 |
| BRUKINSA CAP (QL= 4 caps/day) | PA-QL-SF-SP | 4 |
| BRUKINSA TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 |
| CABOMETYX TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 |
| CALQUENCE TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 |
| CAPRELSA TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 |
| CAPRELSA TAB 300MG (QL= 2 tabs/day) | PA-QL-SF-SP | 4 |
| COMETRIQ KIT | PA-SP | 4 |
| COPIKTRA CAP (QL= 2 caps/day) | PA-QL-SP | 4 |
| COTELLIC TAB (QL= 3 tabs/day) | PA-QL-SP | 4 |
| GAVRETO CAP (QL= 4 caps/day) | PA-QL-SF-SP | 4 |
| GOMEKLI CAP (QL= 84 caps/28 days) | PA-QL-SP | 4 |
| GOMEKLI CAP 1MG (QL= 168 caps/28 days) | PA-QL-SP | 4 |
| GOMEKLI TAB FOR ORAL SUSP (QL= 168 caps/28 days) | PA-QL-SP | 4 |
| IBTROZI CAP (QL= 3 caps/day) | PA-QL-SP | 4 |
| ICLUSIG TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 |
| IDHIFA TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| IMBRUVICA CAP 140MG (QL= 3 caps/day) | PA-QL-SP | 4 |
| IMBRUVICA CAP 70MG (QL= 1 cap/day) | PA-QL-SP | 4 |
| IMBRUVICA SUSP (QL= 6ml/day) | PA-QL-SP | 4 |
| IMBRUVICA TAB 420MG (QL= 1 tab/day) | PA-QL-SP | 4 |
| JAKAFI TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| KISQALI TAB (QL= 63 tabs/28 days) | PA-QL-SP | 4 |
| KOSELUGO CAP (QL= 4 caps/day) | PA-QL-SP | 4 |
| KOSELUGO CAP 10MG (QL= 8 caps/day) | PA-QL-SP | 4 |
| KOSELUGO SPRINKLE CAP (QL= 12 caps/day) | PA-QL-SP | 4 |
| KOSELUGO SPRINKLE CAP 5MG (QL= 20 caps/day) | PA-QL-SP | 4 |
| KRAZATI TAB (QL= 6 tabs/day) | PA-QL-SF-SP | 4 |
| LUMAKRAS TAB (QL= 8 tabs/day) | PA-QL-SF-SP | 4 |
| LUMAKRAS TAB 240MG (QL= 4 tabs/day) | PA-QL-SF-SP | 4 |
| LUMAKRAS TAB 320MG (QL= 3 tabs/day) | PA-QL-SF-SP | 4 |
| LYNPARZA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day) | PA-QL-SF-SP | 4 |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | PA-QL-SP | 4 |
| MEKINIST TAB 2MG (QL= 1 tab/day) | PA-QL-SP | 4 |
| MEKTOVI TAB (QL= 6 tabs/day) | PA-QL-SP | 4 |
| NERLYNX TAB (QL= 6 tabs/day) | PA-QL-SF-SP | 4 |
| NINLARO CAP | PA-SP | 4 |
| OGSIVEO TAB (QL= 2 tabs/day) | PA-QL-SF-SP | 4 |
| OGSIVEO TAB 50MG (QL= 6 tabs/day) | PA-QL-SF-SP | 4 |
| PEMAZYRE TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| PIQRAY TAB | PA-SF-SP | 4 |
| QINLOCK TAB (QL= 3 tabs/day) | PA-QL-SP | 4 |
| REZLIDHIA CAP (QL= 2 caps/day) | PA-QL-SF-SP | 4 |
| ROZLYTREK CAP (QL= 3 caps/day) | PA-QL-SP | 4 |
| ROZLYTREK PAK (QL= 6 packs/day) | PA-QL-SP | 4 |
| RUBRACA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 |
| RYDAPT CAP (QL= 56 caps/28 days) | PA-QL-SP | 4 |
| SCEMBLIX TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| SCEMBLIX TAB 100 MG (QL= 4 tabs/day) | PA-QL-SP | 4 |
| STIVARGA TAB (QL= 4 tabs/day) | PA-QL-SF-SP | 4 |
| TAFINLAR CAP (QL= 4 caps/day) | PA-QL-SP | 4 |
| TAFINLAR TAB | PA-SP | 4 |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | PA-QL-SF-SP | 4 |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day) | PA-QL-SF-SP | 4 |
| TAZVERIK TAB (QL= 8 tabs/day) | PA-QL-SP | 4 |
| TIBSOVO TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| TRUQAP TAB (QL= 64 tabs/28 days) | PA-QL-SP | 4 |
| TRUQAP THERAPY PACK (QL= 64 tabs/28 days) | PA-QL-SP | 4 |
| TURALIO CAP (QL= 4 caps/day) | PA-QL-SF-SP | 4 |
| VERZENIO TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| VITRAKVI CAP 100MG (QL= 2 caps/day) | PA-QL-SF-SP | 4 |
| VITRAKVI CAP 25MG (QL= 6 caps/day) | PA-QL-SF-SP | 4 |
| VITRAKVI SOLN (QL= 10ml/day) | PA-QL-SF-SP | 4 |
| VONJO CAP (QL= 4 caps/day) | PA-QL-SP | 4 |
| XALKORI CAP (QL= 2 caps/day) | PA-QL-SF-SP | 4 |
| XOSPATA TAB (QL= 3 tabs/day) | PA-QL-SF-SP | 4 |
| ZEJULA TAB (QL= 1 tab/day) | PA-QL-SP | 4 |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ZELBORAF TAB (QL= 8 tabs/day) | PA-QL-SP | 4 |
| ZOLINZA CAP | PA-SF-SP | 4 |
| ZYDELIG TAB | PA-SP | 4 |
| ZYKADIA TAB (QL= 3 tabs/day) | PA-QL-SF-SP | 4 |
| AFINITOR DISPERZ TAB | - | NC |
| AFINITOR TAB | - | NC |
| ALUNBRIG PAK | - | NC |
| AUGTYRO CAP | - | NC |
| AUGTYRO CAP 160MG | - | NC |
| DANZITEN TAB | - | NC |
| ENSACOVE CAP | - | NC |
| ENSACOVE CAP 100MG | - | NC |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) | - | NC |
| FOTIVDA CAP | - | NC |
| HYRNUO TAB | - | NC |
| IBRANCE CAP | - | NC |
| IBRANCE TAB | - | NC |
| IMBRUVICA TAB 140MG | - | NC |
| IMBRUVICA TAB 280MG | - | NC |
| IMKELDI SOLUTION | - | NC |
| INREBIC CAP | - | NC |
| ITOVEBI TAB | - | NC |
| JAYPIRCA TAB | - | NC |
| LORBRENA TAB 100MG | - | NC |
| LORBRENA TAB 25MG | - | NC |
| MEKINIST SOLN | - | NC |
| NILOTINB TAR CAP | - | NC |
| NILOTINIB D-TAR CAP | - | NC |
| OJEMDA SUSP | - | NC |
| OJEMDA TAB | - | NC |
| OJJAARA TAB | - | NC |
| PAZOPANIB TAB 400MG | - | NC |
| PHYRAGO TAB | - | NC |
| RETEVMO CAP | - | NC |
| RETEVMO CAP 40MG | - | NC |
| RETEVMO TAB | - | NC |
| RETEVMO TAB 40MG | - | NC |
| ROMVIMZA CAP | - | NC |
| SPRYCEL TAB | - | NC |
| SUTENT CAP | - | NC |
| TABRECTA TAB | - | NC |
| TALZENNA CAP 0.1MG | - | NC |
| TALZENNA CAP 0.35MG | - | NC |
| TASIGNA CAP | - | NC |
| TEPMETKO TAB | - | NC |
| TYKERB TAB | - | NC |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| VANFLYTA TAB | - | NC |
| VANFLYTA TAB 26.5MG | - | NC |
| VORANIGO TAB | - | NC |
| VORANIGO TAB 10MG | - | NC |
| VOTRIENT TAB | - | NC |
| XALKORI SPRINKLE CAP | - | NC |
| ANTINEOPLASTICS MISC. | | |
| bexarotene cap (TARGRETIN equiv) (QL= 10 caps/day) | QL-SP | 1 |
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| MATULANE CAP | - | 2 |
| HYDREA CAP | - | NC |
| SYLATRON INJ | - | NC |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | 1 |
| CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS | | |
| mesna tab (MESNEX equiv) | SP | 1 |
| IWILFIN TAB (QL= 8 tabs/day) | PA-QL-SF-SP | 4 |
| LEUCOVORIN CA TAB | - | NC |
| MESNEX TAB | - | NC |
| MITOTIC INHIBITORS | | |
| ETOPOSIDE CAP | SP | 4 |
| ANTIPARKINSON AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| carbidopa tab (LODOSYN equiv) | - | 2 |
| LODOSYN TAB | - | NC |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine tab | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| entacapone tab (COMTAN equiv) | - | 2 |
| tolcapone tab (TASMAR equiv) | - | 3 |
| COMTAN TAB | - | NC |
| TASMAR TAB | - | NC |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine cap (SYMMETREL equiv) | - | 1 |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 |
| pramipexole tab (MIRAPEX equiv) | - | 1 |
| ropinirole tab (REQUIP equiv) | - | 1 |
| amantadine tab | - | 2 |
| bromocriptine cap (PARLODEL equiv) | - | 2 |
| bromocriptine tab (PARLODEL equiv) | - | 2 |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 |

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| ANTIPARKINSON AGENTS Cont. | | |
| ropinirole ER tab (REQUIP XL equiv) | - | 2 |
| NEUPRO PATCH | - | 3 |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 3 |
| CREXONT CAP | - | NC |
| DUOPA ENTERAL SUSP | - | NC |
| GOCOVRI CAP | - | NC |
| MIRAPEX ER TAB | - | NC |
| MIRAPEX TAB | - | NC |
| PARLODEL CAP | - | NC |
| PARLODEL TAB | - | NC |
| REQUIP TAB | - | NC |
| REQUIP XL TAB | - | NC |
| SINEMET CR TAB | - | NC |
| SINEMET TAB | - | NC |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| selegiline cap (ELDEPRYL equiv) | - | 1 |
| selegiline tab (ELDEPRYL equiv) | - | 1 |
| rasagiline tab (AZILECT equiv) | - | 2 |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 |
| AZILECT TAB | - | NC |
| ELDEPYRL CAP | - | NC |
| ZELAPAR ODT | - | NC |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
| TRIHEXYPHENIDYL SOLN | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill) | PA-QL | 3 |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine soln (AMANTADINE equiv) | - | 1 |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | - | 2 |
| INBRIJA INH POWDER (QL= 10 caps/day) | PA-QL | 3 |
| APOKYN INJ | - | NC |
| apomorphine inj (APOKYN equiv) | - | NC |
| CARBIDOPA/LEVODOPA CAP, RYTARY CAP | - | NC |
| DHIVY TAB | - | NC |
| KYNMOBI FILM | - | NC |
| KYNMOBI TITRATION KIT | - | NC |
| ONAPGO INJ | - | NC |
| OSMOLEX ER TAB | - | NC |
| STALEVO TAB | - | NC |
| VYALEV INJ | - | NC |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |

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| lithium carbonate cap (ESKALITH ER equiv) | - | 1 |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 |
| lithium carbonate tab | - | 1 |
| lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 7 years and older) | PA | 1 |
| LITHOBID TAB | - | NC |
| ANTIPSYCHOTICS - MISC. | | |
| lurasidone hcl tab (LATUDA equiv) | - | 1 |
| ziprasidone cap (GEODON equiv) | - | 1 |
| EQUETRO CAP | - | 2 |
| CAPLYTA CAP | - | NC |
| GEODON CAP | - | NC |
| LATUDA TAB | - | NC |
| NUPLAZID CAP | - | NC |
| NUPLAZID TAB | - | NC |
| VRAYLAR CAP | - | NC |
| VRAYLAR PACK | - | NC |
| BENZISOXAZOLES | | |
| risperidone microspheres inj (RISPERDAL equiv) | - | 1 |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| INVEGA INJ | - | 2 |
| paliperidone ER tab (INVEGA equiv) | - | 2 |
| PERSERIS INJ | - | 2 |
| RISPERIDONE ODT | - | 2 |
| risperidone ODT (RISPERDAL M equiv) | - | 2 |
| UZEDY INJ | - | 2 |
| FANAPT TAB | - | NC |
| FANAPT TITRATION PACK | - | NC |
| FANAPT TITRATION PACK 1MG/2MG/6MG/8MG | - | NC |
| INVEGA TAB | - | NC |
| RISPERDAL M ODT | - | NC |
| RISPERDAL SOLN | - | NC |
| RISPERDAL TAB | - | NC |
| BUTYROPHENONES | | |
| haloperidol decanoate inj (HALDOL equiv) | - | 1 |
| haloperidol lactate conc (HALDOL equiv) | - | 1 |
| haloperidol tab (HALDOL equiv) | - | 1 |
| DIBENZAPINES | | |
| loxapine cap (LOXITANE equiv) | - | 1 |
| olanzapine tab (ZYPREXA equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) | - | 1 |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | QL | 2 |
| clozapine tab (CLOZARIL equiv) | - | 2 |
| olanzapine ODT (ZYPREXA equiv) | - | 2 |

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| ZYPREXA RELPREVV INJ | - | 2 |
| ADASUVE INHALER | - | NC |
| clozapine odt tab (CLOZAPINE, FAZACLO equiv) | - | NC |
| CLOZAPINE ODT, FAZACLO ODT | - | NC |
| CLOZARIL TAB | - | NC |
| QUETIAPINE TAB | - | NC |
| SAPHRIS SL TAB | - | NC |
| SECUADO PATCH | - | NC |
| SEROQUEL TAB | - | NC |
| SEROQUEL XR TAB | - | NC |
| VERSACLOZ SUSP | - | NC |
| ZYPREXA TAB | - | NC |
| ZYPREXA ZYDIS TAB | - | NC |
| DIHYDROINDOLONES | | |
| MOLINDONE TAB | - | NC |
| MUSCARINIC AGENTS | | |
| COBENFY CAP | - | NC |
| COBENFY CAP STARTER PACK | - | NC |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | 1 |
| fluphenazine decanoate inj | - | 1 |
| fluphenazine tab (PROLIXIN equiv) | - | 1 |
| perphenazine tab (TRILAFON equiv) | - | 1 |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 |
| thioridazine hcl tab (THIORIDAZINE equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| CHLORPROMAZINE CONC | - | NC |
| chlorpromazine hcl conc | - | NC |
| QUINOLINONE DERIVATIVES | | |
| aripiprazole tab (ABILIFY equiv) | - | 1 |
| ABILIFY MAINTENA INJ | - | 2 |
| ABILIFY MAINTENA INJ ABILIFY ASIMTUFII INJ | - | 2 |
| aripiprazole soln (ABILIFY equiv) | - | 3 |
| ABILIFY MYCITE PACK | - | NC |
| ABILIFY MYCITE TAB | - | NC |
| ABILIFY TAB | - | NC |
| aripiprazole ODT (ABILIFY equiv) | - | NC |
| OPIPZA FILM | - | NC |
| REXULTI TAB | - | NC |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | 1 |

ANTISEPTICS & DISINFECTANTS

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| ANTISEPTICS & DISINFECTANTS Cont. | | |
| HYLAMEND GEL FIRST AID | - | NC |
| IODINE ANTISEPTICS | | |
| IODOFLEX PAD | - | NC |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| DESCOVY TAB | PA | \$0 |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | - | \$0 |
| nevirapine tab (VIRAMUNE equiv) | - | 1 |
| abacavir soln (ZIAGEN equiv) | - | 2 |
| abacavir tab (ZIAGEN equiv) | - | 2 |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 |
| APTIVUS CAP | - | 2 |
| atazanavir cap (REYATAZ equiv) | - | 2 |
| BIKTARVY TAB | - | 2 |
| CIMDUO TAB | - | 2 |
| darunavir tab (PREZISTA equiv) | - | 2 |
| DELSTRIGO TAB | - | 2 |
| DOVATO TAB | - | 2 |
| EDURANT PED TAB | - | 2 |
| EDURANT TAB | - | 2 |
| efavirenz tab (SUSTIVA equiv) | - | 2 |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | 2 |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB | - | 2 |
| emtricitabine cap (EMTRIVA equiv) | - | 2 |
| emtricitabine/rilpivirine-tenofovir df tab (COMPLERA equiv) | - | 2 |
| EMTRIVA SOLN | - | 2 |
| etravirine tab (INTELENCE equiv) | - | 2 |
| EVOTAZ TAB | - | 2 |
| fosamprenavir tab (LEXIVA equiv) | - | 2 |
| GENVOYA TAB | - | 2 |
| INTELENCE TAB | - | 2 |
| ISENTRESS (HD) TAB | - | 2 |
| ISENTRESS CHEW TAB | - | 2 |
| ISENTRESS POWDER PACK | - | 2 |
| JULUCA TAB | - | 2 |
| lamivudine soln (EPIVIR equiv) | - | 2 |
| lamivudine tab (EPIVIR equiv) | - | 2 |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 |
| lopinavir/ritonavir tab (KALETRA equiv) | - | 2 |
| maraviroc tab (SELZENTRY equiv) | - | 2 |
| NEVIRAPINE ER TAB | - | 2 |
| nevirapine ER tab (VIRAMUNE XR equiv) | - | 2 |
| NEVIRAPINE SUSP | - | 2 |

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| ANTIVIRALS Cont. | | |
| NORVIR POWDER PACK | - | 2 |
| ODEFSEY TAB | - | 2 |
| PIFELTRO TAB | - | 2 |
| PREZCOBIX TAB | - | 2 |
| PREZISTA SUSP | - | 2 |
| PREZISTA TAB | - | 2 |
| REYATAZ POWDER PACK | - | 2 |
| rilpivirine hcl tab (EDURANT equiv) | - | 2 |
| ritonavir tab (NORVIR equiv) | - | 2 |
| SELZENTRY SOLN | - | 2 |
| STRIBILD TAB | - | 2 |
| SYMTUZA TAB | - | 2 |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 |
| TIVICAY PD TAB | - | 2 |
| TIVICAY TAB | - | 2 |
| TRIUMEQ PD TAB | - | 2 |
| TRIUMEQ TAB | - | 2 |
| TYBOST TAB | - | 2 |
| VIRACEPT TAB | - | 2 |
| VIREAD TAB | - | 2 |
| zidovudine cap (RETROVIR equiv) | - | 2 |
| zidovudine syrup (RETROVIR equiv) | - | 2 |
| zidovudine tab (RETROVIR equiv) | - | 2 |
| COMPLERA TAB | - | 3 |
| CABENUVA IM SUSP (QL= 1 kit/30 days) | QL-SP. | 4 |
| CABENUVA SUSP 600MG-900MG/3ML (QL= 1 kit/30 days) | QL-SP. | 4 |
| ATRIPLA TAB | - | NC |
| COMBIVIR TAB | - | NC |
| EMTRIVA CAP | - | NC |
| EPIVIR SOLN | - | NC |
| EPIVIR TAB | - | NC |
| EPZICOM TAB | - | NC |
| INTELENCE TAB | - | NC |
| KALETRA SOLN | - | NC |
| KALETRA TAB | - | NC |
| LEXIVA TAB | - | NC |
| NORVIR TAB | - | NC |
| PREZISTA TAB | - | NC |
| RETROVIR CAP | - | NC |
| RETROVIR SYRUP | - | NC |
| RETROVIR TAB | - | NC |
| REYATAZ CAP | - | NC |
| SELZENTRY TAB | - | NC |
| SUSTIVA TAB | - | NC |
| SYMFI (LO) TAB | - | NC |
| TRUVADA TAB | - | NC |

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|--|--------------|------|
| ANTIVIRALS Cont. | | |
| VIRAMUNE SUSP | - | NC |
| VIRAMUNE TAB | - | NC |
| VIRAMUNE XR TAB | - | NC |
| VIREAD TAB | - | NC |
| ZIAGEN SOLN | - | NC |
| ZIAGEN TAB | - | NC |
| ANTIVIRAL COMBINATIONS | | |
| PAXLOVID PAK (QL= 11 tabs/90 days) | QL | 2 |
| PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days) | QL | 2 |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days) | QL | 2 |
| CMV AGENTS | | |
| valganciclovir soln (VALCYTE equiv) | - | 2 |
| valganciclovir tab (VALCYTE equiv) | - | 2 |
| LIVTENCITY TAB (QL= 4 tabs/day) | PA-QL-SP | 4 |
| PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days) | PA-QL-SP. | 4 |
| PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days) | PA-QL-SP | 4 |
| VALCYTE SOLN | - | NC |
| VALCYTE TAB | - | NC |
| HEPATITIS AGENTS | | |
| ribavirin cap (REBETOL equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | RS-SP | 1 |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | 2 |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 |
| VEMLIDY TAB | - | 2 |
| BARACLUDE SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| MAVYRET PAK (QL= 5 packs/day) | PA-QL-SP | 4 |
| MAVYRET TAB (QL= 3 tabs/day) | QL-SP | 4 |
| PEGASYS INJ | SP | 4 |
| RIBAVIRIN CAP | SP | 4 |
| RIBAVIRIN TAB | SP | 4 |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| VOSEVI TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| BARACLUDE TAB | - | NC |
| EPCLUSA PAK | - | NC |
| EPCLUSA TAB | - | NC |
| HARVONI PELLETT PAK | - | NC |
| HARVONI TAB | - | NC |
| SOVALDI PELLETT PAK | - | NC |
| SOVALDI TAB | - | NC |
| ZEPATIER TAB | - | NC |
| HERPES AGENTS | | |
| acyclovir cap (ZOVIRAX equiv) | - | 1 |
| acyclovir susp (ZOVIRAX equiv) | - | 1 |
| acyclovir tab (ZOVIRAX equiv) | - | 1 |

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| ANTIVIRALS Cont. | | |
| valacyclovir tab (VALTREX equiv) | - | 1 |
| famciclovir tab (FAMVIR equiv) | - | 2 |
| SITAVIG TAB | - | NC |
| VALTREX TAB | - | NC |
| ZOVIRAX CAP | - | NC |
| ZOVIRAX SUSP | - | NC |
| ZOVIRAX TAB | - | NC |
| INFLUENZA AGENTS | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 |
| RIMANTADINE TAB | - | 3 |
| XOFLUZA TAB (QL= 1 tab/fill) | QL | 3 |
| FLUMADINE TAB | - | NC |
| TAMIFLU CAP | - | NC |
| TAMIFLU CAP 30MG | - | NC |
| TAMIFLU SUSP | - | NC |
| MISC. ANTIVIRALS | | |
| LAGEVRIO CAP (EUA) (QL= 40 caps/fill) | QL | \$0 |
| LAGEVRIO CAP 200MG (QL= 40 caps/fill) | QL | 2 |
| RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS | | |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC |
| ASSORTED CLASSES | | |
| CHELATING AGENTS | | |
| D-PENAMINE TAB | - | 2 |
| IMMUNOMODULATORS | | |
| THALOMID CAP | SP | 4 |
| IMMUNOSUPPRESSIVE AGENTS | | |
| azathioprine tab (IMURAN equiv) | - | 1 |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 |
| tacrolimus cap (PROGRAF equiv) | - | 1 |
| cyclosporine cap (SANDIMMUNE equiv) | - | 2 |
| cyclosporine modified cap (NEORAL equiv) | - | 2 |
| cyclosporine modified soln (NEORAL equiv) | - | 2 |
| mycophenolate DR tab (MYFORTIC equiv) | - | 2 |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 2 |
| SANDIMMUNE SOLN 100MG/ML | - | 2 |
| sirolimus tab (RAPAMUNE equiv) | - | 2 |
| CELLCEPT CAP | - | NC |
| CELLCEPT SUSP | - | NC |
| CELLCEPT TAB | - | NC |
| ENVARUSUS XR TAB | - | NC |

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| ASSORTED CLASSES Cont. | | |
| IMURAN TAB | - | NC |
| MYFORTIC TAB | - | NC |
| NEORAL CAP | - | NC |
| NEORAL SOLN | - | NC |
| PROGRAF CAP | - | NC |
| RAPAMUNE TAB | - | NC |
| SANDIMMUNE CAP | - | NC |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 |
| VELTASSA POWDER (QL= 1 packet/day) | PA-QL | 2 |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| carvedilol tab (COREG equiv) | - | 1 |
| labetalol tab (NORMODYNE equiv) | - | 1 |
| carvedilol phosphate ER cap (COREG CR equiv) | - | NC |
| COREG CR CAP | - | NC |
| COREG TAB | - | NC |
| LABETALOL TAB | - | NC |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | 1 |
| atenolol tab (TENORMIN equiv) | - | 1 |
| betaxolol tab (KERLONE equiv) | - | 1 |
| bisoprolol tab (ZEBETA equiv) | - | 1 |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 |
| metoprolol tab (LOPRESSOR equiv) | - | 1 |
| nebivolol hcl tab (BYSTOLIC equiv) | - | 1 |
| LOPRESSOR SOLN (QL= 45ml/day; Prior Authorization required for members age 7 years and older) | PA-QL | 3 |
| BISOPROLOL FUMARATE TAB | - | NC |
| BYSTOLIC TAB | - | NC |
| KAPSPARGO CAP | - | NC |
| KERLONE TAB | - | NC |
| LOPRESSOR TAB | - | NC |
| METOPROLOL TARTRATE TAB | - | NC |
| TENORMIN TAB | - | NC |
| TOPROL XL TAB | - | NC |
| BETA BLOCKERS NON-SELECTIVE | | |
| pindolol tab (VISKEN equiv) | - | 1 |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| PROPRANOLOL SOLN | - | 1 |
| PROPRANOLOL SOLN 20MG/5ML | - | 1 |
| propranolol tab (INDERAL equiv) | - | 1 |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 |
| sotalol tab (BETAPACE equiv) | - | 1 |
| TIMOLOL MALEATE TAB | - | 1 |

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| BETA BLOCKERS Cont. | | |
| timolol maleate tab (BLOCADREN equiv) | - | 1 |
| nadolol tab (CORGARD equiv) | - | 2 |
| SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older) | PA | 3 |
| BETAPACE AF TAB | - | NC |
| BETAPACE TAB | - | NC |
| CORGARD TAB | - | NC |
| HEMANGEOL SOLN | - | NC |
| INDERAL LA CAP | - | NC |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC |
| SOTYLIZE SOLN | - | NC |

BIOLOGICALS MISC

ALLERGENIC EXTRACTS

| | | |
|-----------------|---|----|
| GRASTEK SL TAB | - | NC |
| ORALAIR SL TAB | - | NC |
| RAGWITEK SL TAB | - | NC |

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

| | | |
|--------------|---|----|
| CONSENSI TAB | - | NC |
|--------------|---|----|

CALCIUM CHANNEL BLOCKERS

| | | |
|---|----|----|
| amlodipine tab (NORVASC equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 |
| diltiazem ER cap (TIAZAC equiv) | - | 1 |
| diltiazem tab (CARDIZEM equiv) | - | 1 |
| felodipine ER tab (PLENDIL equiv) | - | 1 |
| isradipine cap (DYNACIRC equiv) | - | 1 |
| nifedipine cap (PROCARDIA equiv) | - | 1 |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 |
| verapamil SR cap (VERELAN equiv) | - | 1 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 2 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 |
| KATERZIA SUSP (Prior Authorization required for members age 9 years and older) | PA | 3 |
| nicardipine cap (CARDENE equiv) | - | 3 |
| nimodipine cap (NIMOTOP equiv) | - | 3 |
| NISOLDIPINE ER TAB | - | 3 |
| nisoldipine ER tab (SULAR equiv) | - | 3 |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 3 |
| NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 |
| ADALAT CC TAB | - | NC |
| CALAN SR TAB | - | NC |
| CARDAMYST NASAL SPRAY | - | NC |
| CARDIZEM CD CAP | - | NC |
| CARDIZEM LA TAB | - | NC |

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| CALCIUM CHANNEL BLOCKERS Cont. | | |
| CARDIZEM TAB | - | NC |
| CONJUPRI TAB, LEVAMLODIPINE TAB | - | NC |
| DILACOR XR CAP | - | NC |
| NORVASC TAB | - | NC |
| NYMALIZE SOLN | - | NC |
| SDAMLO SOLN | - | NC |
| SULAR ER TAB 34MG | - | NC |
| SULAR TAB | - | NC |
| TIAZAC CAP | - | NC |
| VERAPAMIL CR CAP, VERELAN CAP | - | NC |
| VERAPAMIL ER CAP | - | NC |
| VERELAN CAP | - | NC |

CARDIOTONICS

| CARDIAC GLYCOSIDES | | |
|-------------------------------------|---|----|
| digoxin soln (LANOXIN equiv) | - | 1 |
| digoxin tab (LANOXIN equiv) | - | 1 |
| DIGOXIN SOLN 0.05MG/ML | - | NC |
| digoxin tab 62.5mcg (LANOXIN equiv) | - | NC |
| LANOXIN INJ | - | NC |
| LANOXIN TAB | - | NC |
| LANOXIN TAB 62.5MCG | - | NC |

CARDIOVASCULAR AGENTS - MISC.

| CARDIAC MYOSIN INHIBITORS | | |
|----------------------------------|----------|----|
| CAMZYOS CAP (QL= 1 cap/day) | PA-QL-SP | 4 |
| MYQORZO TAB | - | NC |

| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | |
|--|----|----|
| sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day) | QL | 1 |
| amlodipine/atorvastatin tab (CADUET equiv) | - | NC |
| BIDIL TAB | - | NC |
| ENTRESTO CAP | - | NC |
| ENTRESTO TAB | - | NC |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv) | - | NC |
| OPSYNVI TAB | - | NC |

| CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS | | |
|---|---|----|
| LODOCO TAB | - | NC |

| CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS | | |
|--|---|----|
| INPEFA TAB | - | NC |

| IMPOTENCE AGENTS | | |
|---|----|---|
| sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days) | QL | 1 |
| tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days) | QL | 1 |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day) | QL | 1 |
| vardeafil ODT (STAXYN equiv) (QL= 6 tabs/30 days) | QL | 1 |
| vardeafil tab (LEVITRA equiv) (QL= 6 tabs/30 days) | QL | 1 |
| avanafil tab (STENDRA equiv) (QL= 6 tabs/30 days) | QL | 2 |

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| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| CAVERJECT INJ (QL= 6 inj/30 days) | QL | 2 |
| EDEX INJ (QL= 6 inj/30 days) | QL | 2 |
| CIALIS TAB | - | NC |
| CIALIS TAB 2.5MG, 5MG | - | NC |
| LEVITRA TAB | - | NC |
| STAXYN ODT | - | NC |
| STENDRA TAB | - | NC |
| VIAGRA TAB | - | NC |
| VYBRIQUE ORAL FILM | - | NC |
| PROSTAGLANDIN VASODILATORS | | |
| TYVASO DPI POWDER (QL= 4 cartridges/day) | PA-QL-SP | 4 |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days) | PA-QL-SP | 4 |
| TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/28 days) | PA-QL-SP | 4 |
| TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/28 days) | PA-QL-SP | 4 |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days) | PA-QL-SP | 4 |
| TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day) | PA-QL-SP | 4 |
| VENTAVIS INH SOLN (QL= 9 ampules/day) | PA-QL-SP | 4 |
| YUTREPIA CAP (QL= 112 caps/28 days) | PA-QL-SP | 4 |
| ORENITRAM TAB | - | NC |
| ORENITRAM TAB MONTH PAK | - | NC |
| PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR | | |
| WINREVAIR INJ | PA-SP | 4 |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day) | PA-QL-SP | 1 |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day) | PA-QL-SP | 1 |
| bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day) | PA-QL-SP | 1 |
| OPSUMIT TAB | - | NC |
| TRACLEER TAB | - | NC |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| sildenafil tab 20mg (REVATIO equiv) (QL= 12 tabs/day) | QL | 1 |
| tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) | QL | 1 |
| sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older) | PA | 2 |
| TADLIQ SUSP (Prior Authorization required for members age 7 years and older) | PA-SP | 4 |
| ADCIRCA TAB | - | NC |
| LIQREV SUSP | - | NC |
| REVATIO SUSP | - | NC |
| REVATIO TAB | - | NC |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| UPTRAVI INJ | - | NC |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS TAB (QL= 3 tabs/day) | PA-QL-SP | 4 |
| SINUS NODE INHIBITORS | | |
| ivabradine hcl tab (CORLANOR equiv) | PA | 1 |

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| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| CORLANOR SOLN | PA | 3 |
| CORLANOR TAB | - | NC |
| TRANSTHYRETIN STABILIZERS | | |
| VYNDAMAX CAP (QL= 1 cap/day) | PA-QL-SP | 4 |
| VYNDAQEL CAP (QL= 4 caps/day) | PA-QL-SP | 4 |
| ATTRUBY PACK | - | NC |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| VERQUVO TAB | - | NC |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefadroxil cap (DURICEF equiv) | - | 1 |
| cefadroxil susp (DURICEF equiv) | - | 1 |
| cefadroxil tab (DURICEF equiv) | - | 1 |
| cephalexin cap (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |
| CEFADROXIL TAB | - | 2 |
| cephalexin cap 750mg (KEFLEX equiv) | - | NC |
| cephalexin tab | - | NC |
| KEFLEX CAP | - | NC |
| KEFLEX CAP 750MG | - | NC |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| CEFACTOR CAP | - | 3 |
| cefactor cap (CECLOR equiv) | - | 3 |
| CEFACTOR ER TAB | - | 3 |
| CEFACTOR SUSP | - | 3 |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| cefixime cap (SUPRAX equiv) | - | 3 |
| cefixime susp (SUPRAX equiv) | - | 3 |
| CEFPODOXIME PROXETIL SUSP | - | 3 |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 3 |
| SUPRAX CAP | - | 3 |
| SUPRAX SUSP 500MG/5ML | - | 3 |
| CEFIXIME TAB | - | NC |
| SUPRAX CAP | - | NC |
| SUPRAX SUSP | - | NC |
| CONTRACEPTIVES | | |
| COMBINATION CONTRACEPTIVES - ORAL | | |
| amethyst tab (LYBREL equiv) | - | \$0 |
| ARANELLE TAB | - | \$0 |

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| CONTRACEPTIVES Cont. | | |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | \$0 |
| AVERI TAB | - | \$0 |
| cryselle tab | - | \$0 |
| drosiprone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 |
| FEMLYV TAB | - | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 |
| kelnor tab (DEMULEN equiv) | - | \$0 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) | - | \$0 |
| LO LOESTRIN TAB | - | \$0 |
| NATAZIA TAB | - | \$0 |
| NEXTSTELLIS TAB | - | \$0 |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | \$0 |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | \$0 |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 |
| nortrel tab (OVCON 35 equiv) | - | \$0 |
| SAFYRAL TAB | - | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 |
| TYBLUME TAB | - | \$0 |
| VELIVET PAK | - | \$0 |
| velivet tab (CYCLESSA equiv) | - | \$0 |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 |
| BALCOLTRA TAB | - | NC |
| BEYAZ TAB | - | NC |
| DESOGEN TAB | - | NC |
| ESTROSTEP FE TAB | - | NC |
| FALESSA KIT | - | NC |
| FEMCON FE CHEW TAB | - | NC |
| MINASTRIN CHEW TAB | - | NC |
| MIRCETTE TAB | - | NC |
| ORTHO TRI-CYCLEN (LO) TAB | - | NC |
| ORTHO-CYCLEN TAB | - | NC |
| OVCON 35 TAB | - | NC |
| SEASONIQUE TAB | - | NC |
| TAYTULLA CAP | - | NC |
| TRI-NORINYL TAB | - | NC |
| YAZ TAB, YASMIN 28 TAB | - | NC |

COMBINATION CONTRACEPTIVES - TRANSDERMAL

| | | |
|-----------------------------|---|-----|
| zafemy patch (XULANE equiv) | - | \$0 |
|-----------------------------|---|-----|

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| CONTRACEPTIVES Cont. | | |
| TWIRLA PATCH | - | EXC |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 |
| eluryng vaginal ring (NUVARING equiv) | - | \$0 |
| NUVARING | - | NC |
| COPPER CONTRACEPTIVES - IUD | | |
| MIDUELLA, PARAGARD IUD | - | EXC |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | - | EXC |
| levonorgestrel tab (PLAN B equiv) | OTC | EXC |
| PLAN B TAB | OTC | EXC |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| NEXPLANON IMPLANT | - | EXC |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 |
| DEPO-PROVERA INJ | - | NC |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | \$0 |
| OPILL TAB | OTC | \$0 |
| SLYND TAB | - | \$0 |
| NOR-QD TAB | - | NC |

CORTICOSTEROIDS

| GLUCOCORTICOSTEROIDS | | |
|---|----|---|
| DEXAMETHASONE CONC | - | 1 |
| dexamethasone elixir | - | 1 |
| DEXAMETHASONE PHOSPHATE INJ | - | 1 |
| dexamethasone sodium phosphate inj | - | 1 |
| DEXAMETHASONE SOLN | - | 1 |
| dexamethasone tab (DECADRON equiv) | - | 1 |
| hydrocortisone tab (CORTEF equiv) | - | 1 |
| methylprednisolone acetate inj (DEPO-MEDROL equiv) | - | 1 |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 |
| methylprednisolone tab (MEDROL equiv) | - | 1 |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 |
| prednisolone soln | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| prednisone tab (DELTASONE equiv) | - | 1 |
| triamcinolone acetonide inj (KENALOG equiv) | - | 1 |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 |
| CORTISONE ACETATE TAB | - | 2 |
| hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill) | QL | 2 |
| prednisolone ODT (ORAPRED equiv) | - | 2 |
| PREDNISONE SOLN | - | 2 |

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| CORTICOSTEROIDS Cont. | | |
| SOLU-CORTEF INJ (QL= 1 vial/fill) | QL | 2 |
| SOLU-MEDROL INJ 2GM | - | 2 |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 3 |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ | - | 3 |
| KENALOG INJ, TRIAMCINOLONE ACE INJ | - | 3 |
| ORAPRED ODT TAB, PREDNISOLONE ODT TAB | - | 3 |
| PREDNISOLONE SOLN | - | 3 |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill) | QL | 3 |
| SOLU-MEDROL PF INJ | - | 3 |
| AGAMREE SUSP | - | NC |
| ALKINDI SPRINKLE CAP | - | NC |
| ALKINDI SPRINKLE CAP 0.5MG | - | NC |
| ALKINDI SPRINKLE CAP 1MG | - | NC |
| CORTEF TAB | - | NC |
| deflazacort susp (EMFLAZA equiv) | - | NC |
| deflazacort tab (EMFLAZA equiv) | - | NC |
| DEPO-MEDROL INJ | - | NC |
| dexamethasone pak (DEXPAK equiv) | - | NC |
| DEXAMETHASONE TAB | - | NC |
| DEXPAK TAB | - | NC |
| DXEVO 11-DAY PAK | - | NC |
| EMFLAZA SUSP | - | NC |
| EMFLAZA TAB | - | NC |
| EOHILIA SUSP | - | NC |
| FLO-PRED SUSP | - | NC |
| HEMADY TAB | - | NC |
| KENALOG INJ | - | NC |
| KHINDIVI SOLN | - | NC |
| LIDOLOG KIT | - | NC |
| MEDROL DOSE PACK | - | NC |
| MEDROL TAB | - | NC |
| MILLIPRED DP PAK | - | NC |
| MILLIPRED TAB | - | NC |
| ORAPRED SOLN | - | NC |
| ORTIKOS ER CAP | - | NC |
| prednisolone tab (MILLIPRED equiv) | - | NC |
| PREDNISON DR TAB | - | NC |
| prednisone pack | - | NC |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC |
| RAYOS TAB | - | NC |
| SOLU-MEDROL INJ | - | NC |
| TARPEYO CAP | - | NC |
| UCERIS TAB | - | NC |
| MINERALOCORTICIDS | | |
| fludrocortisone tab (FLORINEF equiv) | - | 1 |

COUGH/COLD/ALLERGY

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| ANTITUSSIVES | | |
| benzonatate cap (TESSALON equiv) | - | 1 |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 |
| BENZONATATE CAP 150MG | - | NC |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC |
| HYCODAN SYRUP | - | NC |
| TESSALON CAP | - | NC |
| ZONATUSS CAP 150MG | - | NC |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| promethazine DM syrup | - | 1 |
| PROMETHAZINE VC SYRUP | - | 1 |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days) | QL | 3 |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 3 |
| NEOTUSS PLUS LIQUID | - | 3 |
| CLARINEX-D TAB | - | EXC |
| SEMPREX-D CAP | - | EXC |
| DURAVENT PE TAB | - | NC |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) | OTC | NC |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv) | - | NC |
| HYCOFENIX SOLN | - | NC |
| INTENSE COUGH LIQUID | - | NC |
| MUCINEX LIQUID | - | NC |
| POLY-TUSSIN DM SYRUP | - | NC |
| PROMETHAZINE VC/CODEINE SYRUP | - | NC |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | NC |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | NC |
| TUSSICAPS | - | NC |
| TUXARIN ER TAB | - | NC |
| TUZISTRA XR SUSP | - | NC |
| EXPECTORANTS | | |
| POTASSIUM IODIDE ORAL SOLN | - | 2 |
| GUAIFENESEN SYRUP | - | NC |
| guaifenesin tab (ALLFEN JR equiv) | - | NC |
| SSKI ORAL SOLN | - | NC |
| MISC. RESPIRATORY INHALANTS | | |
| NEBUSAL NEB SOLN | - | 2 |
| HYPER-SAL NEB SOLN 7% | - | 3 |
| MUCOLYTICS | | |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 |
| DERMATOLOGICALS | | |
| ACNE PRODUCTS | | |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 |

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| DERMATOLOGICALS Cont. | | |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 |
| ERYTHROMYCIN GEL | - | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 1 |
| RETIN-A CREAM (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 1 |
| RETIN-A GEL (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 1 |
| adapalene cream (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 2 |
| adapalene gel 0.3% (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 2 |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | 2 |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) | - | 2 |
| amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 2 |
| AVAR CLEANSE LIQ 10-5% | - | 2 |
| AVAR-E EMOLL CREAM | - | 2 |
| clindamycin/benzoyl peroxide gel (BENZAACLIN equiv) | - | 2 |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 |
| ERY PAD | - | 2 |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 2 |
| SOD SUL/SULF LIQ 9-4.5% | - | 2 |
| SOD SUL/SULF SUSP 10-5% | - | 2 |
| SOD SUL/SULF SUSP 8-4% | - | 2 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv) | - | 2 |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | 2 |
| tretinoin cream (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 2 |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only - Prior Authorization required for members age 26 years and older) | PA | 2 |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 3 |
| ABSORICA CAP | - | NC |
| ABSORICA LD CAP | - | NC |
| ADAPALENE SOLN | - | NC |
| adapalene gel (DIFFERIN equiv) | - | NC |
| ADAPALENE PAD | - | NC |
| ADAPALENE/BENZOYL PEROXIDE PAD | - | NC |
| AKLIEF CREAM | - | NC |
| ALTRENO LOTION | - | NC |
| AMZEEQ FOAM | - | NC |
| ARAZLO LOTION | - | NC |
| ATRALIN GEL 0.05% | - | NC |
| AVAR AEROSOL FOAM | - | NC |
| AVAR PAD | - | NC |
| AVAR-E LS CREAM 10-2% | - | NC |
| AZELEX CREAM | - | NC |
| BENZAACLIN GEL | - | NC |
| BENZAMYCIN GEL | - | NC |
| BENZOYL PEROXIDE LOTION | - | NC |

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| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC |
| BP 10-1 EMU | - | NC |
| CLARIFOAM EF FOAM | - | NC |
| CLENIA PLUS SUSP | - | NC |
| CLEOCIN-T LOTION | - | NC |
| CLEOCIN-T PAD | - | NC |
| CLEOCIN-T SOLN | - | NC |
| CLINDACIN KIT | - | NC |
| clindamycin foam (EVOCLIN equiv) | - | NC |
| clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv) | - | NC |
| clindamycin/tretinoin gel (ZIANA equiv) | - | NC |
| CLINDAVIX KIT | - | NC |
| dapsone gel (ACZONE equiv) | - | NC |
| DIFFERIN CREAM | - | NC |
| DIFFERIN GEL | - | NC |
| DUAC GEL | - | NC |
| EPIDUO FORTE GEL 0.3-2.5% | - | NC |
| EPIDUO GEL 0.1-2.5% | - | NC |
| EPSOLAY CREAM | - | NC |
| EVOCLIN FOAM | - | NC |
| FABIOR AEROSOL FOAM | - | NC |
| isotretinoin cap 25mg (ABSORICA equiv) | - | NC |
| isotretinoin cap 35mg (ABSORICA equiv) | - | NC |
| KLARON LOTION | - | NC |
| NUCARACLINPA KIT | - | NC |
| NUCARARXPAK KIT | - | NC |
| ONEXTON GEL 1.2-3.75% | - | NC |
| PLEXION CREAM 9.8-4.8% | - | NC |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC |
| RETIN-A MICRO GEL/GEL PUMP, TRETINOIN MICROSPHERE GEL/GEL PUMP | - | NC |
| ROSULA EMULSION | - | NC |
| SODIUM SULFACETAMIDE/SULFUR CREAM 10-2% | - | NC |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | NC |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC |
| SODIUM SULFACETAMIDE/SULFUR SUSP | - | NC |
| SODIUM SULFACETAMIDE/SULFUR WASH | - | NC |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | NC |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC |
| sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv) | - | NC |
| SULFACETAMIDE SODIUM/SULFUR CREAM 9.8-4.8% | - | NC |
| SUMADAN WASH 9-4.5% | - | NC |
| SUMADEN XLT KIT | - | NC |
| SUMAXIN WASH | - | NC |
| tretinoin microsphere gel | - | NC |
| TWYNEO CREAM | - | NC |

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| WINLEVI CREAM | - | NC |
| ZIANA GEL | - | NC |
| AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS | | |
| VEREGEN OINT | - | NC |
| AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES | | |
| RENOVA CREAM | - | EXC |
| KYBELLA INJ | - | NC |
| ANALGESICS - TOPICAL | | |
| BACLOFEN CREAM COMPOUND KIT | - | NC |
| TRAMADOL COMPOUND KIT | - | NC |
| ANTIBIOTICS - TOPICAL | | |
| gentamicin sulfate cream | - | 1 |
| gentamicin sulfate oint | - | 1 |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 |
| CENTANY OINT | - | 3 |
| ALTABAX OINT | - | NC |
| BACTROBAN CREAM | - | NC |
| mupirocin cream (BACTROBAN equiv) | - | NC |
| NEO-SYNALAR CREAM | - | NC |
| XEPI CREAM | - | NC |
| ANTIFUNGALS - TOPICAL | | |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox nail soln (PENLAC equiv) | - | 1 |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketoconazole shampoo (NIZORAL equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| nystatin/triamcinolone cream | - | 1 |
| nystatin/triamcinolone oint | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 |
| EXELDERM SOLN | - | 3 |
| HC/IODOQUIN CREAM | - | 3 |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 3 |
| MENTAX CREAM | - | 3 |
| NAFTIFINE CREAM | - | 3 |
| naftifine cream (NAFTIN equiv) | - | 3 |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | - | NC |
| ALOQUIN GEL | - | NC |
| CICLODAN KIT | - | NC |
| clotrimazole cream (LOTRIMIN AF equiv) | - | NC |

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| DERMATOLOGICALS Cont. | | |
| CLOTRIMAZOLE/BETAMETHASONE LOTION | - | NC |
| clotrimazole/betamethasone lotion (LOTRISONE equiv) | - | NC |
| ECONASIL KIT | - | NC |
| ECONAZOLE NITRATE FOAM, ECOZA FOAM | - | NC |
| ECOZA FOAM | - | NC |
| ERTACZO CREAM | - | NC |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | NC |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | NC |
| HIXDEFRIMA SOLN | - | NC |
| IDOQUINOL/HC ALOE GEL | - | NC |
| idoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv) | - | NC |
| IDOQUINOL-HYDROCORTISONE CREAM | - | NC |
| JUBLIA SOLN | - | NC |
| KERYDIN SOLN | - | NC |
| LOPROX SHAMPOO | - | NC |
| LOTRIMIN AF CREAM | - | NC |
| LOTRISONE CREAM | - | NC |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC |
| naftifine hcl gel 2% (NAFTIN equiv) | - | NC |
| NAFTIN GEL 2% | - | NC |
| NIZORAL SHAMPOO | - | NC |
| ONYCHO-MED KIT | - | NC |
| oxiconazole nitrate cream (OXISTAT equiv) | - | NC |
| OXISTAT CREAM | - | NC |
| OXISTAT LOTION | - | NC |
| PEDIZOLPAK THERAPY PACK | - | NC |
| PENLAC SOLN | - | NC |
| tavaborole soln (KERYDIN equiv) | - | NC |
| VYTONE CREAM 1.9-1% | - | NC |
| XOLEGEL | - | NC |
| ZOLPAK KIT | - | NC |

ANTI-INFLAMMATORY AGENTS - TOPICAL

| | | |
|--|----|----|
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 |
| diclofenac gel 1% (VOLTAREN equiv) | - | NC |
| DICLOFENAC PATCH, FLECTOR PATCH | - | NC |
| diclofenac sodium gel kit (VENNGEL equiv) | - | NC |
| diclofenac sodium soln 2% (PENNSAID equiv) | - | NC |
| DICLONA GEL | - | NC |
| DICLOTREX PAK | - | NC |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC |
| LEXTOL PAK | - | NC |
| LICART PATCH | - | NC |
| NAPROXEN CREAM COMPOUND KIT | - | NC |
| PENNSAID SOLN | - | NC |
| PROFINAC PAK | - | NC |
| REXAPHENAC CREAM | - | NC |

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| VENNGEL ONE KIT | - | NC |
| VOPAC 5 CREAM | - | NC |
| VOPAC CREAM | - | NC |
| VOPAC GB CREAM | - | NC |
| XRYLIX PAK | - | NC |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| bexarotene gel (TARGRETIN equiv) (QL= 60 grams/30 days) | PA-QL-SP | 1 |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 2 |
| FLUOROURACIL SOLN | - | 2 |
| fluorouracil soln (FLUOROURACIL equiv) | - | 2 |
| FLUOROURACIL CREAM 0.5% | - | 3 |
| VALCHLOR GEL (QL= 4 tubes/30 days) | PA-QL-SP | 4 |
| CARAC CREAM | - | NC |
| EFUDEX CREAM | - | NC |
| FLUORAC CREAM | - | NC |
| KLISYRI OINT | - | NC |
| ROAOXIA GEL | - | NC |
| SOLARAVIX PAK | - | NC |
| TARGRETIN GEL | - | NC |
| ANTIPRURITICS - TOPICAL | | |
| doxepin hcl cream | - | NC |
| ANTIPSORIATICS | | |
| acitretin cap (SORIATANE equiv) | - | 2 |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 |
| calcipotriene oint | - | 2 |
| CALCIPOTRIENE SOLN | - | 2 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 |
| METHOXSALEN CAP | - | 2 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 |
| tazarotene cream 0.1% (TAZORAC equiv) (Members age 26 or older require Prior Authorization) | PA | 2 |
| CALCITRIOL OINT | - | 3 |
| tazarotene cream 0.05% (TAZORAC equiv) (Members age 26 or older require Prior Authorization) | PA | 3 |
| SELARSDI SYRINGE (QL= 1 inj/84 days) | PA-QL-SP | 4 |
| SELARSDI SYRINGE 90MG/ML (QL= 1 inj/84 days) | PA-QL-SP | 4 |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days) | PA-QL-SP | 4 |
| STEQEYMA INJ (QL= 1 inj/84 days) | PA-QL-SP | 4 |
| STEQEYMA INJ 90MG (QL= 1 inj/84 days) | PA-QL-SP | 4 |
| TALTZ INJ (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| TREMFYA INJ (QL= 1 inj/56 days) | PA-QL-SP | 4 |
| YESINTEK INJ (QL= 1 inj/84 days) | PA-QL-SP | 4 |
| YESINTEK SYRINGE (QL= 1 inj/84 days) | PA-QL-SP | 4 |
| YESINTEK SYRINGE 90MG (QL= 1 inj/84 days) | PA-QL-SP | 4 |

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| BIMZELX INJ | - | NC |
| BIMZELX INJ 320MG/2ML | - | NC |
| BIMZELX SYRINGE | - | NC |
| BIMZELX SYRINGE 320MG/2ML | - | NC |
| calcipotriene cream (TRIONEX equiv) | - | NC |
| CALCIPOTRIENE FOAM | - | NC |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | NC |
| CALSODORE PAK | - | NC |
| COSENTYX INJ (1-PACK) | - | NC |
| COSENTYX INJ (2-PACK) | - | NC |
| COSENTYX INJ 300MG/2ML | - | NC |
| COSENTYX UNO INJ | - | NC |
| DOVONEX CREAM | - | NC |
| IMULDOSA SYRINGE | - | NC |
| OTULFI INJ | - | NC |
| OTULFI, USTEKINUMAB-AAUZ SYRINGE | - | NC |
| OXSORALEN ULTRA CAP | - | NC |
| PYZCHIVA INJ | - | NC |
| SELARSDI INJ | - | NC |
| SILIQ INJ | - | NC |
| SORIATANE CAP | - | NC |
| SOTYKTU TAB | - | NC |
| SPEVIGO INJ | - | NC |
| STARJEMZA INJ | - | NC |
| STARJEMZA PFS INJ | - | NC |
| STELARA INJ | - | NC |
| tazarotene gel (TAZORAC equiv) | - | NC |
| TRIONEX PAK | - | NC |
| USTEKINUMAB INJ 45/0.5ML | - | NC |
| USTEKINUMAB INJ 90MG/ML | - | NC |
| USTEKINUMAB-AEKN 45MG/0.5ML | - | NC |
| USTEKINUMAB-AEKN 90MG/ML | - | NC |
| VECTICAL OINT | - | NC |
| VTAMA CREAM | - | NC |
| WEZLANA INJ | - | NC |
| WEZLANA SYRINGE | - | NC |

ANTISEBORRHEIC PRODUCTS

| | | |
|--|---|----|
| SELENIUM SULFIDE LOTION | - | 1 |
| selenium sulfide lotion 2.5% (SELSUN equiv) | - | 1 |
| SELENIUM SUL SHA | - | 2 |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 |
| SODIUM SULFA LIQ WASH | - | 2 |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 |
| OVACE PLUS CREAM | - | 3 |
| ESKATA SOLN | - | NC |
| OVACE PLUS LIQ WASH 10% | - | NC |

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| OVACE PLUS LOTION | - | NC |
| OVACE PLUS SHAMPOO | - | NC |
| OVACE PLUS FOAM | - | NC |
| PROMISEB CREAM | - | NC |
| SELENIUM SUL SHA 2% | - | NC |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC |
| sodium sulfacetamide shampoo (OVACE equiv) | - | NC |
| SODIUM SULFACETAMIDE WASH, OVACE PLUS GEL WASH | - | NC |
| ANTIVIRALS - TOPICAL | | |
| acyclovir oint (ZOVIRAX equiv) | - | 1 |
| acyclovir cream (ZOVIRAX equiv) | - | NC |
| DENAVIR CREAM | - | NC |
| penciclovir cream (DENAVIR equiv) | - | NC |
| XERESE CREAM | - | NC |
| ZELSUVMI GEL | - | NC |
| ZOVIRAX CREAM | - | NC |
| ZOVIRAX OINT | - | NC |
| BURN PRODUCTS | | |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 |
| SULFAMYLON CREAM | - | 2 |
| MAFENIDE ACETATE SOLN PACK | - | NC |
| SILVADENE CREAM | - | NC |
| CORTICOSTEROIDS - TOPICAL | | |
| BETAMETH VALERATE LOTION | - | 1 |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinolone acetonide soln | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 |
| fluocinonide emollient cream | - | 1 |
| fluocinonide gel | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |

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| DERMATOLOGICALS Cont. | | |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |
| HYDROCORTISONE LOTION 2.5% | - | 1 |
| hydrocortisone oint | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |
| mometasone soln (ELOCON equiv) | - | 1 |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| alclometasone cream (ACLOVATE equiv) | - | 2 |
| ALCLOMETASONE OINT | - | 2 |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 |
| BETAMETHASONE AUGMENTED GEL | - | 2 |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 2 |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 2 |
| clobetasol foam (OLUX equiv) | - | 2 |
| clobetasol lotion (CLOBEX equiv) | - | 2 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 |
| clobetasol shampoo (CLOBEX equiv) | - | 2 |
| clobetasol spray (CLOBEX equiv) | - | 2 |
| desonide cream (DESOWEN equiv) | - | 2 |
| desonide oint (DESOWEN equiv) | - | 2 |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 2 |
| desoximetasone oint (TOPICORT equiv) | - | 2 |
| EPIFOAM AEROSOL | - | 2 |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 2 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 |
| HC PRAMOXINE CREAM 1-2.5% | - | 2 |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 2 |
| ALA-SCALP LOTION | - | NC |
| AMCINONIDE CREAM 0.1% | - | NC |
| AMCINONIDE LOTION | - | NC |
| AMCINONIDE OINTMENT | - | NC |
| APEXICON E CREAM (PSORCON E equiv) | - | NC |
| BESER KIT 0.05% | - | NC |
| betamethasone augmented gel | - | NC |
| betamethasone valerate foam (LUXIQ equiv) | - | NC |
| BRYHALI LOTION | - | NC |
| calcipotriene/betamethasone dipropionate susp | - | NC |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | NC |
| CAPEX SHAMPOO | - | NC |
| clobetasol E foam (OLUX E equiv) | - | NC |
| CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM | - | NC |

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| CLOBEX LOTION | - | NC |
| CLOBEX SHAMPOO | - | NC |
| CLOBEX SPRAY | - | NC |
| CLOCORTOLONE CREAM | - | NC |
| clocortolone pivalate cream | - | NC |
| CLODERM CREAM | - | NC |
| CORDRAN CREAM 0.025% | - | NC |
| CORDRAN OINTMENT | - | NC |
| CORDRAN TAPE | - | NC |
| CUTIVATE LOTION | - | NC |
| DERMACINRX KIT | - | NC |
| DERMA-SMOOTH/FS OIL | - | NC |
| DESONATE GEL | - | NC |
| desonide gel | - | NC |
| desonide lotion (DESOWEN equiv) | - | NC |
| DESOWEN CREAM | - | NC |
| DESOWEN CREAM KIT | - | NC |
| DESOWEN LOTION | - | NC |
| DESOWEN LOTION KIT | - | NC |
| DESOWEN OINT | - | NC |
| DESOWEN OINT KIT | - | NC |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | NC |
| DESOXIMETASONE GEL | - | NC |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | NC |
| DIFLORASONE CREAM | - | NC |
| DIFLORASONE CREAM, PSORCON CREAM | - | NC |
| diflorasone oint | - | NC |
| DIPROLENE AF CREAM | - | NC |
| DIPROLENE OINT | - | NC |
| DUOBRII LOTION | - | NC |
| ELOCON CREAM | - | NC |
| ELOCON OINT | - | NC |
| ENSTILAR FOAM | - | NC |
| FLUOPAR KIT | - | NC |
| FLUOVIX PAK | - | NC |
| FLURANDRENOL LOTION | - | NC |
| flurandrenolide cream (CORDRAN equiv) | - | NC |
| flurandrenolide oint (CORDRAN equiv) | - | NC |
| FLUTICASONE LOTION | - | NC |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC |
| halcinonide cream (HALOG equiv) | - | NC |
| HALCINONIDE SOLN | - | NC |
| halcinonide soln (HALOG equiv) | - | NC |
| HALOBETASOL AER | - | NC |
| HALOBETASOL AERO | - | NC |

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| HALOG CREAM | - | NC |
| HALOG OINT | - | NC |
| HALOG SOLN | - | NC |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC |
| HC BUTYRATE CREAM | - | NC |
| HC BUTYRATE SOLN | - | NC |
| HC/PRAMOXINE CREAM 1-2.35% | - | NC |
| HC-LIDOCAINE CREAM | - | NC |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC |
| HYDROCORTISONE BUTYRATE LIPO CREAM | - | NC |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC |
| HYDROCORTISONE BUTYRATE OINT | - | NC |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC |
| hydrocortisone lotion (LOCOID equiv) | - | NC |
| hydrocortisone lotion 2% (ALA SCALP equiv) | - | NC |
| HYDROCORTISONE PAK | - | NC |
| hydrocortisone valerate cream (WESTCORT equiv) | - | NC |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC |
| HYDROXYM GEL | - | NC |
| IMPEKLO LOTION | - | NC |
| IMPOYZ CREAM | - | NC |
| LOCOID CREAM | - | NC |
| LOCOID LIPOCREAM | - | NC |
| LOCOID OINT | - | NC |
| LOCOID SOLN | - | NC |
| LUXIQ FOAM | - | NC |
| MEXPAROX HC CREAM | - | NC |
| MICORT-HC CREAM | - | NC |
| NOVACORT GEL | - | NC |
| OLUX E FOAM | - | NC |
| OLUX FOAM | - | NC |
| PANDEL CREAM | - | NC |
| paramox hc gel (NOVACORT GEL equiv) | - | NC |
| PRAMOSONE CREAM 1-1% | - | NC |
| PRAMOSONE CREAM 1-2.5% | - | NC |
| PRAMOSONE LOTION | - | NC |
| PRAMOSONE OINT | - | NC |
| PROCTOCORT CREAM | - | NC |
| QUINIXIL PAK | - | NC |
| SERNIVO SPRAY | - | NC |
| SILALITE PAK MIS | - | NC |
| TASOPROL CREAM KIT | - | NC |
| TEMOVATE CREAM | - | NC |
| TEMOVATE OINT | - | NC |
| TEXACORT SOLN | - | NC |

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| DERMATOLOGICALS Cont. | | |
| TOPICORT CREAM | - | NC |
| TOPICORT CREAM 0.05% | - | NC |
| TOPICORT GEL | - | NC |
| TOPICORT OINT | - | NC |
| TOVET KIT | - | NC |
| triamcinolone acetonide oint (TRIANEX equiv) | - | NC |
| TRIAMCINOLONE SPRAY | - | NC |
| triamcinolone spray (KENALOG equiv) | - | NC |
| TRIAMVEX KIT | - | NC |
| TRIANEX OINT | - | NC |
| TRILOCICLO KIT | - | NC |
| ULTRAVATE CREAM | - | NC |
| ULTRAVATE LOTION | - | NC |
| ULTRAVATE OINT | - | NC |
| ULTRAVATE PAC KIT | - | NC |
| VANOS CREAM | - | NC |
| VERDESO FOAM | - | NC |
| WESTCORT OINT | - | NC |
| WYNZORA CREAM | - | NC |

ECZEMA AGENTS

| | | |
|--------------------------------------|----------|----|
| OPZELURA CREAM (QL= 12 tubes/year) | PA-QL | 3 |
| ADBRY INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ADBRY INJ (QL= 4 inj/28 days) | PA-QL-SP | 4 |
| CIBINQO TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| DUPIXENT INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| EBGLYSS INJ (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| EBGLYSS PEN INJ (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| ANZUPGO CREAM | - | NC |

EMOLLIENT/KERATOLYTIC AGENTS

| | | |
|------------------------------|---|----|
| CARMOL LOTION | - | NC |
| KERAFOAM | - | NC |
| KERALAC CREAM | - | NC |
| UMECTA EMULSION | - | NC |
| UMECTA PD EMULSION | - | NC |
| UMECTA SUSP | - | NC |
| URAMAXIN CREAM | - | NC |
| URAMAXIN GEL | - | NC |
| urea cream | - | NC |
| urea emulsion | - | NC |
| urea gel (URAMAXIN equiv) | - | NC |
| UREA LOT | - | NC |
| UREA NAIL KIT | - | NC |
| UREA SUSP | - | NC |
| urea susp 40% (UMECTA equiv) | - | NC |

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| EMOLLIENTS | | |
| ammonium lactate cream (LAC-HYDRIN equiv) | OTC | NC |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | NC |
| HYLINATE LOTION | - | NC |
| ENZYMES - TOPICAL | | |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 |
| vasolex oint (XENADERM equiv) | - | NC |
| XENADERM OINT | - | NC |
| HAIR GROWTH AGENTS | | |
| LITFULO CAP (QL= 1 cap/day) | PA-QL-SP | 4 |
| bimatoprost ophth soln (LATISSE equiv) | - | EXC |
| finasteride tab (PROPECIA equiv) | - | EXC |
| LEQSELVI TAB | - | NC |
| HAIR REDUCTION AGENTS | | |
| VANIQA CREAM | - | EXC |
| IMMUNOMODULATING AGENTS - SYSTEMIC | | |
| NEMLUVIO INJ (QL= 1 inj/56 days) | PA-QL-SP | 4 |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 1 |
| ALDARA CREAM | - | NC |
| IMIQUIMOD CREAM 3.75% | - | NC |
| imiquimod cream 3.75% (IMIQUIMOD equiv) | - | NC |
| ZYCLARA CREAM | - | NC |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 |
| pimecrolimus cream (ELIDEL equiv) | PA | 2 |
| HYFTOR GEL (QL= 10 grams/30 days) | PA-QL-SP | 4 |
| ELIDEL CREAM | - | NC |
| OXIANUJO CREAM | - | NC |
| PROTOPIC OINT | - | NC |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOCON SOLN | - | 2 |
| PODOFILOX SOLN | - | 2 |
| podofilox soln (CONDYLOX equiv) | - | 2 |
| podofilox gel (CONDYLOX equiv) | - | 3 |
| SALEX SHAMPOO | - | 3 |
| ATRIX SYSTEM KIT | - | NC |
| GEAMETDRAY GEL | - | NC |
| METDRAY GEL | - | NC |
| SALEX LOTION KIT | - | NC |
| SALEX SHAMPOO | - | NC |
| SALICATE LIQUID | - | NC |
| SALICYLIC AC SOLN ER, XALIX SOLN | - | NC |
| salicylic acid cream (CERAVE PSORIASIS equiv) | - | NC |

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| SALIMEZ FORTE CREAM | - | NC |
| UREA/SALICYLIC CREAM | - | NC |
| KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS | | |
| CONDYLOX GEL | - | NC |
| LOCAL ANESTHETICS - TOPICAL | | |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |
| lidocaine gel (GLYDO equiv) | - | 1 |
| LIDOCAINE OINT (QL= 107gm/30 days) | QL | 1 |
| lidocaine soln (XYLOCAINE equiv) | - | 1 |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 3 |
| ADAZIN CREAM | - | NC |
| ANASTIA LOTION | - | NC |
| APRIZIO PAK KIT | - | NC |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC |
| DERMALID PAK | - | NC |
| GEN7T LOTION | - | NC |
| GEN7T PAD 3.5% | - | NC |
| GEN7T PLUS LOTION | - | NC |
| GEN7T PLUS PAD | - | NC |
| L.E.T. GEL | - | NC |
| LIDO/MENTHOL SPRAY | - | NC |
| LIDO/RAC/TET GEL | - | NC |
| LIDOCAINE CREAM | - | NC |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv) | - | NC |
| lidocaine gel (XYLOCAINE equiv) | - | NC |
| lidocaine hcl cream 4.12% | - | NC |
| lidocaine oint/transparent dressing kit | - | NC |
| lidocaine patch 3.5% (GEN7T equiv) | OTC | NC |
| LIDOCIN GEL | - | NC |
| LIDODERM PATCH | - | NC |
| LIDO-EP-TETR SOLN | - | NC |
| LIDOSTREAM KIT | - | NC |
| LIDOTRAL CREAM (lidocaine cream equiv) | - | NC |
| LIDOTREX GEL | - | NC |
| LIDOVEX CREAM | - | NC |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC |
| MENTHOREAL10 THERAPY PACK | - | NC |
| MICROVIX LP PAK | - | NC |
| NENDRUX GEL | - | NC |
| nulido pad (NULIDO equiv) | - | NC |
| NUVAKAAN II KIT | - | NC |
| PLIAGLIS CREAM | - | NC |
| PLIAGLIS KIT | - | NC |

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| DERMATOLOGICALS Cont. | | |
| PROZENA PAD | - | NC |
| SILVERA PAD | - | NC |
| SOLAICE PATCH | - | NC |
| WPR PLUS | - | NC |
| ZILACAINE PAK | - | NC |
| ZYLOTROL-L KIT | - | NC |
| MISC. DERMATOLOGICAL PRODUCTS | | |
| NEOSALUS FOAM | - | NC |
| NEOSALUS LOTION | - | NC |
| MISC. TOPICAL | | |
| DRYSOL SOLN | - | 1 |
| DERMACINRX CREAM | - | NC |
| HYCLODEX SOLN | - | NC |
| QBREXZA PAD | - | NC |
| SOFDRA GEL | - | NC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |
| ZORYVE CREAM (QL= 60 grams/30 days) | PA-QL | 2 |
| ZORYVE FOAM (QL= 60 grams/30 days) | PA-QL | 2 |
| EUCRISA OINT | - | NC |
| ZORYVE CREAM 0.05% | - | NC |
| ZORYVE CREAM 0.15% | - | NC |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| BLANCHE CREAM | - | EXC |
| TRI-LUMA CREAM | - | EXC |
| ROSACEA AGENTS | | |
| azelaic acid gel (FINACEA equiv) | - | 1 |
| metronidazole cream (METROCREAM equiv) | - | 1 |
| metronidazole gel 0.75% (METROGEL equiv) | - | 1 |
| FINACEA FOAM | - | 2 |
| metronidazole gel (METROGEL equiv) | - | 2 |
| metronidazole lotion (METROLOTION equiv) | - | 2 |
| brimonidine tartrate gel (MIRVASO equiv) | - | EXC |
| MIRVASO GEL | - | EXC |
| RHOFADE CREAM | - | EXC |
| DAZOMON GEL | - | NC |
| doxycycline (rosacea) cap delayed release (ORACEA equiv) | - | NC |
| EMROSI CAP | - | NC |
| FINACEA GEL | - | NC |
| IVERMECTIN CREAM | - | NC |
| ivermectin cream (SOOLANTRA equiv) | - | NC |
| METROCREAM | - | NC |
| METROGEL 1% | - | NC |
| METROLOTION | - | NC |
| NORITATE CREAM | - | NC |
| ORACEA CAP | - | NC |

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| ROSADAN KIT | - | NC |
| SOOLANTRA CREAM | - | NC |
| ZILXI FOAM | - | NC |
| SCABICIDES & PEDICULICIDES | | |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 3 |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 |
| NATROBA SUSP 0.90% (QL= 1 bottle/fill) | QL | 3 |
| CROTAN LOTION | - | NC |
| ELIMITE CREAM | - | NC |
| IVERMECTIN LOTION | - | NC |
| OVIDE LOTION | - | NC |
| SKLICE LOTION | - | NC |
| SCAR TREATMENT PRODUCTS | | |
| SCARCIN GEL | - | NC |
| SCARCIN LIQUID ROLL-ON | - | NC |
| WOUND CARE PRODUCTS | | |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 |
| ALEVICYN SOLN DERMAL | - | NC |
| BIAFINE EMULSION | - | NC |
| COLLANEX EXTERNAL POWDER | - | NC |
| FILSUVEZ GEL | - | NC |
| KERAMATRIX | - | NC |
| KERASTAT CREAM | - | NC |
| KERASTAT GEL | - | NC |
| REXASIL KIT | - | NC |
| WOUND-DRESSING GELS | - | NC |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC BIOLOGICALS | | |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC |
| DIAGNOSTIC DRUGS | | |
| GLUCAGON DIAGNOSTIC INJ | - | NC |
| MACRILEN PACK | - | NC |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| FREESTYLE LITE TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 |
| DIAGNOSTIC TESTS | | |
| ACCU-CHEK GUIDE TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 |
| FREESTYLE INSULINX TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 |
| FREESTYLE PRECISION NEO TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 |
| FREESTYLE TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 |
| PRECISION XTRA TEST STRIP (QL= 153 strips/30 days) | OTC-QL | \$0 |
| CLINISTIX TEST STRIP | OTC | 1 |
| KETO-DIASTIX TEST STRIP | OTC | 1 |

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| DIAGNOSTIC PRODUCTS Cont. | | |
| KETOSTIX | OTC | 1 |
| COVID-19 TEST | OTC | EXC |
| CUE COVID-19 INJ TEST CARTRIDGE | OTC | EXC |
| CUE HEALTH MONITOR | OTC | EXC |
| PRECISION XTRA KETONE TEST STRIP | OTC | NC |
| TEST STRIP (all other test strips) | OTC | NC |
| RADIOGRAPHIC CONTRAST MEDIA | | |
| iohexol inj (OMNIPAQUE equiv) | - | NC |
| OMNIPAQUE INJ | - | NC |
| OMNIPAQUE SOLN | - | NC |
| SITZMARKS CAP | - | NC |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| DIETARY MANAGEMENT PRODUCTS | | |
| ASTAMED MYO CAP | - | EXC |
| DEPLIN CAP | - | EXC |
| ELIGEN B12 TAB | - | EXC |
| FALESSA TAB | - | EXC |
| FOLTANX TAB | - | EXC |
| GLYGEST PAK | - | EXC |
| L-METHYLFOLATE TAB | - | EXC |
| LUVIRA CAP | - | EXC |
| METANX CAP | - | EXC |
| OLLIZAC POWDER | - | EXC |
| PODIAPN CAP | - | EXC |
| XYZBAC TAB | - | EXC |
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON CAP | - | 2 |
| ZENPEP CAP | - | 2 |
| PANCREAZE CAP, PERTZYE CAP | - | NC |
| SUCRAID SOLN | - | NC |
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| acetazolamide tab | - | 1 |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 |
| methazolamide tab (NEPTAZANE equiv) | - | 2 |
| dichlorphenamide tab (KEVEYIS equiv) | - | NC |
| KEVEYIS TAB | - | NC |
| NEPTAZANE TAB | - | NC |
| DIURETIC COMBINATIONS | | |
| AMILORIDE/HCTZ TAB | - | 1 |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 |

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| DIURETICS Cont. | | |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 |
| ALDACTAZIDE TAB | - | NC |
| MAXZIDE TAB | - | NC |
| LOOP DIURETICS | | |
| bumetanide tab (BUMEX equiv) | - | 1 |
| FUROSEMIDE SOLN | - | 1 |
| furosemide soln (LASIX equiv) | - | 1 |
| furosemide tab (LASIX equiv) | - | 1 |
| torsemide tab (DEMADEX equiv) | - | 1 |
| ethacrynic tab (EDECIN equiv) | - | 2 |
| EDECIN TAB | - | NC |
| ENBUMYST SOLN 0.5MG/0.1ML | - | NC |
| FUROSCIX KIT | - | NC |
| LASIX ONYU INJ 80MG/2.67ML | - | NC |
| LASIX TAB | - | NC |
| SOAANZ TAB | - | NC |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| triamterene cap (DYRENIUM equiv) | - | 2 |
| spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 |
| ALDACTONE TAB | - | NC |
| CAROSPIR SUSP | - | NC |
| DYRENIUM CAP | - | NC |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| chlorthalidone tab | - | 1 |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 |
| indapamide tab (LOZOL equiv) | - | 1 |
| metolazone tab (ZAROXOLYN equiv) | - | 1 |
| DIURIL SUSP | - | 2 |
| INZIRQO SUSP (Prior Authorization required for members age 9 years and older) | PA | 3 |
| THALITONE TAB | - | NC |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA TAB (QL= 12 tabs/day) | PA-QL-SP | 4 |
| RECORLEV TAB | - | NC |
| BONE DENSITY REGULATORS | | |
| alendronate tab (FOSAMAX equiv) | - | 1 |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 |
| teriparatide (recombinant) soln pen-inj (FORTEO equiv) | SP | 1 |
| ALENDRONATE TAB 40MG | - | 2 |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 |
| risedronate tab (ACTONEL equiv) | - | 2 |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 3 |
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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| risedronate DR tab (ATELVIA equiv) | - | 3 |
| TYMLOS INJ | SP | 4 |
| ACTONEL TAB | - | NC |
| ATELVIA TAB | - | NC |
| BINOSTO TAB | - | NC |
| BONIVA TAB 150MG | - | NC |
| BONSITY INJ | - | NC |
| calcitonin inj (MIACALCIN equiv) | - | NC |
| FORTEO INJ | - | NC |
| FOSAMAX TAB | - | NC |
| FOSAMAX+D TAB | - | NC |
| CORTICOTROPIN | | |
| ACTHAR GEL AUTO-INJECTOR | - | NC |
| ACTHAR GEL INJ | - | NC |
| CORTROPHIN INJ | - | NC |
| CORTROPHIN INJ GEL | - | NC |
| CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS | | |
| CRENESSITY CAP (QL= 2 caps/day) | PA-QL-SP | 4 |
| CRENESSITY SOLN (QL= 2ml/day) | PA-QL-SP | 4 |
| FERTILITY REGULATORS | | |
| clomiphene citrate tab (CLOMID equiv) | INF | EXC |
| CLOMIPHENE TAB | INF | EXC |
| OVIDREL INJ | INF | EXC |
| GNRH/LHRH ANTAGONISTS | | |
| ORILISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 |
| ORILISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 |
| cetorelix acetate for inj kit (CETROTIDE equiv) | INF | EXC |
| CETROTIDE KIT | INF | EXC |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ | PA-SP | 4 |
| GROWTH HORMONE RELEASING HORMONES (GHRH) | | |
| EGRIFTA INJ | - | EXC |
| EGRIFTA WR KIT | - | EXC |
| GROWTH HORMONES | | |
| GENOTROPIN INJ | PA-SP | 4 |
| GENOTROPIN INJ 12mg | PA-SP | 4 |
| GENOTROPIN INJ 5MG | PA-SP | 4 |
| OMNITROPE INJ | PA-SP | 4 |
| SKYTROFA INJ | PA-SP | 4 |
| SOGROYA INJ | PA-SP | 4 |
| NGENLA INJ | - | NC |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC |
| ZOMACTON INJ | - | NC |

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| DrugName | Special Code | Tier |
|--|--------------|------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) (\$0 copay for female members only age 35 years and older; All other members covered at generic copay) | - | \$0 |
| EVISTA TAB | - | NC |
| OSPHENA TAB | - | NC |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ | SP | 4 |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL NASAL SOLN | - | 2 |
| LUPRON DEPOT INJ PED | SP | 4 |
| LUPRON DEPOT PED INJ | SP | 4 |
| MENOPAUSAL SYMPTOMS SUPPRESSANTS | | |
| LYNKUET CAP | - | NC |
| VEOZAH TAB | - | NC |
| METABOLIC MODIFIERS | | |
| calcitriol cap (ROCALTROL equiv) | - | 1 |
| calcitriol soln (ROCALTROL equiv) | - | 1 |
| carglumic acid tab (CARBAGLU equiv) | PA-SP | 1 |
| levocarnitine soln (CARNITOR equiv) | - | 1 |
| levocarnitine tab (CARNITOR equiv) | - | 1 |
| cinacalcet tab (SENSIPAR equiv) | - | 2 |
| DOXERCALCIFEROL CAP | - | 2 |
| doxercalciferol cap (HECTOROL equiv) | - | 2 |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 2 |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 2 |
| XPHOZAH TAB (QL= 2 tabs/day) | PA-QL-SP | 3 |
| GALAFOLD CAP (QL= 14 caps/28 days) | PA-QL-SP | 4 |
| PHEBURANE ORAL PELLETS | SP | 4 |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | PA-SP | 4 |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | PA-SP | 4 |
| IMCIVREE INJ | - | EXC |
| betaine powder for oral solution (CYSTADANE equiv) | - | NC |
| BUPHENYL POWDER | - | NC |
| BUPHENYL TAB | - | NC |
| CALCITRIOL INJ | - | NC |
| CARBAGLU TAB | - | NC |
| CARNITOR SOLN | - | NC |
| CARNITOR TAB | - | NC |
| CITRULLINE EASY TAB | - | NC |
| CYSTADANE POWDER | - | NC |
| FORZINITY INJ | - | NC |
| glycerol phenylbutyrate liquid (RAVICTI equiv) | - | NC |
| HARLIKU TAB | - | NC |
| HECTOROL CAP | - | NC |

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| KUVAN POWDER PACK | - | NC |
| KUVAN TAB | - | NC |
| KYGEVVI POWDER | - | NC |
| LOARGYS INJ | - | NC |
| MYALEPT INJ | - | NC |
| nitisinone cap (ORFADIN equiv) | - | NC |
| NITYR TAB | - | NC |
| OLPRUVA PACK | - | NC |
| ORFADIN CAP | - | NC |
| ORFADIN SUSP | - | NC |
| PALYNZIQ INJ | - | NC |
| RAVICTI LIQUID | - | NC |
| RAYALDEE CAP | - | NC |
| REDEMPLO PFS INJ | - | NC |
| ROCALTROL CAP | - | NC |
| ROCALTROL SOLN | - | NC |
| SENSIPAR TAB | - | NC |
| SEPHIENCE POWDER | - | NC |
| STRENSIQ INJ | - | NC |
| TRYNGOLZA INJ | - | NC |
| VYKAT XR TAB | - | NC |
| VYKAT XR TAB 150MG | - | NC |
| VYKAT XR TAB 75MG | - | NC |
| XURIDEN POWDER | - | NC |
| YORVIPATH INJ | - | NC |
| YORVIPATH INJ 294MCG | - | NC |
| YORVIPATH INJ 420MCG | - | NC |
| ZEMPLAR CAP | - | NC |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA TAB | - | NC |
| NATRIURETIC PEPTIDES | | |
| VOXZOGO INJ (QL= 1 vial/day) | PA-QL-SP | 4 |
| YUWIWEL INJ | - | NC |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate tab (DDAVP equiv) | - | 2 |
| DESMOPRESSIN NASAL SPRAY | - | 2 |
| DDAVP NASAL SPRAY | - | NC |
| DDAVP TAB | - | NC |
| DESMODA SOLN | - | NC |
| NOCDURNA SL TAB | - | NC |
| NOCTIVA EMULSION SPRAY | - | NC |
| PROGESTERONE RECEPTOR ANTAGONISTS | | |
| mifepristone tab 200mg (MIFIPREX equiv) | - | EXC |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.

SOMATOSTATIC AGENTS

| | | |
|------------------------------------|----------|----|
| octreotide inj (SANDOSTATIN equiv) | SP | 1 |
| OCTREOTIDE INJ 100MCG | SP | 4 |
| SIGNIFOR INJ (QL= 2 vials/day) | PA-QL-SP | 4 |
| BYNFEZIA PEN INJ | - | NC |
| MYCAPSSA CAP | - | NC |
| PALSONIFY TAB | - | NC |

VASOPRESSIN RECEPTOR ANTAGONISTS

| | | |
|--|---|----|
| TOLVAPTAN TAB | - | NC |
| tolvaptan tab (SAMSCA, JYNARQUE equiv) | - | NC |

ESTROGENS

ESTROGEN COMBINATIONS

| | | |
|---|-------|----|
| COVARYX HS TAB | - | 1 |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 1 |
| jinteli tab (FEMHRT equiv) | - | 1 |
| MYFEMBREE TAB (QL= 1 tab/day) | PA-QL | 2 |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| ACTIVEVELLA TAB | - | NC |
| ANGELIQ TAB | - | NC |
| BIJUVA CAP | - | NC |
| CLIMARA PRO PATCH | - | NC |
| COMBIPATCH | - | NC |
| DUAVEE TAB | - | NC |
| FEMHRT TAB | - | NC |

ESTROGENS

| | | |
|---|----|----|
| estradiol patch (CLIMARA equiv) | - | 1 |
| estradiol patch (VIVELLE-DOT, MINIVELLE equiv) | - | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 2 |
| estrogens, conjugated tab (PREMARIN equiv) | - | 2 |
| ALORA PATCH | - | 3 |
| MENEST TAB | - | 3 |
| PREMARIN TAB | - | 3 |
| CLIMARA PATCH | - | NC |
| DELESTROGEN INJ | - | NC |
| DEPO-ESTRADIOL IM | - | NC |
| DIVIGEL GEL | - | NC |
| DIVIGEL GEL, ELESTRIN GEL | - | NC |
| ESTRACE TAB | - | NC |
| estradiol td gel (DIVIGEL equiv) | - | NC |
| EVAMIST SPRAY | - | NC |
| MENOSTAR PATCH | - | NC |
| VIVELLE-DOT, MINIVELLE PATCH | - | NC |

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| FLUOROQUINOLONES | | |
| FLUOROQUINOLONES | | |
| ciprofloxacin tab (CIPRO equiv) | - | 1 |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 |
| OFLOXACIN TAB | - | 1 |
| BAXDELA TAB (QL= 2 tabs/day) | PA-QL | 2 |
| ciprofloxacin susp (CIPRO equiv) | - | 2 |
| moxifloxacin tab (AVELOX equiv) | - | 2 |
| CIPRO SUSP | - | 3 |
| CIPROFLOXACIN 100MG TAB | - | 3 |
| AVELOX TAB | - | NC |
| CIPRO TAB | - | NC |
| FACTIVE TAB | - | NC |
| LEVAQUIN TAB | - | NC |
| PROQUIN XR TAB | - | NC |

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

| | | |
|---|-------|---|
| MOTTEGRITY TAB (QL= 1 tab/day) | PA-QL | 3 |
| prucalopride succinate tab (MOTTEGRITY equiv) (QL= 1 tab/day) | PA-QL | 3 |

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

| | | |
|------------------------------|-------|---|
| TRULANCE TAB (QL= 1 tab/day) | PA-QL | 2 |
|------------------------------|-------|---|

BILE ACID SYNTHESIS DISORDER AGENTS

| | | |
|--------------------------|---|----|
| CHENODAL TAB, CTEXLI TAB | - | NC |
| CHOLBAM CAP | - | NC |

GALLSTONE SOLUBILIZING AGENTS

| | | |
|-----------------------------------|---|----|
| ursodiol cap (ACTIGALL equiv) | - | 1 |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 |
| ACTIGALL CAP | - | NC |
| CHENODAL TAB, CTEXLI TAB | - | NC |
| RELTONE CAP | - | NC |
| URSO FORTE TAB | - | NC |
| URSODIOL CAP | - | NC |

GASTROINTESTINAL ANTIALLERGY AGENTS

| | | |
|----------------------------------|---|----|
| cromolyn conc (GASTROCROM equiv) | - | 2 |
| GASTROCROM CONC | - | NC |

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

| | | |
|---|----|----|
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day) | QL | 1 |
| AMITIZA CAP | - | NC |

GASTROINTESTINAL STIMULANTS

| | | |
|------------------------------------|---|----|
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| GIMOTI NASAL SPRAY | - | NC |
| METZOZOLV ODT | - | NC |
| REGLAN TAB | - | NC |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| HEPATOTROPICS | | |
| REZDIFFRA TAB (QL= 1 tab/day) | PA-QL | 2 |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | | |
| BYLVAY CAP 1200MCG (QL= 5 caps/day) | PA-QL-SP | 4 |
| BYLVAY CAP 400MCG (QL= 15 caps/day) | PA-QL-SP | 4 |
| BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day) | PA-QL-SP | 4 |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day) | PA-QL-SP | 4 |
| LIVMARLI SOLN (QL= 90ml/30 days) | PA-QL-SP | 4 |
| LIVMARLI SOLN 19MG/ML (QL= 60ml/30 days) | PA-QL-SP | 4 |
| LIVMARLI TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| LIVMARLI TAB 30MG (QL= 1 tab/day) | PA-QL-SP | 4 |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| MESALAMINE DR CAP | - | 2 |
| mesalamine DR cap (DELZICOL equiv) | - | 2 |
| mesalamine DR tab (LIALDA equiv) | - | 2 |
| mesalamine enema (ROWASA equiv) | - | 2 |
| mesalamine ER cap (APRISO equiv) | - | 2 |
| mesalamine supp (CANASA equiv) | - | 2 |
| DIPENTUM CAP | - | 3 |
| mesalamine tab (ASACOL equiv) | - | 3 |
| CIMZIA INJ (QL= 1 kit/plan year) | PA-QL-SP | 4 |
| CIMZIA INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| CIMZIA INJ 200MG/ML (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| ENTYVIO SC INJ (QL= 2 inj/28 days) | PA-QL-SP | 4 |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | PA-QL-SP | 4 |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days) | PA-QL-SP | 4 |
| TREMFYA INDUCTION INJ 200MG/ML (QL= 2 inj/28 days; 6 inj/year) | PA-QL-SP | 4 |
| TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| APRISO CAP | - | NC |
| ASACOL HD TAB | - | NC |
| ASACOL HD TAB, MESALAMINE TAB | - | NC |
| AZULFIDINE EN TAB | - | NC |
| AZULFIDINE TAB | - | NC |
| CANASA SUPP | - | NC |
| COLAZAL CAP | - | NC |
| DELZICOL CAP | - | NC |
| mesalamine ER cap (PENTASA CR equiv) | - | NC |
| OMVOH INJ | - | NC |
| PENTASA CR CAP | - | NC |
| PENTASA CR CAP 500MG | - | NC |
| ROWASA KIT | - | NC |
| VELSIPITY TAB | - | NC |

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| ZYMFENTRA INJ | - | NC |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | 1 |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| alosetron tab (LOTROXEX equiv) | - | 3 |
| LINZESS CAP (QL= 1 cap/day) | PA-QL | 3 |
| IBSRELA TAB | - | NC |
| LOTROXEX TAB | - | NC |
| VIBERZI TAB | - | NC |
| LIVE FECAL MICROBIOTA | | |
| VOWST CAP (QL= 12 caps/fill) | PA-QL-SP | 4 |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK TAB (QL= 1 tab/day) | PA-QL | 2 |
| SYMPROIC TAB (QL= 1 tab/day) | PA-QL | 2 |
| alvimopan cap (ENTEREG equiv) | - | NC |
| ENTEREG CAP | - | NC |
| RELISTOR INJ | - | NC |
| RELISTOR INJ KIT | - | NC |
| RELISTOR TAB | - | NC |
| PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS | | |
| IQIRVO TAB | - | NC |
| LIVDELZI CAP | - | NC |
| PHOSPHATE BINDER AGENTS | | |
| calcium acetate cap (PHOSLO equiv) | - | 1 |
| FOSRENOL POWDER PACK | - | 2 |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 |
| sevelamer powder pak (RENVELA equiv) | - | 2 |
| sevelamer tab (RENVELA TAB equiv) | - | 2 |
| AURYXIA TAB | - | 3 |
| ferric citrate tab | - | 3 |
| ELIPHOS TAB | - | NC |
| FOSRENOL CHEW TAB | - | NC |
| PHOSLO CAP | - | NC |
| RENAGEL TAB 800MG | - | NC |
| RENVELA PAK | - | NC |
| RENVELA TAB | - | NC |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | NC |
| VELPHORO CHEW TAB | - | NC |
| SHORT BOWEL SYNDROME (SBS) AGENTS | | |
| GATTEX KIT | - | NC |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | |
| XERMELO TAB | - | NC |

GENERAL ANESTHETICS

ANESTHETICS - MISC.

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| GENERAL ANESTHETICS Cont. | | |
| KETAMINE HCL TROCHES | - | NC |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| CYTRA K CRYSTALS | - | 1 |
| CYTRA-3 SYRUP | - | 1 |
| K CITRATE SOLN CITR ACD | - | 1 |
| K/NA CITRATE SOL CITR ACD | - | 1 |
| ORACIT SOLN | - | 1 |
| potassium citrate CR tab (UROCIT-K equiv) | - | 1 |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 |
| UROCIT-K TAB | - | NC |
| CYSTINOSIS AGENTS | | |
| CYSTAGON CAP | SP | 4 |
| PROCYSBI CAP | - | NC |
| PROCYSBI GRANULES PACKET | - | NC |
| GENITOURINARY IRRIGANTS | | |
| RENACIDIN SOLN | - | NC |
| HYPEROXALURIA AGENTS | | |
| RIVFLOZA INJ | - | NC |
| RIVFLOZA INJ 160MG | - | NC |
| RIVFLOZA VIAL | - | NC |
| IGA NEPHROPATHY (IGAN) AGENTS | | |
| FILSPARI TAB | - | NC |
| VANRAFIA TAB | - | NC |
| VOYXACT INJ | - | NC |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON CAP | - | NC |
| PENTOSAN CAP | - | NC |
| PROSTATIC HYPERTROPHY AGENTS | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 |
| dutasteride cap (AVODART equiv) | - | 1 |
| finasteride tab (PROSCAR equiv) | - | 1 |
| silodosin cap (RAPAFLO equiv) | - | 1 |
| tamsulosin cap (FLOMAX equiv) | - | 1 |
| AVODART CAP | - | NC |
| CARDURA XL TAB | - | NC |
| dutasteride/tamsulosin cap (JALYN equiv) | - | NC |
| ENTADFI CAP | - | NC |
| FLOMAX CAP | - | NC |
| PROSCAR TAB | - | NC |
| RAPAFLO CAP | - | NC |
| UROXATRAL TAB | - | NC |
| URINARY ANALGESICS | | |

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|---|--|--|

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|---|--------------|------|
| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| PHENAZOPYRIDINE TAB | - | 1 |
| phenazopyridine tab (PYRIDIDIUM equiv) | - | 1 |
| PYRIDIDIUM TAB 100MG | - | NC |
| PYRIDIDIUM TAB 200MG | - | NC |
| URINARY STONE AGENTS | | |
| tiopronin tab (THIOLA equiv) | PA-SP | 1 |
| tiopronin tab delayed release (THIOLA EC equiv) | PA-SP | 1 |
| LITHOSTAT TAB | - | 3 |
| THIOLA EC TAB | - | NC |

GOUT AGENTS

| GOUT AGENT COMBINATIONS | | |
|--|----|----|
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 |
| DUZALLO TAB | - | NC |
| GOUT AGENTS | | |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 |
| colchicine tab (COLCRYS equiv) | - | 1 |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST | 1 |
| GLOPERBA SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 |
| allopurinol tab 200mg | - | NC |
| colchicine cap (MITIGARE equiv) | - | NC |
| COLCRYS TAB | - | NC |
| ULORIC TAB | - | NC |
| ZURAMPIC TAB | - | NC |
| ZYLOPRIM TAB | - | NC |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | 1 |

HEMATOLOGICAL AGENTS - MISC.

| ANTIHEMOPHILIC PRODUCTS | | |
|--------------------------------|-------|-----|
| ALHEMO INJ | PA-SP | 4 |
| HEMLIBRA INJ | PA-SP | 4 |
| ADVATE, KOVALTRY INJ | - | EXC |
| ADYNOVATE INJ | - | EXC |
| AFSTYLA KIT | - | EXC |
| ALPHANATE, HUMATE-P INJ | - | EXC |
| ALPHANINE SD INJ | - | EXC |
| ALPROLIX INJ | - | EXC |
| ALTUVIIIIO INJ | - | EXC |
| BENEFIX INJ | - | EXC |
| COAGADEX INJ | - | EXC |
| CORIFACT KIT | - | EXC |
| ELOCTATE INJ | - | EXC |
| ESPEROCT INJ | - | EXC |
| FEIBA INJ | - | EXC |
| HEMOPIL M, KOATE INJ | - | EXC |

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| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| IDELVION INJ | - | EXC |
| IXINITY INJ | - | EXC |
| JIVI INJ | - | EXC |
| KOGENATE FS INJ | - | EXC |
| NOVOEIGHT INJ | - | EXC |
| NOVOSEVEN RT INJ | - | EXC |
| NUWIQ INJ | - | EXC |
| NUWIQ KIT | - | EXC |
| OBIZUR INJ | - | EXC |
| PROFILNINE INJ | - | EXC |
| REBINYN INJ | - | EXC |
| RECOMBIMATE INJ | - | EXC |
| RIXUBIS INJ | - | EXC |
| SEVENFACT INJ | - | EXC |
| TRETTEN INJ | - | EXC |
| VONVENDI INJ | - | EXC |
| WILATE INJ | - | EXC |
| XYNTHA INJ | - | EXC |
| HYMPAVZI INJ | - | NC |
| QFITLIA INJ | - | NC |

BRADYKININ B2 RECEPTOR ANTAGONISTS

| | | |
|-------------------------------|-------|----|
| icatibant inj (FIRAZYR equiv) | PA-SP | 4 |
| FIRAZYR INJ | - | NC |

COMPLEMENT INHIBITORS

| | | |
|---|----------|----|
| EMPAVELI INJ (QL= 160ml/28 days) | PA-QL-SP | 4 |
| TAVNEOS CAP (QL= 6 caps/day) | PA-QL-SP | 4 |
| VOYDEYA TAB (QL= 6 tabs/day) | PA-QL-SP | 4 |
| VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day) | PA-QL-SP | 4 |
| ZILBRYSQ INJ (QL= 1 inj/day) | PA-QL-SP | 4 |
| ZILBRYSQ INJ 23MG (QL= 1 inj/day) | PA-QL-SP | 4 |
| ZILBRYSQ INJ 32.4MG (QL= 1 inj/day) | PA-QL-SP | 4 |
| BERINERT INJ | - | NC |
| CINRYZE INJ | - | NC |
| FABHALTA CAP | - | NC |
| HAEGARDA INJ | - | NC |
| RUCONEST INJ | - | NC |

HEMATAOLOGIC - TYROSINE KINASE INHIBITORS

| | | |
|---------------|---|----|
| TAVALISSE TAB | - | NC |
| WAYRILZ TAB | - | NC |

HEMATORHEOLOGIC AGENTS

| | | |
|---------------------------------------|---|---|
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 |
|---------------------------------------|---|---|

PLASMA FACTOR XIIA INHIBITORS

| | | |
|--------------|---|----|
| ANDEMBRY INJ | - | NC |
|--------------|---|----|

PLASMA KALLIKREIN INHIBITORS

| | | |
|-------------|---|----|
| EKTERLY TAB | - | NC |
|-------------|---|----|

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| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| ORLADEYO CAP | - | NC |
| ORLADEYO PACK | - | NC |
| TAKHZYRO INJ | - | NC |
| TAKHZYRO INJ 150MG/ML | - | NC |
| PLATELET AGGREGATION INHIBITORS | | |
| anagrelide cap (AGRYLIN equiv) | - | 1 |
| cilostazol tab (PLETAL equiv) | - | 1 |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 |
| dipyridamole tab (PERSANTINE equiv) | - | 1 |
| prasugrel tab (EFFIENT equiv) | - | 1 |
| aspirin/dipyridamole cap (AGGRENEX equiv) | - | 2 |
| ticagrelor tab (BRILINTA equiv) | - | 2 |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 3 |
| AGRYLIN CAP | - | NC |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC |
| BRILINTA TAB | - | NC |
| CLOPIDOGREL THERAPY PACK | - | NC |
| EFFIENT TAB | - | NC |
| PLAVIX TAB 300MG | - | NC |
| PLAVIX TAB 75MG | - | NC |
| YOSPRALA TAB | - | NC |
| PREKALLIKREIN-DIRECTED ANTISENSE OLIGONUCLEOTIDES (ASO) | | |
| DAWNZERA INJ | - | NC |
| PYRUVATE KINASE ACTIVATORS | | |
| PYRUKYND TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| PYRUKYND TAPER PACK (QL= 1 tab/day) | PA-QL-SP | 4 |
| AQVESME TAB 100MG | - | NC |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| miglustat cap (ZAVESCA equiv) (QL= 3 caps/day) | PA-QL-SP | 1 |
| CERDELGA CAP (QL= 2 caps/day) | PA-QL-SP | 4 |
| ZAVESCA CAP | - | NC |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| OXBRYTA TAB | - | NC |
| SIKLOS TAB | - | NC |
| AGENTS FOR SICKLE CELL DISEASE | | |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day) | PA-QL-SP | 1 |
| XROMI SOLN (Prior Authorization required for members age 9 years and older) | PA | 3 |
| ENDARI POWDER PACKET | - | NC |
| OXBRYTA TAB FOR ORAL SUSP | - | NC |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv) | - | 3 |

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| HEMATOPOIETIC AGENTS Cont. | | |
| NASCOBAL SPRAY | - | NC |
| FOLIC ACID/FOLATES | | |
| folic acid tab 1mg (\$0 copay for female members only; All other members covered at generic copay) | - | \$0 |
| folic acid tab 400mcg (Covered for female members only) | OTC | \$0 |
| folic acid tab 800mcg (Covered for female members only) | OTC | \$0 |
| HEMATOPOIETIC GROWTH FACTORS | | |
| eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day) | PA-QL-SP | 1 |
| eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day) | PA-QL-SP | 1 |
| eltrombopag olamine tab 50MG (PROMACTA equiv) (QL= 2 tabs/day) | PA-QL-SP | 1 |
| eltrombopag olamine tab 75MG (PROMACTA equiv) (QL= 2 tabs/day) | PA-QL-SP | 1 |
| RETACRIT INJ | - | 2 |
| DOPTELET SPRINKLE CAP (QL= 2 caps/day) | PA-QL-SP | 4 |
| DOPTELET TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| FULPHILA INJ | SP | 4 |
| NIVESTYM INJ | SP | 4 |
| NYVEPRIA INJ | SP | 4 |
| VAFSEO TAB | PA-SP | 4 |
| ZARXIO INJ | SP | 4 |
| ALVAIZ TAB | - | NC |
| ARANESP INJ | - | NC |
| FYLNETRA INJ | - | NC |
| GRANIX INJ | - | NC |
| MULPLETA TAB | - | NC |
| NEULASTA INJ | - | NC |
| NYPOZI INJ | - | NC |
| PROCRIT INJ | - | NC |
| PROMACTA POWDER | - | NC |
| PROMACTA TAB 12.5MG, 25MG | - | NC |
| RELEUKO INJ | - | NC |
| RELEUKO PREFILLED SYRINGE INJ | - | NC |
| STIMUFEND INJ | - | NC |
| UDENYCA INJ | - | NC |
| ZIEXTENZO INJ | - | NC |
| HEMATOPOIETIC MIXTURES | | |
| FEROTRINSIC CAP | - | 1 |
| ferrex 150 forte cap | - | 1 |
| MULTIGEN FOLIC TAB | - | 1 |
| MULTIGEN PLUS TAB | - | 1 |
| MULTIGEN TAB | - | 1 |
| POLY-IRON CAP 150 FORTE | - | 1 |
| NEPHRON FA TAB | - | 2 |
| ICAR-C PLUS TAB 100-250-0.025-1 MG | - | 3 |
| BENTIVITE TAB | - | NC |
| BIFERARX TAB | - | NC |
| B-SERENE PAD | - | NC |

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|--|--|--|
| HEMATOPOIETIC AGENTS Cont. | | |
| CORVITA 150 TAB | - | NC |
| CYFOLEX CAP | - | NC |
| FEONYX TAB | - | NC |
| FERIVA 21/7 TAB | - | NC |
| FERRO-PLEX TAB | - | NC |
| folbee tab (FOLGARD RX equiv) | - | NC |
| FOLGARD RX TAB | - | NC |
| FOLITE TAB | - | NC |
| FOLVITE-FE TAB | - | NC |
| OVEEZA CAP | - | NC |
| PUREFOLIX TAB | - | NC |
| IRON | | |
| ACCRUFER CAP | - | NC |
| ferrous sulfate elixir | OTC | NC |
| FERROUS SULFATE LIQUID | OTC | NC |
| ferrous sulfate soln | OTC | NC |
| STEM CELL MOBILIZERS | | |
| XOLREMDI CAP | - | NC |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| tranexamic acid tab (LYSTEDA equiv) | - | 1 |
| aminocaproic acid soln (AMICAR equiv) | - | 2 |
| aminocaproic acid tab (AMICAR equiv) | - | 2 |
| AMICAR SOLN | - | NC |
| AMICAR TAB | - | NC |
| LYSTEDA TAB | - | NC |
| HYPNOTICS | | |
| NON-BARBITURATE HYPNOTICS | | |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA TAB | - | NC |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | 1 |
| PHENOBARBITAL ELXIR | - | 1 |
| phenobarbital tab | - | 1 |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| doxepin tab (SILENOR equiv) | - | NC |
| NON-BARBITURATE HYPNOTICS | | |
| estazolam tab (PROSOM equiv) | - | 1 |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist) | RS | 1 |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 |
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| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | 1 |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 1 |
| AMBIEN CR TAB | - | NC |
| AMBIEN TAB | - | NC |
| EDLUAR SL TAB | - | NC |
| FLURAZEPAM CAP | - | NC |
| HALCION TAB | - | NC |
| INTERMEZZO SL TAB | - | NC |
| LUNESTA TAB | - | NC |
| QUAZEPAM TAB | - | NC |
| RESTORIL CAP 15MG | - | NC |
| RESTORIL CAP 22.5MG | - | NC |
| RESTORIL CAP 30MG | - | NC |
| RESTORIL CAP 7.5MG | - | NC |
| temazepam cap 22.5mg (RESTORIL equiv) | - | NC |
| temazepam cap 7.5mg (RESTORIL equiv) | - | NC |
| ZOLPIDEM CAP | - | NC |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC |
| ZOLPIDEM TARTRATE SL TAB 1.75MG | - | NC |
| ZOLPIDEM TARTRATE SL TAB 3.5MG | - | NC |
| ZOLPIMIST SPRAY | - | NC |

OREXIN RECEPTOR ANTAGONISTS

| | | |
|-----------------------------|-------|----|
| DAYVIGO TAB (QL= 1 tab/day) | PA-QL | 3 |
| QUVIVIQ TAB | - | NC |

SELECTIVE MELATONIN RECEPTOR AGONISTS

| | | |
|---|----|----|
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day) | QL | 2 |
| HETLIOZ CAP | - | NC |
| HETLIOZ SUSP | - | NC |
| ROZEREM TAB | - | NC |
| tasimelteon cap (HETLIOZ equiv) | - | NC |

LAXATIVES

LAXATIVE COMBINATIONS

| | | |
|--|----|-----|
| GAVILYTE-C SOLN (\$0 copay for members age 45-75 years; all other members covered at generic copay; QL= 2 fills/calendar year) | QL | \$0 |
| GOLYTELY SOLN (\$0 copay for members age 45-75 years; all other members covered at generic copay; QL= 2 fills/calendar year) | QL | \$0 |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| peg 3350/electrolytes soln (COLYTE equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| peg 3350/electrolytes soln (NULYTELY equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| sodium/magnesium/potassium soln (SUPREP equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| CLENPIQ SOLN | - | NC |

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| LAXATIVES Cont. | | |
| MOVIPREP SOLN | - | NC |
| PEG-PREP KIT | - | NC |
| PLENVU SOLN | - | NC |
| SUFLAVE SOLN | - | NC |
| SUPREP BOWEL PREP PACK | - | NC |
| SUTAB TAB | - | NC |
| LAXATIVES - MISCELLANEOUS | | |
| lactulose soln | - | 1 |
| GIALAX KIT | - | NC |
| lactulose oral crystal packet | - | NC |
| SALINE LAXATIVES | | |
| OSMOPREP TAB | - | NC |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETIC COMBINATIONS | | |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| ZITHROMAX POWDER PACK | - | 3 |
| ZITHROMAX SUSP | - | NC |
| ZITHROMAX TAB | - | NC |
| CLARITHROMYCIN | | |
| clarithromycin tab (BIAXIN equiv) | - | 1 |
| CLARITHROMYC SUSP | - | 2 |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 3 |
| BIAXIN TAB | - | NC |
| ERYTHROMYCINS | | |
| ERYTHROMYCIN CAP DR | - | 2 |
| erythromycin DR cap (ERYC equiv) | - | 2 |
| ERYTHROMYCIN EC CAP | - | 2 |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 |
| E.E.S. TAB | - | 3 |
| erythromycin ethylsuccinate tab (E.E.S. equiv) | - | 3 |
| erythromycin tab (ERY-TAB equiv) | - | 3 |
| ERYPED SUSP | - | NC |
| FIDAXOMICIN | | |
| DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 |
| DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 |
| fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 |
| MEDICAL DEVICES AND SUPPLIES | | |
| CONTRACEPTIVES | | |
| DIAPHRAGM | - | \$0 |

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|---|---------------------|-------------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| CERVICAL CAP | - | EXC |
| FEMALE CONDOMS | OTC | EXC |
| MALE CONDOMS | OTC | EXC |
| DIABETIC SUPPLIES | | |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 |
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 |
| FREESTYLE FREEDOM LITE METER | OTC | \$0 |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 |
| FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | \$0 |
| FREESTYLE LITE METER | OTC | \$0 |
| FREESTYLE PRECISION NEO METER | OTC | \$0 |
| LANCET KIT | OTC | \$0 |
| LANCETS | OTC | \$0 |
| PRECISION XTRA METER | OTC | \$0 |
| CALIBRATION LIQUID | OTC | 1 |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 |
| DEXCOM G7 SENSOR (15-DAY) (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 |
| FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 |
| FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans) | QL-ST | 2 |
| OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year) | QL | 2 |
| OMNIPOD 5 DEX G7G6 PODS (QL= 10 pods/month) | QL | 2 |
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year) | QL | 2 |
| OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days) | QL | 2 |
| OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year) | QL | 2 |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 10 pods/30 days) | QL | 2 |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | 2 |

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| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year) | QL | 2 |
| OMNIPOD DASH PODS (QL= 10 pods/month) | QL | 2 |
| OMNIPOD GO KIT (QL= 10 pods/month) | QL | 2 |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | 2 |
| V-GO INJ KIT (QL= 1 kit/day) | QL | 2 |
| DIABETIC METER (all other diabetic meters) | OTC | NC |
| OMNIPOD DASH PDM KIT | - | NC |
| TEMPO SMART BUTTON | - | NC |
| TWIIST REFILL KIT | - | NC |
| TWIIST STARTER KIT | - | NC |
| MISC. DEVICES | | |
| ALCOHOL SWABS | OTC | EXC |
| ORAL HYGIENE PRODUCTS | | |
| HURRISEAL MIS SNAP | - | NC |
| PARENTERAL THERAPY SUPPLIES | | |
| B-D PEN NEEDLE | - | \$0 |
| EMBECTA PEN NEEDLE | OTC | \$0 |
| NOVOFINE PEN NEEDLE | - | \$0 |
| NOVOTWIST PEN NEEDLE | - | \$0 |
| NOVOTWIST/NOVOFINE PEN NEEDLE | - | \$0 |
| B-D INSULIN SYRINGE | --OTC | 1 |
| EMBECTA INSULIN SYRINGE | --OTC | 1 |
| CEQR SIMPLICITY | - | NC |
| INPEN INSULIN INJECTION DEVICE | - | NC |
| INSULIN SYRINGE | OTC | NC |
| LASIX ONYU REUSABLE UNIT | - | NC |
| PEN NEEDLE | OTC | NC |
| RESPIRATORY THERAPY SUPPLIES | | |
| PEAK FLOW METER | OTC | 1 |
| AEROCHAMBER | OTC | 2 |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| AIMOVIG INJ (QL= 1 pack/28 days) | QL | 2 |
| AJOVY INJ (QL= 1 pack/28 days) | QL | 2 |
| EMGALITY INJ (QL= 1 inj/28 days) | QL | 2 |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | QL | 2 |
| NURTEC ODT (QL= 8 tabs/fill; 6 fills/year) | PA-QL | 2 |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days) | PA-QL | 2 |
| QULIPTA TAB | - | NC |
| MIGRAINE COMBINATIONS | | |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | NC |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC |
| ERGOTAMINE/CAFFEINE TAB | - | NC |

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| MIGRAINE PRODUCTS Cont. | | |
| ergotamine/caffeine tab (CAFERGOT equiv) | - | NC |
| MIGERGOT SUPP | - | NC |
| PRODRIN TAB | - | NC |
| SUMANSETRON PAK | - | NC |
| sumatriptan/naproxen tab (TREXIMET equiv) | - | NC |
| SYMBRAVO TAB | - | NC |
| TREXIMET TAB | - | NC |
| MIGRAINE PRODUCTS | | |
| BREKIYA INJ | - | NC |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC |
| ERGOMAR SL TAB | - | NC |
| MIGRANAL SPRAY | - | NC |
| TRUDHESA NASAL SPRAY | - | NC |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | |
| AIMOVIG INJ (QL= 1 pack/28 days) | QL | 2 |
| MIGRAINE PRODUCTS - NSAIDS | | |
| CAMBIA POWDER | - | NC |
| diclofenac potassium (migraine) packet (CAMBIA equiv) | - | NC |
| ELYXYB SOLN | - | NC |
| SEROTONIN AGONISTS | | |
| eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| almotriptan tab (AXERT equiv) | - | NC |
| AXERT TAB | - | NC |
| FROVA TAB | - | NC |
| frovatriptan tab (FROVA equiv) | - | NC |
| IMITREX 4MG INJ, ZEMBRACE INJ | - | NC |
| IMITREX INJ | - | NC |
| IMITREX TAB | - | NC |
| MAXALT MLT TAB | - | NC |

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| MIGRAINE PRODUCTS Cont. | | |
| MAXALT TAB | - | NC |
| ONZETRA XSAIL | - | NC |
| RELPAX TAB | - | NC |
| SUMAVEL DOSEPRO INJ | - | NC |
| TOSYMRA SOLN | - | NC |
| ZECUITY PAD | - | NC |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY | - | NC |
| ZOMIG TAB | - | NC |

MINERALS & ELECTROLYTES

FLUORIDE

| | | |
|---|---|-----|
| FLUORABON SOLN (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay) | - | \$0 |
| FLUORIDE CHW 0.25MG (\$0 copay for members age 5 years and younger; All other members covered at generic copay) | - | \$0 |
| sodium fluoride chew tab (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay) | - | \$0 |
| sodium fluoride soln (LURIDE equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay) | - | \$0 |
| SODIUM FLUORIDE TAB (\$0 copay for members age 5 years and younger; All other members covered at generic copay) | - | \$0 |

PHOSPHATE

| | | |
|----------------------------------|---|----|
| PHOSPHA 250 NEUTRAL TAB | - | 1 |
| PHOSPHO-TRIN K500 TAB | - | 2 |
| K-PHOS NEUTRAL TAB 155-852-130MG | - | NC |
| K-PHOS TAB | - | NC |

POTASSIUM

| | | |
|---|---|----|
| EFFER-K TAB | - | 1 |
| K-TAB | - | 1 |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| potassium chloride ER tab (K-TAB equiv) | - | 1 |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| POTASSIUM CHLORIDE TAB ER | - | 1 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 |
| potassium chloride soln | - | 2 |
| POKONZA ORAL SOLN | - | NC |
| POKONZA POWDER | - | NC |

TRACE MINERALS

| | | |
|------------|---|----|
| ZYCUBO INJ | - | NC |
|------------|---|----|

ZINC

| | | |
|--------------------|-----|----|
| zinc gluconate tab | OTC | 1 |
| GALZIN CAP | - | NC |

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

| | | |
|--|-------|----|
| trientine cap (SYPRINE equiv) | PA-SP | 1 |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 |
| CUVRIOR TAB | - | NC |

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| MISCELLANEOUS THERAPEUTIC CLASSES Cont. | | |
| DEPEN TITRATAB | - | NC |
| penicillamine cap (CUPRIMINE equiv) | - | NC |
| TRIENTINE CAP | - | NC |
| IMMUNOMODULATORS | | |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist) | QL-RS-SP | 1 |
| REZUROCK TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| VYVGART HYTRULO INJ (QL= 4 inj/28 days) | PA-QL-SP | 4 |
| JOENJA TAB | - | NC |
| REVLIMID CAP | - | NC |
| RHAPSIDO TAB | - | NC |
| IMMUNOSUPPRESSIVE AGENTS | | |
| everolimus tab (ZORTRESS equiv) | PA | 2 |
| sirolimus soln (RAPAMUNE equiv) | - | 2 |
| ENSPRYNG INJ (QL= 1 inj/28 days) | PA-QL-SP | 4 |
| LUPKYNIS CAP (QL= 6 caps/day) | PA-QL-SP | 4 |
| ASTAGRAF XL CAP | - | NC |
| azathioprine tab 100mg (AZASAN equiv) | - | NC |
| azathioprine tab 75mg (AZASAN equiv) | - | NC |
| MYHIBBIN SUSP | - | NC |
| PROGRAF PACKET | - | NC |
| RAPAMUNE SOLN | - | NC |
| ZORTRESS TAB | - | NC |
| PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS | | |
| VIJOICE TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| VIJOICE TAB 250MG (QL= 2 tabs/day) | PA-QL-SP | 4 |
| VIJOICE GRANULES PACKET | - | NC |
| POTASSIUM REMOVING AGENTS | | |
| LOKELMA PAK (QL= 1 packet/day) | PA-QL | 2 |
| LOKELMA PAK 5GM | PA | 2 |
| VELTASSA POWDER 1GM (QL= 4 packets/day) | PA-QL | 2 |
| LOKELMA PAK 10GM | - | NC |
| LOKELMA PAK 5GM | - | NC |
| SPS | - | NC |
| PROGERIA TREATMENT AGENTS | | |
| ZOKINVY CAP (QL= 4 caps/day) | PA-QL-SP | 4 |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | PA-QL-SP | 4 |
| BENLYSTA INJ (QL= 4 inj/28 day) | PA-QL-SP | 4 |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv) | - | 1 |
| FIRST MOUTHWASH BLM | - | 3 |
| LIDOCAINE ORAL SOLN | - | NC |
| ANTI-INFECTIVES - THROAT | | |

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| MOUTH/THROAT/DENTAL AGENTS Cont. | | |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 |
| nystatin susp | - | 1 |
| NYSTATIN SUSP | - | NC |
| ORAVIG TAB | - | NC |
| ANTISEPTICS - MOUTH/THROAT | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 |
| PERIDEX SOLN | - | NC |
| DENTAL PRODUCTS | | |
| DENTA 5000 CREAM PLUS (\$0 copay for members age 5 years and younger; All other members covered at preferred brand copay) | - | \$0 |
| sodium fluoride cream (PREVIDENT equiv) (\$0 copay for members age 5 years and younger; All other members covered at generic copay) | - | \$0 |
| FLUORIDEX SENSITIVITY PASTE | - | 1 |
| SODIUM FLUORIDE GEL | - | 1 |
| SODIUM FLUORIDE PASTE | - | 1 |
| SODIUM FLUORIDE SOLN | - | 1 |
| FRAICHE 5000 SENSITIVE GEL | - | NC |
| PREVIDENT 5000 PASTE 1.1% | - | NC |
| PREVIDENT 5000 PLUS 1.1% | - | NC |
| PREVIDENT GEL | - | NC |
| PREVIDENT SOLN 0.2% | - | NC |
| STEROIDS - MOUTH/THROAT | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 |
| THROAT PRODUCTS - MISC. | | |
| pilocarpine tab (SALAGEN equiv) | - | 1 |
| cevimeline cap (EVOXAC equiv) | - | 2 |
| EVOXAC CAP | - | NC |
| GELCLAIR GEL | - | NC |
| PROTHELIAL PASTE | - | NC |
| SALAGEN TAB | - | NC |
| SILATRIX GEL | - | NC |
| MULTIVITAMINS | | |
| B-COMPLEX VITAMINS | | |
| EB-N3 DR CAP | - | NC |
| B-COMPLEX W/ FOLIC ACID | | |
| DIALYVITE TAB | - | 1 |
| DIALYVITE/ZINC TAB | - | 1 |
| FOLBEE PLUS CZ TAB | - | 1 |
| ACTIVITE TAB | - | NC |
| dialyvite tab (NEPHRO-VITE equiv) | - | NC |
| FIBRIK CAP | - | NC |
| MYNEPHRON CAP | - | NC |
| renaphro cap (NEPHROCAP equiv) | - | NC |
| TERAVAX CAP | - | NC |

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| MULTIVITAMINS Cont. | | |
| MULTIPLE VITAMINS W/ MINERALS | | |
| multivitamin/minerals tab (STROVITE equiv) | - | NC |
| V-C FORTE CAP | - | NC |
| v-c forte cap (V-C FORTE equiv) | - | NC |
| MULTIVITAMINS | | |
| FOLIKA-V TAB | - | NC |
| PED MULTI VITAMINS W/FL & FE | | |
| MULTIPLE-VITAMIN/FL-FE DROPS | - | NC |
| pediatric multiple vitamins/fluoride/iron soln | - | NC |
| PED MV W/ FLUORIDE | | |
| FLORIVA PLUS DROPS | - | NC |
| MULTIVITAMIN CHEW TAB | - | NC |
| pediatric multiple vitamins/fluoride soln | - | NC |
| POLY-VI-FLOR SUSP | - | NC |
| TRI-VITAMIN FLUORIDE DROPS | - | NC |
| PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE | | |
| FLORIVA CHEW TAB | - | NC |
| PRENATAL VITAMINS | | |
| CONCEPT DHA CAP | - | 1 |
| PRENATABS RX TAB | - | 1 |
| PRENATAL 19 CHEW TAB | - | 1 |
| PRENATAL 19 TAB | - | 1 |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 |
| VP-PNV-DHA CAP | - | 1 |
| MYNATAL-Z TAB | - | 3 |
| NEONATAL 19 TAB | - | 3 |
| NEONATAL FE TAB | - | 3 |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 |
| VITAFOL STRIPS | - | 3 |
| AZESCHEW TAB 13-1MG | - | NC |
| AZESCO TAB | - | NC |
| CITRANATAL CAP MEDLEY | - | NC |
| JENLIVA CAP | - | NC |
| MATERVIA CAP | - | NC |
| MATRONEX TAB 27-1 MG | - | NC |
| MULTI-MAC TAB | - | NC |
| PREGEN DHA CAP | - | NC |
| PREGENNA TAB | - | NC |
| PRENARA CAP | - | NC |
| PRENATE MAX TAB | - | NC |
| PRENATOL-M TAB 27-1.2MG | - | NC |
| PRENATRIX TAB | - | NC |
| PRENATRYL TAB | - | NC |
| RELEVIA TAB 27-1MG | - | NC |

MUSCULOSKELETAL THERAPY AGENTS

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State of Arkansas Formulary
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| DrugName | Special Code | Tier |
|---|--------------|------|
| CENTRAL MUSCLE RELAXANTS | | |
| baclofen tab (BACLOFEN equiv) | - | 1 |
| carisoprodol tab (SOMA equiv) | - | 1 |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 |
| methocarbamol tab (ROBAXIN equiv) | - | 1 |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 |
| tizanidine tab (ZANAFLEX equiv) | - | 1 |
| chlorzoxazone tab 500mg | - | 2 |
| tizanidine cap (ZANAFLEX equiv) | - | 2 |
| BACLOFEN ORAL SOLN 10MG/5ML (Prior Authorization required for members age 9 years and older) | PA | 3 |
| baclofen oral soln 10mg/5ml (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization required for members age 9 years and older) | PA | 3 |
| baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older) | PA | 3 |
| baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older) | PA | 3 |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 3 |
| LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older) | PA | 3 |
| metaxalone tab (SKELAXIN equiv) | - | 3 |
| baclofen tab 15mg | - | NC |
| carisoprodol tab 250mg (SOMA equiv) | - | NC |
| chlorzoxazone tab | - | NC |
| CHLORZOXAZONE TAB 250MG, LORZONE TAB | - | NC |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC |
| FLEQSUVY SUSP | - | NC |
| METAXALONE TAB | - | NC |
| methocarbamol tab 1000mg (ROBAXIN equiv) | - | NC |
| ONTRALFY ORAL SOLN | - | NC |
| ROBAXIN TAB | - | NC |
| SKELAXIN TAB | - | NC |
| SOMA TAB | - | NC |
| SOMA TAB 250MG | - | NC |
| ZANAFLEX CAP | - | NC |
| ZANAFLEX TAB | - | NC |
| DIRECT MUSCLE RELAXANTS | | |
| dantrolene cap (DANTRIUM equiv) | - | 2 |
| DANTRIUM CAP | - | NC |
| FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS | | |
| SOHONOS CAP 1.5MG | - | NC |
| SOHONOS CAP 10MG | - | NC |
| SOHONOS CAP 1MG | - | NC |
| SOHONOS CAP 2.5MG | - | NC |
| SOHONOS CAP 5MG | - | NC |
| MUSCLE RELAXANT COMBINATIONS | | |
| CARISOPRODOL/ASPIRIN TAB | - | NC |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC |

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|---|--|--|---|--|--|
| MUSCULOSKELETAL THERAPY AGENTS Cont. | | | | | |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC | | | |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC | | | |
| LORVATUS PHARMAPAK KIT | - | NC | | | |
| NORGESIC TAB FORTE | - | NC | | | |
| TIZANIDINE COMFORT KIT | - | NC | | | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | | | | |
| NASAL AGENT COMBINATIONS | | | | | |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC | | | |
| AZENASE PAK | - | NC | | | |
| RYALTRIS SPRAY | - | NC | | | |
| NASAL AGENTS - MISC. | | | | | |
| ALZAIR NASAL SPRAY | - | NC | | | |
| TICANASE PAK | - | NC | | | |
| NASAL ANESTHETICS | | | | | |
| COCAINE HCL SOLN | - | NC | | | |
| NASAL ANTIALLERGY | | | | | |
| olopatadine nasal spray (PATANASE equiv) | - | 2 | | | |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY | - | NC | | | |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | NC | | | |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | NC | | | |
| PATANASE NASAL SPRAY | - | NC | | | |
| NASAL ANTICHOLINERGICS | | | | | |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 | | | |
| NASAL STEROIDS | | | | | |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 | | | |
| budesonide nasal spray (RHINOCORT AQUA equiv) | OTC | EXC | | | |
| FLONASE SENSIMIST NASAL SPRAY | OTC | EXC | | | |
| NASACORT OTC NASAL SPRAY | OTC | EXC | | | |
| triamcinolone OTC nasal spray (NASACORT equiv) | OTC | EXC | | | |
| BECONASE AQ NASAL SPRAY | - | NC | | | |
| flunisolide nasal soln | - | NC | | | |
| mometasone nasal spray (NASONEX equiv) | - | NC | | | |
| OMNARIS NASAL SPRAY | - | NC | | | |
| QNASL NASAL SPRAY | - | NC | | | |
| XHANCE NASAL EXHALER | - | NC | | | |
| SYMPATHOMIMETIC DECONGESTANTS | | | | | |
| ADRENALIN SOLN | - | NC | | | |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | NC | | | |
| NEUROMUSCULAR AGENTS | | | | | |
| ALS AGENTS | | | | | |
| riluzole tab (RILUTEK equiv) | - | 2 | | | |
| RILUTEK TAB | - | NC | | | |
| TIGLUTIK SUSP | - | NC | | | |
| FRIEDRICH'S ATAXIA AGENTS | | | | | |
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| NEUROMUSCULAR AGENTS Cont. | | |
| SKYCLARYS CAP | - | NC |
| MUSCULAR DYSTROPHY AGENTS | | |
| DUVYZAT ORAL SUSP | - | NC |
| RETT SYNDROME AGENTS | | |
| DAYBUE SOLN | - | NC |
| DAYBUE STIX POWDER | - | NC |
| DAYBUE STIX POWDER 8000MG | - | NC |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| EVRYSDI SOLN (QL= 6.67ml/day) | PA-QL-SP | 4 |
| EVRYSDI TAB (QL= 1 tab/day) | PA-QL-SP | 4 |
| NUTRIENTS | | |
| LIPIDS | | |
| DOJOLVI ORAL LIQUID | - | NC |
| OPHTHALMIC AGENTS | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | |
| LACRISERT OPHTH INSERT | - | NC |
| BETA-BLOCKERS - OPHTHALMIC | | |
| BETAXOLOL OPHTH SOLN | - | 1 |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| CARTEOLOL OPHTH SOLN | - | 1 |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 |
| LEVOBUNOLOL OPHTH SOLN | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |
| BETIMOL OPHTH SOLN 0.25% | - | 2 |
| BETOPTIC-S OPHTH SOLN | - | 2 |
| brimonidine/timolol ophth soln (COMBIGAN equiv) | - | 2 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 |
| ISTALOL OPHTH SOLN | - | 2 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 |
| timolol ophth soln (BETIMOL equiv) | - | 2 |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 3 |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) | - | 3 |
| BETAGAN OPHTH SOLN | - | NC |
| COMBIGAN OPHTH SOLN | - | NC |
| COSOPT (PF) OPHTH SOLN | - | NC |
| ISTALOL OPHTH SOLN 0.5% | - | NC |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | - | NC |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.5% | - | NC |
| TIMOPTIC OPHTH SOLN | - | NC |
| TIMOPTIC-XE OPHTH GEL | - | NC |
| CHOLINERGIC AGONISTS | | |

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| OPHTHALMIC AGENTS Cont. | | |
| TYRVAYA NASAL SPRAY | - | NC |
| CYCLOPLEGIC MYDRIATICS | | |
| ALTAFRIN OPHTH SOLN | - | 1 |
| atropine ophth oint | - | 1 |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 |
| ATROPINE SULFATE OPHTH OINT | - | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPHTH SOLN | - | 2 |
| HOMATROPINE OPHTH SOLN | - | 2 |
| CYCLOGYL OPHTH SOLN | - | 3 |
| ATROPINE SUL SOLN 1% OPHTH | - | NC |
| CYCLOGYL OPHTH SOLN | - | NC |
| MYDCOMBI OPHTH SOLN | - | NC |
| MYDRIACYL OPHTH SOLN | - | NC |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | NC |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 |
| ISOPTO CARPINE OPHTH SOLN | - | NC |
| PHOSPHOLINE OPHTH SOLN | - | NC |
| pilocarpine hcl ophth soln 1.25% (VUIITY equiv) | - | NC |
| QLOSI OPHTH SOLN, VUIITY OPHTH SOLN | - | NC |
| VIZZ OPHTH SOLN | - | NC |
| VUIITY OPHTH SOLN 1.25% | - | NC |
| YUVEZZI SOLN | - | NC |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| brimonidine ophth soln 0.2% | - | 1 |
| APRACLONIDINE OPHTH SOLN | - | 2 |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) | - | 2 |
| IOPIDINE OPHTH SOLN | - | 2 |
| SIMBRINZA OPHTH SUSP | - | 2 |
| ALPHAGAN P OPHTH SOLN 0.15% | - | NC |
| IOPIDINE OPHTH SOLN | - | NC |
| OPHTHALMIC ANTI-INFECTIVES | | |
| BACIT/POLYMY OPHTH OINT | - | 1 |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 |
| erythromycin ophth oint | - | 1 |
| GENTAK OPHTH OINT | - | 1 |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 |

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| OPHTHALMIC AGENTS Cont. | | |
| LEVOFLOXACIN OPHTH SOLN 0.5% | - | 1 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 |
| NEO/BAC/POLY OPHTH OINT | - | 1 |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | 1 |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 |
| SULFACETAMIDE SOD OPHTH SOLN | - | 1 |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 |
| tobramycin ophth soln (TOBREX equiv) | - | 1 |
| AZASITE SOLN | - | 2 |
| BACITRACIN OPHTH OINT | - | 2 |
| NATACYN OPHTH SUSP (QL= 15ml/fill) | QL | 2 |
| TRIFLURIDINE OPHTH SOLN | - | 2 |
| ZIRGAN OPHTH GEL | - | 2 |
| CILOXAN OPHTH OINT | - | 3 |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | 3 |
| TOBREX OPHTH OINT | - | 3 |
| BESIFLOXACIN OPHTH SUSP, BESIVANCE OPHTH SUSP | - | NC |
| BLEPH-10 OPHTH SOLN | - | NC |
| CILOXAN OPHTH SOLN | - | NC |
| ERYTHROMYCIN OPHTH OINT | - | NC |
| LEVOFLOXACIN OPHTH SOLN | - | NC |
| MOXEZA OPHTH SOLN 0.5% | - | NC |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN | - | NC |
| MOXIFLOXACIN SOLN | - | NC |
| NEOSPORIN OPHTH SOLN | - | NC |
| OCUFLOX OPHTH SOLN | - | NC |
| POLYTRIM OPHTH SOLN | - | NC |
| TOBREX OPHTH SOLN | - | NC |
| VANCOMYCIN SOLN | - | NC |
| VIGAMOX OPHTH SOLN | - | NC |
| XDEMVA DROPS | - | NC |
| ZYMAXID OPHTH SOLN | - | NC |
| OPHTHALMIC IMMUNOMODULATORS | | |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 1 |
| CEQUA (PF) OPHTH SOLN (Restricted to ophthalmology or optometry specialist) | RS | 2 |
| CYCLOSPORINE OPHTH EMULSION 0.1% | - | NC |
| RESTASIS OPHTH EMULSION | - | NC |
| VEVYE OPHTH SOLN | - | NC |
| OPHTHALMIC INTEGRIN ANTAGONISTS | | |
| XIIDRA OPHTH SOLN | - | NC |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA OPHTH SOLN | - | NC |
| ROCKLATAN OPHTH SOLN | - | NC |

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| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 |
| tetracaine hcl ophth soln | - | 1 |
| TETRACAINE OPHTH SOLN | - | 1 |
| ALCAINE OPHTH SOLN | - | NC |
| IHEEZO GEL | - | NC |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime) | PA-QL-SP | 4 |
| OPHTHALMIC PHOTOENHANCERS | | |
| PHOTREXA OP KIT | - | NC |
| OPHTHALMIC STEROIDS | | |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 |
| NEO/POLY/BAC/HC OPHTH OINT | - | 1 |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 |
| prednisolone acetate ophth susp (PRED FORTE equiv) | - | 1 |
| PREDNISOLONE OPHTH SUSP | - | 1 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 |
| ALREX OPHTH SUSP | - | 2 |
| difluprednate ophth emulsion (DUREZOL equiv) | - | 2 |
| LOTEMAX OPHTH OINT | - | 2 |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 |
| loteprednol ophth susp (LOTEMAX, ALREX equiv) | - | 2 |
| MAXIDEX OPHTH SOLN | - | 2 |
| PRED MILD OPHTH SOLN | - | 2 |
| TOBRADEX OPHTH OINT | - | 2 |
| ZYLET OPHTH SUSP 0.5-0.3% (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 |
| FLAREX OPHTH SUSP | - | 3 |
| FML FORTE OPHTH SUSP | - | 3 |
| PRED FORTE OPHTH SUSP | - | 3 |
| TOBRADEX ST OPHTH SUSP | - | 3 |
| ALREX SUSP | - | NC |
| CLOBETASOL OPHTH SUSP | - | NC |
| DEXTENZA OPHTH INSERT | - | NC |
| DUREZOL OPHTH EMULSION | - | NC |
| EYSUVIS OPHTH SUSP | - | NC |
| FML LIQUIFILM OPHTH SUSP | - | NC |
| INVELTYS OPHTH SUSP | - | NC |
| KLARITY-B DROPS | - | NC |
| KLARITY-L DROPS | - | NC |
| LOTEMAX GEL | - | NC |
| LOTEMAX SM GEL 0.38% | - | NC |

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| loteprednol etabonate-tobramycin ophth susp (ZYLET equiv) | - | NC |
| MAXITROL OPHTH OINT | - | NC |
| MAXITROL OPHTH SUSP | - | NC |
| PRED FORTE OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | NC |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | NC |
| TOBRADEX OPHTH SOLN | - | NC |
| ZYLET OPHTH SUSP | - | NC |
| OPHTHALMIC SURGICAL AIDS | | |
| DUOVISC KIT | - | NC |
| OPHTHALMICS - MISC. | | |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 |
| cromolyn ophth soln (CROLOM equiv) | - | 1 |
| CROMOLYN SODIUM OPHTH SOLN | - | 1 |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 |
| FLURBIPROFEN OPHTH SOLN | - | 2 |
| ILEVRO OPHTH SUSP | - | 2 |
| NEVANAC OPHTH SUSP | - | 2 |
| ACUVAIL OPHTH SOLN | - | 3 |
| bepotastine ophth soln (BEPREVE equiv) | - | 3 |
| epinastine ophth soln (ELESTAT equiv) | - | 3 |
| CYSTAROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist) | QL-RS-SP | 4 |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS-SP | 4 |
| UPNEEQ SOLN | - | EXC |
| ACULAR (LS) OPHTH SOLN | - | NC |
| ALOCRIOL OPHTH SOLN | - | NC |
| AZOPT OPHTH SUSP | - | NC |
| BEPREVE OPHTH SOLN | - | NC |
| ELESTAT OPHTH SOLN | - | NC |
| MIEBO OPHTH SOLN | - | NC |
| olopatadine ophth soln (PATANOL equiv) | - | NC |
| OMLONTI OPHTH SOLN | - | NC |
| PROLENSA OPHTH SOLN | - | NC |
| TRUSOPT OPHTH SOLN | - | NC |
| TRYPTYR SOLN | - | NC |
| ZERVIAE OPHTH SOLN | - | NC |

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| OPHTHALMIC AGENTS Cont. | | |
| PROSTAGLANDINS - OPHTHALMIC | | |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 |
| bimatoprost ophth soln (LUMIGAN equiv) (QL= 2.5ml/30 days) | QL | 2 |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 |
| IYUZEH OPHTH DROPS | - | NC |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) | - | NC |
| TRAVATAN Z DROPS | - | NC |
| VYZULTA SOLN | - | NC |
| XALATAN OPHTH SOLN | - | NC |
| XELPROS OPHTH EMULSION | - | NC |
| ZIOPTAN OPHTH SOLN | - | NC |
| OTIC AGENTS | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| acetic acid otic soln (VOSOL equiv) | - | 1 |
| OTIC ANTI-INFECTIVES | | |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 |
| ciprofloxacin hcl otic soln (CETRAXAL equiv) | - | 2 |
| OTIC COMBINATIONS | | |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| CIPRO HC OTIC SUSP | - | 3 |
| ciprofloxacin-hydrocortisone otic susp (CIPRO HC equiv) | - | 3 |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC |
| CIPRODEX OTIC SUSP | - | NC |
| CORTANE-B OTIC SOLN | - | NC |
| CORTIC-ND DROPS | - | NC |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC |
| OTIC STEROIDS | | |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 |
| DERMOTIC OIL | - | NC |
| OXYTOCICS | | |
| ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING | | |
| MPM PAK | - | EXC |
| OXYTOCICS | | |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 |
| PASSIVE IMMUNIZING AGENTS | | |
| IMMUNE SERUMS | | |
| HIZENTRA INJ | PA-SP | 4 |

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PASSIVE IMMUNIZING AGENTS Cont.

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

| | | |
|------------|-------|---|
| HYQVIA INJ | PA-SP | 4 |
|------------|-------|---|

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

| | | |
|--------------|-------|----|
| HIZENTRA INJ | PA-SP | 4 |
| XEMBIFY INJ | PA-SP | 4 |
| CUTAQUIG INJ | - | NC |

MONOCLONAL ANTIBODIES

| | | |
|---------------|-----|-----|
| BEYFORTUS INJ | VAC | \$0 |
| ENFLONSA INJ | VAC | \$0 |

PENICILLINS

AMIDINOPENICILLINS

| | | |
|-----------|---|----|
| PIVYA TAB | - | NC |
|-----------|---|----|

AMINOPENICILLINS

| | | |
|-----------------------------------|---|----|
| amoxicillin cap (TRIMOX equiv) | - | 1 |
| AMOXICILLIN CHEW TAB | - | 1 |
| amoxicillin susp (TRIMOX equiv) | - | 1 |
| amoxicillin tab (AMOXIL equiv) | - | 1 |
| ampicillin cap (AMPICILLIN equiv) | - | 1 |
| MOXATAG TAB | - | NC |
| MOXATAG TAB 775MG | - | NC |

NATURAL PENICILLINS

| | | |
|-----------------------------------|---|---|
| penicillin vk tab (VEETIDS equiv) | - | 1 |
|-----------------------------------|---|---|

PENICILLIN COMBINATIONS

| | | |
|--|---|----|
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 |
| AMOXICILLIN/CLAVULANATE CHEW TAB | - | 2 |
| amoxicillin/k clavulanate er tab (AMOXICILLIN/CLAVULANATE equiv) | - | 3 |
| AUGMENTIN ES-600 SUSP | - | NC |
| AUGMENTIN TAB | - | NC |

PENICILLINASE-RESISTANT PENICILLINS

| | | |
|-----------------------------------|---|---|
| dicloxacillin cap (DYNAPEN equiv) | - | 1 |
|-----------------------------------|---|---|

PHARMACEUTICAL ADJUVANTS

LIQUID VEHICLES

| | | |
|----------------|---|----|
| TRICHOSOL SOLN | - | NC |
|----------------|---|----|

SEMI SOLID VEHICLES

| | | |
|-----------------------------------|---|----|
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 |
| VERSAPENN AL GEL ANHYDROU | - | NC |

PROGESTINS

PROGESTINS

| | | |
|---|---|---|
| medroxyprogesterone tab (PROVERA equiv) | - | 1 |
| norethindrone tab (AYGESTIN equiv) | - | 1 |
| progesterone cap (PROMETRIUM equiv) | - | 1 |

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| PROGESTINS Cont. | | |
| progesterone oil inj | - | 1 |
| megestrol ES susp (MEGACE ES equiv) | - | 3 |
| MEGESTROL SUSP | - | 3 |
| AYGESTIN TAB | - | NC |
| PROMETRIUM CAP | - | NC |
| PROVERA TAB | - | NC |

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

| | | |
|--|-------|----|
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days) | PA-QL | 3 |
| ANTABUSE TAB | - | NC |
| disulfiram tab 500mg | - | NC |
| LUCEMYRA TAB | - | NC |

ANTI-CATAPLECTIC AGENTS

| | | |
|--|----------|----|
| sodium oxybate oral soln (XYREM equiv) (QL= 540ml/30 days) | PA-QL-SP | 1 |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days) | PA-QL-SP | 4 |
| LUMRYZ PACK | - | NC |
| LUMRYZ STARTER PACK | - | NC |
| XYREM SOLN | - | NC |
| XYWAV SOLN | - | NC |

ANTIDEMENTIA AGENTS

| | | |
|--|----|----|
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 |
| galantamine tab (RAZADYNE equiv) | - | 1 |
| memantine tab (NAMENDA equiv) | - | 1 |
| MEMANTINE TITRATION PAK | - | 1 |
| rivastigmine cap (EXELON equiv) | - | 1 |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | 2 |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 |
| GALANTAMINE SOLN | - | 2 |
| memantine ER cap (NAMENDA XR equiv) | - | 2 |
| memantine soln (NAMENDA equiv) | - | 2 |
| NAMENDA XR TITRATION PAK | - | 2 |
| rivastigmine patch (EXELON equiv) | - | 2 |
| ADLARITY PATCH | - | NC |
| ARICEPT TAB | - | NC |
| ARICEPT TAB 23MG | - | NC |
| EXELON PATCH | - | NC |
| LEQEMBI IQLK INJ | - | NC |
| memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv) | - | NC |
| NAMENDA TAB | - | NC |
| NAMENDA XR CAP | - | NC |
| NAMZARIC CAP | - | NC |
| NAMZARIC STARTER PACK | - | NC |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| RAZADYNE SOLN | - | NC |
| RAZADYNE TAB | - | NC |
| ZUNVEYL TAB | - | NC |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | NC |
| DULOXICAINE PACK | - | NC |
| LYBALVI TAB | - | NC |
| SYMBYAX CAP | - | NC |
| FIBROMYALGIA AGENTS | | |
| milnacipran hcl tab (SAVELLA equiv) | - | 2 |
| milnacipran hcl tab (SAVELLA equiv) (QL= 2 tabs/day) | --QL | 2 |
| SAVELLA PAK | - | 3 |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 3 |
| TONMYA SUB | - | NC |
| HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS | | |
| ADDYI TAB | - | NC |
| VYLEESI INJ | - | NC |
| MOVEMENT DISORDER DRUG THERAPY | | |
| tetrabenazine tab (XENAZINE equiv) | SP | 1 |
| AUSTEDO TAB | - | NC |
| AUSTEDO TITRATION PACK | - | NC |
| AUSTEDO XR TAB | - | NC |
| AUSTEDO XR TAB TITRATION KIT | - | NC |
| AUSTEDO XR TITRATION PACK | - | NC |
| INGREZZA CAP | - | NC |
| INGREZZA PACK 40-80MG | - | NC |
| INGREZZA SPRINKLE CAP | - | NC |
| XENAZINE TAB | - | NC |
| MULTIPLE SCLEROSIS AGENTS | | |
| cladribine tab therapy pack (MAVENCLAD equiv) | SP | 1 |
| dalfampridine ER tab (AMPYRA equiv) | SP | 1 |
| dimethyl fumarate DR cap (TECFIDERA equiv) | SP | 1 |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | SP | 1 |
| teriflunomide tab (AUBAGIO equiv) | SP | 1 |
| AVONEX INJ | SP | 4 |
| BETASERON INJ | SP | 4 |
| fingolimod hcl cap 0.5mg (GILENYA equiv) | SP | 4 |
| GILENYA CAP 0.25MG | SP | 4 |
| glatiramer inj (COPAXONE equiv) | SP | 4 |
| KESIMPTA INJ | SP | 4 |
| MAVENCLAD THERAPY PAK | SP | 4 |
| MAYZENT TAB | SP | 4 |
| MAYZENT TAB STARTER PACK | SP | 4 |

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| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| PLEGRIDY INJ | SP | 4 |
| PLEGRIDY PEN INJ | SP | 4 |
| REBIF INJ | SP | 4 |
| ZEPOSIA CAP (QL= 1 cap/day) | PA-QL-SP | 4 |
| ZEPOSIA STARTER PACK (QL= 1 cap/day) | PA-QL-SP | 4 |
| AUBAGIO TAB | - | NC |
| BAFIERTAM CAP | - | NC |
| EXTAVIA INJ | - | NC |
| GILENYA CAP 0.5MG | - | NC |
| PONVORY TAB | - | NC |
| PONVORY TAB STARTER PACK | - | NC |
| TASCENSO ODT TAB | - | NC |
| TECFIDERA CAP | - | NC |
| TECFIDERA STARTER PACK | - | NC |
| VUMERITY CAP | - | NC |
| ZINBRYTA INJ | - | NC |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS | | |
| gabapentin (once-daily) tab (GRALISE equiv) | - | NC |
| GRALISE TAB | - | NC |
| LIDOTIN PAK | - | NC |
| pregabalin ER tab (LYRICA CR equiv) | - | NC |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| FLUOXETINE CAP (PMDD) | - | NC |
| SARAFEM TAB | - | NC |
| PSEUDOBULBAR AFFECT (PBA) AGENTS | | |
| NUDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| PIMOZIDE TAB | - | 2 |
| AQNEURSA PACKET FOR SUSPENSION | - | NC |
| ERGOLOID MESYLATES TAB | - | NC |
| MIPLYFFA CAP | - | NC |
| ORAP TAB | - | NC |
| RESTLESS LEG SYNDROME (RLS) AGENTS | | |
| HORIZANT TAB | - | NC |
| SMOKING DETERRENTS | | |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| NICOTINE KIT | OTC-QL-SMKG | \$0 |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| VARENICLINE TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| CHANTIX STARTER PACK | SMKG | NC |
| NICODERM PATCH | OTC-SMKG | NC |
| NICORETTE GUM | OTC-SMKG | NC |
| NICORETTE LOZENGE | OTC-SMKG | NC |
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| nicotine gum (NICORETTE equiv) | OTC-SMKG | NC |
| nicotine lozenge (COMMIT equiv) | OTC-SMKG | NC |
| NICOTROL INHALER | SMKG | NC |
| NICOTROL NASAL SPRAY | SMKG | NC |
| ZYBAN TAB | SMKG | NC |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS | | |
| WAINUA INJ | - | NC |
| VASOMOTOR SYMPTOM AGENTS | | |
| BRISDELLE CAP | - | NC |
| paroxetine cap (BRISDELLE equiv) | - | NC |
| RESPIRATORY AGENTS - MISC. | | |
| CYSTIC FIBROSIS AGENTS | | |
| ALYFTREK TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day) | PA-QL-SP | 4 |
| KALYDECO PAK (QL= 2 packets/day) | PA-QL-SP | 4 |
| KALYDECO TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day) | PA-QL-SP | 4 |
| ORKAMBI TAB (QL= 4 tabs/day) | PA-QL-SP | 4 |
| PULMOZYME INH SOLN | SP | 4 |
| SYMDEKO TAB (QL= 2 tabs/day) | PA-QL-SP | 4 |
| TRIKAFTA TAB (QL= 84 tabs/28 days) | PA-QL-SP | 4 |
| TRIKAFTA THERAPY PACK (QL= 2 packets/day) | PA-QL-SP | 4 |
| BRONCHITOL CAP | - | NC |
| PULMONARY FIBROSIS AGENTS | | |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day) | PA-QL-SP | 1 |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | PA-QL-SP | 1 |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | PA-QL-SP | 1 |
| OFEV CAP (QL= 2 caps/day) | PA-QL-SF-SP | 4 |
| ESBRIET CAP | - | NC |
| ESBRIET TAB | - | NC |
| JASCAYD TAB | - | NC |
| PIRFENIDONE TAB | - | NC |
| RESPIRATORY AGENTS - MISC. | | |
| BRINSUPRI TAB | - | NC |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| sulfadiazine tab | - | 3 |
| TETRACYCLINES | | |
| AMINOMETHYLCYCLINES | | |
| NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist) | QL-RS-SP | 4 |
| TETRACYCLINES | | |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 |
| doxycycline monohydrate cap (MONODOX equiv) | - | 1 |
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| TETRACYCLINES Cont. | | |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 |
| minocycline cap (MINOCIN equiv) | - | 1 |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 |
| minocycline tab (DYNACIN equiv) | - | 2 |
| demeclocycline tab (DECLOMYCIN equiv) | - | 3 |
| tetracycline cap | - | 3 |
| ACTICLATE TAB 75MG, 150MG | - | NC |
| DORYX MPC TAB | - | NC |
| doxycycline hyclate DR tab (DORYX equiv) | - | NC |
| doxycycline hyclate tab (TARGADOX equiv) | - | NC |
| doxycycline hyclate tab 75mg, 150mg | - | NC |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | NC |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | NC |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC |
| DYNACIN TAB | - | NC |
| MINOCIN CAP | - | NC |
| MINOCYCLINE ER CAP | - | NC |
| minocycline ER tab (SOLODYN equiv) | - | NC |
| MINOLIRA TAB | - | NC |
| MONODOX CAP | - | NC |
| SEYSARA TAB | - | NC |
| TETRACYCLINE TAB | - | NC |
| VIBRAMYCIN CAP | - | NC |
| VIBRAMYCIN SUSP | - | NC |

THYROID AGENTS

| ANTITHYROID AGENTS | | |
|----------------------------------|---|----|
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| propylthiouracil tab | - | 1 |
| SODIUM IODIDE I-131 SOLN | - | NC |
| TAPAZOLE TAB | - | NC |

| THYROID HORMONES | | |
|--|-------|----|
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 |
| levothyroxine tab (SYNTHROID equiv) | - | 1 |
| liothyronine tab (CYTOMEL equiv) | - | 1 |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 |
| SYNTHROID TAB | - | 2 |
| TIROSINT-SOL (QL= 1ml/day; Prior Authorization required for members age 9 years and older) | PA-QL | 3 |
| CYTOMEL TAB | - | NC |
| ERMEZA SOLN 150 MCG/5ML | - | NC |
| LEVOTHYROXINE INJ | - | NC |
| LEVOTHYROXINE INJ 100MCG/ML | - | NC |
| THYQUIDITY SOLN | - | NC |
| TIROSINT CAP | - | NC |

TOXOIDS

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|--------------------------------|---|
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| INF Infertility | OTC Over-the-Counter | PA Prior Authorization |
| QL Quantity Limit | RDX Restricted to Diagnosis | RS Restricted to Specialist |
| SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation | SP Available through Specialty Pharmacy Program |
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State of Arkansas Formulary
Category/Class
Last Updated* 4/1/2026

| DrugName | Special Code | Tier |
|---|--------------|------|
| TOXOIDS Cont. | | |
| TOXOID COMBINATIONS | | |
| ADACEL/BOOSTRIX INJ | VAC | \$0 |
| DAPTACEL INJ, INFANRIX INJ | VAC | \$0 |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ | VAC | \$0 |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ | VAC | \$0 |
| KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE | VAC | \$0 |
| PEDIARIX INJ | VAC | \$0 |
| PENTACEL INJ | VAC | \$0 |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | \$0 |
| VAXELIS INJ | VAC | \$0 |

ULCER DRUGS

| | | |
|---|---|----|
| ANTISPASMODICS | | |
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |
| hyoscyamine sulfate CR tab (LEVBIID equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 |
| dicyclomine soln (BENTYL equiv) | - | 2 |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 |
| methscopolamine tab (PAMINE equiv) | - | 3 |
| ANASPAZ ODT | - | NC |
| b-donna tab (DONNATAL equiv) | - | NC |
| BENTYL CAP | - | NC |
| BENTYL SYRUP | - | NC |
| GLYCATE TAB, GLYCOPYRROLATE TAB | - | NC |
| LIBRAX CAP | - | NC |
| ROBINUL TAB | - | NC |

| | | |
|--|---|----|
| H-2 ANTAGONISTS | | |
| cimetidine soln (CIMETIDINE equiv) | - | 1 |
| cimetidine tab (TAGAMET equiv) (Rx Only) | - | 1 |
| famotidine tab (PEPCID equiv) (Rx Only) | - | 1 |
| nizatidine cap (AXID equiv) | - | 1 |
| famotidine susp (PEPCID equiv) | - | 2 |
| AXID CAP | - | NC |
| PEPCID SUSP | - | NC |
| PEPCID TAB | - | NC |

| | | |
|---------------------------------|---|----|
| MISC. ANTI-ULCER | | |
| sucralfate tab (CARAFATE equiv) | - | 1 |
| CARAFATE TAB | - | NC |

| | | |
|---|---|---|
| PROTON PUMP INHIBITORS | | |
| esomeprazole cap (NEXIUM equiv) (Rx Only) | - | 1 |
| lansoprazole cap (PREVACID equiv) (Rx Only) | - | 1 |

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Category/Class
Last Updated* 4/1/2026

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|---|--------------|------|
| ULCER DRUGS Cont. | | |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 |
| ACIPHEX SPRINKLE CAP | - | NC |
| ACIPHEX TAB | - | NC |
| FIRST OMEPRAZOLE SUSP | - | NC |
| LANSOPRAZOLE SUSP | - | NC |
| NEXIUM CAP | - | NC |
| PREVACID CAP | - | NC |
| PRILOSEC CAP | - | NC |
| PROTONIX EC TAB | - | NC |
| ULCER DRUGS - PROSTAGLANDINS | | |
| misoprostol tab (CYTOTEC equiv) | - | 1 |
| CYTOTEC TAB | - | NC |
| ULCER THERAPY COMBINATIONS | | |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC |
| ZEGERID POWDER PACK | - | NC |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| HYOSCYAMINE ELXIR | - | 1 |
| HYOSCYAMINE SULFATE ER TAB | - | 1 |
| HYOSCYAMINE SULFATE SL TAB | - | 1 |
| HYOSCYAMINE TAB | - | 1 |
| CHLORDIAZEPOXIDE/CLIDINIUM CAP | - | 2 |
| glycopyrrolate oral soln (CUVPOSA equiv) | - | 3 |
| CUVPOSA SOLN | - | NC |
| DARTISLA ODT TAB | - | NC |
| DICYCLOMINE TAB | - | NC |
| DONNATAL ELIXIR, PB-BELLADONNA ELIXIR | - | NC |
| DONNATAL TAB | - | NC |
| GLYCATE TAB | - | NC |
| HYOSCYAMINE INJ | - | NC |
| LEVBIID ER TAB 0.375MG | - | NC |
| LEVSIN SL TAB 0.125MG | - | NC |
| LEVSIN TAB 0.125MG | - | NC |
| H-2 ANTAGONISTS | | |
| NIZATIDINE CAP | - | 1 |
| RANITIDINE TAB | - | NC |
| MISC. ANTI-ULCER | | |
| sucralfate susp (CARAFATE equiv) | - | 2 |
| CARAFATE SUSP | - | NC |
| PROTON PUMP INHIBITORS | | |
| omeprazole tab | OTC | EXC |

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State of Arkansas Formulary
Category/Class
Last Updated* 4/1/2026

| DrugName | Special Code | Tier |
|---|--------------|------|
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont. | | |
| DEXILANT DR CAP | - | NC |
| dexlansoprazole DR cap (DEXILANT equiv) | - | NC |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC |
| FIRST PANTOPRAZOLE SUSP | - | NC |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC |
| pantoprazole sodium packet (PROTONIX equiv) | - | NC |
| VOQUEZNA TAB | - | NC |
| ULCER THERAPY COMBINATIONS | | |
| bismuth/metro/tetra cap (PYLERA equiv) | - | NC |
| HELIDAC PACK | - | NC |
| KONVOMEF SUSP | - | NC |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | NC |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT | - | NC |
| PYLERA CAP | - | NC |
| TALICIA CAP | - | NC |
| VOQUEZNA DUAL PAK | - | NC |
| VOQUEZNA TRIP PAK | - | NC |
| URINARY ANTI-INFECTIVES | | |
| URINARY ANTI-INFECTIVE COMBINATIONS | | |
| PROSED DS TAB | - | NC |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW) | | |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| fesoterodine fumarate ER tab (TOVIAZ equiv) | - | 1 |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| solifenacin tab (VESICARE equiv) | - | 1 |
| tolterodine SR cap (DETROL LA equiv) | - | 1 |
| tolterodine tab (DETROL equiv) | - | 1 |
| tropium tab (SANCTURA equiv) | - | 1 |
| darifenacin SR tab (ENABLEX equiv) | - | 2 |
| DETROL LA CAP | - | NC |
| DETROL TAB | - | NC |
| DITROPAN XL TAB | - | NC |
| ENABLEX TAB | - | NC |
| OXYBUTYNIN TAB | - | NC |
| TOVIAZ TAB | - | NC |
| VESICARE LS SUSP | - | NC |
| VESICARE TAB | - | NC |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| MYRBETRIQ TAB | - | 2 |
| GEMTESA TAB | - | NC |

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**State of Arkansas Formulary
Category/Class**

Last Updated* 4/1/2026

| DrugName | Special Code | Tier |
|--|--------------|------|
| URINARY ANTISPASMODICS Cont. | | |
| mirabegron tab er (MYRBETRIQ equiv) | - | NC |
| MYRBETRIQ SUSP | - | NC |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| bethanechol tab (URECHOLINE equiv) | - | 1 |
| URECHOLINE TAB | - | NC |
| URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW) | | |
| flavoxate tab (URISPAS equiv) | - | NC |
| VACCINES | | |
| BACTERIAL VACCINES | | |
| ACTHIB INJ, HIBERIX INJ | VAC | \$0 |
| BCG INJ | VAC | \$0 |
| BEXSERO INJ | VAC | \$0 |
| CAPVAXIVE INJ | VAC | \$0 |
| MENACTRA INJ | VAC | \$0 |
| MENQUADFI INJ | VAC | \$0 |
| MENVEO INJ | VAC | \$0 |
| PEDVAXHIB INJ | VAC | \$0 |
| PENMENVY INJ | VAC | \$0 |
| PNEUMOVAX INJ | VAC | \$0 |
| PREVNAR 20 INJ | VAC | \$0 |
| TRUMENBA INJ | VAC | \$0 |
| VAXNEUVANCE INJ | VAC | \$0 |
| TYPHIM VI INJ | VAC | EXC |
| VAXCHORA SUSP | VAC | EXC |
| VIVOTIF CAP | VAC | EXC |
| VIRAL VACCINES | | |
| ABRYSVO INJ (QL=1 dose/lifetime; Covered at \$0 for members 60 years of age and older. Only covered at \$0 for women under 60. Not covered for men under 60) | QL-VAC | \$0 |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| AREXVY INJ (QL= 1 dose/lifetime) | QL-VAC | \$0 |
| COMIRNATY INJ (QL= 1 dose/17 days) | QL-VAC | \$0 |
| COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days) | QL-VAC | \$0 |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days) | QL-VAC | \$0 |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days) | QL-VAC | \$0 |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL-VAC | \$0 |
| DENGVAXIA SUSP | VAC | \$0 |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | \$0 |
| FLUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUBLOK INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUCELVAX INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUMIST NASAL (QL= 1 dose/28 days) | QL-VAC | \$0 |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| GARDASIL 9 INJ | VAC | \$0 |
| HAVRIX INJ, VAQTA INJ | VAC | \$0 |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| VACCINES Cont. | | |
| HEPLISAV-B INJ | VAC | \$0 |
| IMOVAX INJ | VAC | \$0 |
| IPOL INJ | VAC | \$0 |
| JYNNEOS INJ | VAC | \$0 |
| M-M-R II INJ | VAC | \$0 |
| MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days) | QL-VAC | \$0 |
| MRESVIA INJ (QL= 1 dose/lifetime) | QL-VAC | \$0 |
| NOVAVAX INJ (QL= 1 dose/24 days) | QL-VAC | \$0 |
| PREHEVBRIO SUSP | VAC | \$0 |
| PRIORIX INJ | VAC | \$0 |
| PROQUAD INJ | VAC | \$0 |
| RABAVERT INJ | VAC | \$0 |
| ROTARIX SUSP | VAC | \$0 |
| ROTATEQ INJ | VAC | \$0 |
| SHINGRIX INJ (Covered for members age 19 years and older) | VAC | \$0 |
| SPIKEVAX INJ (QL= 1 dose/24 days) | QL-VAC | \$0 |
| SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days) | QL-VAC | \$0 |
| TWINRIX INJ | VAC | \$0 |
| VARIVAX INJ | VAC | \$0 |
| IXCHIQ INJ | VAC | EXC |
| IXIARO INJ | VAC | EXC |
| TICOVAC INJ | VAC | EXC |
| VIMKUNYA INJ | VAC | EXC |
| YF-VAX INJ | VAC | EXC |

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

| | | |
|---|----|---|
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill) | QL | 2 |
| XACIATO GEL (QL= 1 applicator/fill) | QL | 2 |

VAGINAL CONTRACEPTIVE - PH MODULATORS

| | | |
|-----------------------------|----|-----|
| PHEXXI GEL (QL= 1 box/fill) | QL | \$0 |
|-----------------------------|----|-----|

VAGINAL PROGESTINS

| | | |
|--|----|---|
| ENDOMETRIN SUPP | PA | 2 |
| progesterone vaginal insert (ENDOMETRIN equiv) | PA | 2 |

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

| | | |
|----------------|---|----|
| FEM PH GEL | - | 3 |
| INTRAROSA SUPP | - | NC |

SPERMICIDES

| | | |
|--------------------|-----|-----|
| CONTRACEPTIVE FILM | OTC | EXC |
| CONTRACEPTIVE GEL | OTC | EXC |
| CONTRACEPTIVE SUPP | OTC | EXC |
| TODAY SPONGE | OTC | EXC |

VAGINAL ANTI-INFECTIVES

| | | |
|--|----|---|
| clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill) | QL | 1 |
|--|----|---|

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|--|--------------|------|
| VAGINAL PRODUCTS Cont. | | |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 0.8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | 3 |
| CLEOCIN VAGINAL CREAM | - | NC |
| METROGEL VAGINAL GEL | - | NC |
| TERAZOL CREAM | - | NC |
| VAGINAL ESTROGENS | | |
| estradiol cream (ESTRACE equiv) | - | 1 |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill) | QL | 2 |
| ESTRING (3 copays per Rx) | - | 2 |
| PREMARIN VAGINAL CREAM | - | 2 |
| FEMRING (3 copays per Rx) | - | 3 |
| ESTRACE VAGINAL CREAM | - | NC |
| IMVEXXY SUPP | - | NC |
| VAGIFEM TAB | - | NC |
| VAGINAL PROGESTINS | | |
| CRINONE GEL | PA | 2 |
| ENDOMETRIN INSERT | PA | 2 |
| PROGESTERONE SUPP | PA | 3 |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 1 |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 1 |
| ADRENALICK INJ, EPINEPHRINE INJ | - | NC |
| AUVI-Q INJ | - | NC |
| EPIPEN (JR) INJ | - | NC |
| NEFFY SPRAY | - | NC |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| droxidopa cap (NORTHERA equiv) | - | NC |
| NORTHERA CAP | - | NC |
| VASOPRESSORS | | |
| midodrine tab (PROAMATINE equiv) | - | 1 |
| VITAMINS | | |
| OIL SOLUBLE VITAMINS | | |
| vitamin D cap (RX strength only) | - | 1 |
| phytonadione tab (MEPHYTON equiv) | - | 2 |
| DRISDOL CAP | - | NC |
| ERGOCAL CAP | - | NC |
| MEPHYTON TAB | - | NC |
| vitamin D cap 1000unit | OTC | NC |
| vitamin D cap 400unit | OTC | NC |
| VITAMIN D TAB 400UNIT | OTC | NC |

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**State of Arkansas Formulary
Prior Authorization Drug List
Last Updated* 4/1/2026**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML | 4 |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT | 4 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT | 4 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT | 4 |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT | 4 |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT | 4 |
| ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT | 4 |
| ADALIMUMAB-ADAZ INJ | 4 |
| ADALIMUMAB-ADAZ INJ 10/0.1ML | 4 |
| ADALIMUMAB-ADAZ PFS INJ | 4 |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT | 4 |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML | 4 |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | 4 |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML | 4 |
| adapalene cream | 2 |
| adapalene gel 0.3% | 2 |
| ADBRY INJ | 4 |
| ADEMPAS TAB | 4 |
| ALECENSA CAP | 4 |
| ALHEMO INJ | 4 |
| ALUNBRIG TAB 30MG | 4 |
| ALUNBRIG TAB 90MG, 180MG | 4 |
| ALYFTREK TAB | 4 |
| ALYFTREK TAB 4-20-50MG | 4 |
| ambrisentan tab | 1 |
| ARBLI SUSP | 3 |
| ARIKAYCE SUSP | 4 |
| ATORVALIQ SUSP | 3 |
| AYVAKIT TAB | 4 |
| baclofen oral soln 10mg/5ml | 3 |
| BACLOFEN ORAL SOLN 5 MG/5ML | 3 |
| baclofen oral soln 5mg/5ml | 3 |
| baclofen susp | 3 |
| BALVERSA TAB 3MG | 4 |
| BALVERSA TAB 4MG | 4 |
| BALVERSA TAB 5MG | 4 |
| BARACLUDE SOLN | 3 |
| BAXDELA TAB | 2 |
| BENLYSTA AUTO-INJECTOR | 4 |
| BENLYSTA INJ | 4 |
| bexarotene gel | 1 |

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**State of Arkansas Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2026**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------|--|
| bosentan tab | 1 |
| bosentan tab for oral susp | 1 |
| BOSULIF CAP | 4 |
| BOSULIF TAB | 4 |
| BRAFTOVI CAP 75MG | 4 |
| BRUKINSA CAP | 4 |
| BRUKINSA TAB | 4 |
| budesonide ER tab | 3 |
| budesonide rectal foam | 3 |
| BYLVAY CAP 1200MCG | 4 |
| BYLVAY CAP 400MCG | 4 |
| BYLVAY SPRINKLE CAP 200MCG | 4 |
| BYLVAY SPRINKLE CAP 600MCG | 4 |
| CABOMETYX TAB | 4 |
| CALQUENCE TAB | 4 |
| CAMZYOS CAP | 4 |
| CAPRELSA TAB | 4 |
| CAPRELSA TAB 300MG | 4 |
| carglumic acid tab | 1 |
| CERDELGA CAP | 4 |
| CIBINQO TAB | 4 |
| CIMZIA INJ | 4 |
| CIMZIA INJ 200MG/ML | 4 |
| clobazam susp | 2 |
| COMETRIQ KIT | 4 |
| COPIKTRA CAP | 4 |
| CORLANOR SOLN | 3 |
| COTELLIC TAB | 4 |
| CRENESSITY CAP | 4 |
| CRENESSITY SOLN | 4 |
| CRINONE GEL | 2 |
| dasatinib tab | 1 |
| DAYVIGO TAB | 3 |
| deferiprone tab | 1 |
| DESCOVY TAB | \$0 |
| DIACOMIT CAP | 4 |
| DIACOMIT POWDER PACK | 4 |
| diclofenac gel | 2 |
| DOPTELET SPRINKLE CAP | 4 |
| DOPTELET TAB | 4 |
| dronabinol cap | 2 |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| DUPIXENT INJ | 4 |
| DUPIXENT PEN INJ | 4 |
| EBGLYSS INJ | 4 |
| EBGLYSS PEN INJ | 4 |
| eltrombopag olamine powder pack for susp | 1 |
| eltrombopag olamine tab | 1 |
| eltrombopag olamine tab 50MG | 1 |
| eltrombopag olamine tab 75MG | 1 |
| EMPAVELI INJ | 4 |
| enalapril maleate oral soln | 3 |
| ENBREL INJ 25MG | 4 |
| ENBREL INJ 50MG | 4 |
| ENBREL MINI INJ | 4 |
| ENBREL SURECLICK INJ 50MG | 4 |
| ENDOMETRIN INSERT | 2 |
| ENDOMETRIN SUPP | 2 |
| ENSPRYNG INJ | 4 |
| ENTYVIO SC INJ | 4 |
| EPIDIOLEX SOLN | 4 |
| EPRONTIA SOLN | 3 |
| ERIVEDGE CAP | 4 |
| ERLEADA TAB | 4 |
| ERLEADA TAB 240MG | 4 |
| erlotinib tab | 4 |
| erlotinib tab 25mg | 1 |
| everolimus tab | 1 |
| everolimus tab (ZORTRESS equiv) | 2 |
| EVRYSDI SOLN | 4 |
| EVRYSDI TAB | 4 |
| EZALLOR SPRINKLE CAP | 3 |
| FASENRA PEN INJ | 4 |
| FERRIPROX SOLN | 4 |
| FINTEPLA SOLN | 4 |
| FIRDAPSE TAB | 4 |
| FLOLIPID SUSP | 3 |
| FRUZAQLA CAP 1MG | 4 |
| FRUZAQLA CAP 5MG | 4 |
| GALAFOLD CAP | 4 |
| GAVRETO CAP | 4 |
| gefitinib tab | 1 |
| GENOTROPIN INJ | 4 |

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Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| GENOTROPIN INJ 12mg | 4 |
| GENOTROPIN INJ 5MG | 4 |
| GILOTRIF TAB | 4 |
| GLOPERBA SOLN | 3 |
| GOMEKLI CAP | 4 |
| GOMEKLI CAP 1MG | 4 |
| GOMEKLI TAB FOR ORAL SUSP | 4 |
| HEMLIBRA INJ | 4 |
| heparin inj | 1 |
| HIZENTRA INJ | 4 |
| HYFTOR GEL | 4 |
| HYQVIA INJ | 4 |
| IBTROZI CAP | 4 |
| icatibant inj | 4 |
| ICLUSIG TAB | 4 |
| IDHIFA TAB | 4 |
| IMBRUVICA CAP 140MG | 4 |
| IMBRUVICA CAP 70MG | 4 |
| IMBRUVICA SUSP | 4 |
| IMBRUVICA TAB 420MG | 4 |
| INBRIJA INH POWDER | 3 |
| INLYTA TAB | 4 |
| INLYTA TAB 1MG | 4 |
| INQOVI TAB | 4 |
| INZIRQO SUSP | 3 |
| ISTURISA TAB | 4 |
| itraconazole soln | 3 |
| ivabradine hcl tab | 1 |
| IWILFIN TAB | 4 |
| JAKAFI TAB | 4 |
| JYLAMVO SOLN, XATMEP SOLN | 3 |
| KALYDECO PAK | 4 |
| KALYDECO TAB | 4 |
| KATERZIA SUSP | 3 |
| KEVZARA INJ | 4 |
| KINERET INJ | 4 |
| KISQALI PAK | 4 |
| KISQALI TAB | 4 |
| KOSELUGO CAP | 4 |
| KOSELUGO CAP 10MG | 4 |
| KOSELUGO SPRINKLE CAP | 4 |

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Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| KOSELUGO SPRINKLE CAP 5MG | 4 |
| KRAZATI TAB | 4 |
| LAMPIT TAB | 2 |
| lapatinib ditosylate tab | 1 |
| LEDIPASVIR/SOFOSBUVIR TAB | 4 |
| LENVIMA CAP | 4 |
| l-glutamine powder packet | 1 |
| LIKMEZ SUSP | 3 |
| LINZESS CAP | 3 |
| lisdexamfetamine chew tab | 1 |
| LITFULO CAP | 4 |
| lithium oral solution | 1 |
| LIVMARLI SOLN | 4 |
| LIVMARLI SOLN 19MG/ML | 4 |
| LIVMARLI TAB | 4 |
| LIVMARLI TAB 30MG | 4 |
| LIVTENCITY TAB | 4 |
| lofexidine hcl tab | 3 |
| LOKELMA PAK | 2 |
| LOKELMA PAK 5GM | 2 |
| LONSURF TAB | 4 |
| LOPRESSOR SOLN | 3 |
| LUMAKRAS TAB | 4 |
| LUMAKRAS TAB 240MG | 4 |
| LUMAKRAS TAB 320MG | 4 |
| LUPKYNIS CAP | 4 |
| LYNPARZA TAB | 4 |
| LYTGOBI THERAPY PACK | 4 |
| LYVISPAH GRANULE PACKET | 3 |
| MAVYRET PAK | 4 |
| MEKINIST TAB 0.5MG | 4 |
| MEKINIST TAB 2MG | 4 |
| MEKTOVI TAB | 4 |
| mercaptopurine susp | 3 |
| METHITEST TAB | 3 |
| methylphenidate chew tab | 1 |
| methylphenidate soln | 1 |
| miglustat cap | 1 |
| MOTEGRITY TAB | 3 |
| MOVANTIK TAB | 2 |
| MYFEMBREE TAB | 2 |

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 Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------------|--|
| NEMLUVIO INJ | 4 |
| NERLYNX TAB | 4 |
| nilotinib hcl cap | 1 |
| NINLARO CAP | 4 |
| nitazoxanide tab | 2 |
| nitrofurantoin susp | 3 |
| NORLIQVA ORAL SOLN | 3 |
| NUBEQA TAB | 4 |
| NUCALA INJ | 4 |
| NUEDEXTA CAP | 2 |
| NURTEC ODT | 2 |
| ODACTRA SL TAB | 3 |
| ODOMZO CAP | 4 |
| OFEV CAP | 4 |
| OGSIVEO TAB | 4 |
| OGSIVEO TAB 50MG | 4 |
| OLUMIANT TAB | 4 |
| OMNITROPE INJ | 4 |
| ONGENTYS CAP | 3 |
| OPZELURA CREAM | 3 |
| ORENCIA CLICK INJ | 4 |
| ORENCIA SC INJ 125MG/ML | 4 |
| ORENCIA SC INJ 50MG/0.4ML | 4 |
| ORENCIA SC INJ 87.5MG/0.7ML | 4 |
| ORIAHNN CAP | 2 |
| ORILISSA TAB 150MG | 2 |
| ORILISSA TAB 200MG | 2 |
| ORKAMBI GRANULES PACKET | 4 |
| ORKAMBI TAB | 4 |
| OTEZLA STARTER PACK | 4 |
| OTEZLA TAB | 4 |
| OTEZLA XR TAB | 4 |
| OTEZLA/OTEZLA XR STARTER PACK | 4 |
| OXERVATE OPHTH SOLN | 4 |
| PALFORZIA POWDER PACK | 4 |
| PALFORZIA SPRINKLE CAP | 4 |
| pazopanib tab | 1 |
| PEMAZYRE TAB | 4 |
| pimecrolimus cream | 2 |
| PIQRAY TAB | 4 |
| pirfenidone cap | 1 |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| pirfenidone tab 267mg | 1 |
| pirfenidone tab 801mg | 1 |
| pomalidomide cap | 1 |
| PRETOMANID TAB | 2 |
| PREVYMIS PAK | 4 |
| PREVYMIS TAB | 4 |
| PROGESTERONE SUPP | 3 |
| progesterone vaginal insert | 2 |
| prucalopride succinate tab | 3 |
| PYRUKYND TAB | 4 |
| PYRUKYND TAPER PACK | 4 |
| QBRELIS SOLN | 3 |
| QINLOCK TAB | 4 |
| RETIN-A CREAM | 1 |
| RETIN-A GEL | 1 |
| REVUFORJ TAB | 4 |
| REVUFORJ TAB 110MG | 4 |
| REVUFORJ TAB 25MG | 4 |
| REYVOW TAB | 2 |
| REZDIFFRA TAB | 2 |
| REZLIDHIA CAP | 4 |
| REZUROCK TAB | 4 |
| RINVOQ ER TAB | 4 |
| RINVOQ ORAL SOLN | 4 |
| ROZLYTREK CAP | 4 |
| ROZLYTREK PAK | 4 |
| RUBRACA TAB | 4 |
| rufinamide susp | 2 |
| rufinamide tab | 2 |
| RYDAPT CAP | 4 |
| sapropterin dihydrochloride powder packet | 4 |
| sapropterin dihydrochloride soluble tab | 4 |
| SCEMBLIX TAB | 4 |
| SCEMBLIX TAB 100 MG | 4 |
| SELARSDI SYRINGE | 4 |
| SELARSDI SYRINGE 90MG/ML | 4 |
| SIGNIFOR INJ | 4 |
| sildenafil susp | 2 |
| SIMLANDI INJ (adalimumab-ryvk) | 4 |
| SIMLANDI KIT (adalimumab-ryvk) | 4 |
| SIMPONI AUTO-INJECTOR 100MG | 4 |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------------|--|
| SIMPONI INJ 100MG | 4 |
| SKYRIZI INJ 150MG/ML | 4 |
| SKYRIZI INJ 180 MG/1.2ML | 4 |
| SKYRIZI INJ 360MG/2.4ML | 4 |
| SKYTROFA INJ | 4 |
| sodium oxybate oral soln | 1 |
| SODIUM OXYBATE SOLN | 4 |
| SOFOSBUVIR/VELPATASVIR TAB | 4 |
| SOGROYA INJ | 4 |
| SOLOSEC GRANULES PACKET | 3 |
| SOMAVERT INJ | 4 |
| sorafenib tosylate tab | 1 |
| SOTYLIZE SOLN 5MG/ML | 3 |
| spironolactone susp | 3 |
| STEQEYMA INJ | 4 |
| STEQEYMA INJ 90MG | 4 |
| STIVARGA TAB | 4 |
| sunitinib malate cap | 1 |
| SUNOSI TAB | 2 |
| SYMDEKO TAB | 4 |
| SYMPROIC TAB | 2 |
| TADLIQ SUSP | 4 |
| TAFINLAR CAP | 4 |
| TAFINLAR TAB | 4 |
| TAGRISSO TAB | 4 |
| TALTZ INJ | 4 |
| TALTZ INJ 20MG/0.25ML | 4 |
| TALTZ INJ 40 MG/0.5ML | 4 |
| TALZENNA CAP 0.25MG | 4 |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | 4 |
| TAVNEOS CAP | 4 |
| tazarotene cream 0.05% | 3 |
| tazarotene cream 0.1% | 2 |
| TAZVERIK TAB | 4 |
| testosterone gel 1% 25mg | 2 |
| testosterone gel 1% 50mg | 2 |
| testosterone gel 1% pump | 2 |
| testosterone gel 1.62% 1.25gm | 3 |
| testosterone gel 1.62% 2.5gm | 3 |
| TESTOSTERONE GEL 20.25MG/1.25GM | 3 |
| TESTOSTERONE GEL PUMP 1% | 2 |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| testosterone gel pump 1.62% | 2 |
| testosterone soln | 2 |
| TIBSOVO TAB | 4 |
| tiopronin tab | 1 |
| tiopronin tab delayed release | 1 |
| TIROSINT-SOL | 3 |
| TOBI PODHALER | 4 |
| topiramate oral soln | 3 |
| TREMFYA INDUCTION INJ 200MG/ML | 4 |
| TREMFYA INJ | 4 |
| TREMFYA INJ 200MG/2ML | 4 |
| tretinoin cream | 2 |
| tretinoin gel | 2 |
| trientine cap | 1 |
| TRIKAFTA TAB | 4 |
| TRIKAFTA THERAPY PACK | 4 |
| TRULANCE TAB | 2 |
| TRUQAP TAB | 4 |
| TRUQAP THERAPY PACK | 4 |
| TUKYSA TAB | 4 |
| TURALIO CAP | 4 |
| TYENNE INJ | 4 |
| TYVASO DPI POWDER | 4 |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | 4 |
| TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG | 4 |
| TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG | 4 |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | 4 |
| TYVASO INH SOLN 0.6 MG/ML | 4 |
| UBRELVY TAB | 2 |
| UPTRAVI TAB | 4 |
| VAFSEO TAB | 4 |
| VALCHLOR GEL | 4 |
| VELTASSA POWDER | 2 |
| VELTASSA POWDER 1GM | 2 |
| VENCLEXTA STARTER PACK | 4 |
| VENCLEXTA TAB | 4 |
| VENTAVIS INH SOLN | 4 |
| VERZENIO TAB | 4 |
| vigabatrin powder pack | 1 |
| vigabatrin tab | 1 |
| vigadrone powder pack | 4 |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------|--|
| VIJOICE TAB | 4 |
| VIJOICE TAB 250MG | 4 |
| VITRAKVI CAP 100MG | 4 |
| VITRAKVI CAP 25MG | 4 |
| VITRAKVI SOLN | 4 |
| VIZIMPRO TAB | 4 |
| VONJO CAP | 4 |
| VOSEVI TAB | 4 |
| VOWST CAP | 4 |
| VOXZOGO INJ | 4 |
| VOYDEYA TAB | 4 |
| VOYDEYA TAB THERAPY PACK | 4 |
| VYNDAMAX CAP | 4 |
| VYNDAQEL CAP | 4 |
| VYVANSE CHEW TAB | 2 |
| VYVGART HYTRULO INJ | 4 |
| WAKIX TAB | 4 |
| WELIREG TAB | 4 |
| WINREVAIR INJ | 4 |
| XADAGO TAB | 3 |
| XALKORI CAP | 4 |
| XELJANZ SOLN | 4 |
| XELJANZ TAB | 4 |
| XELJANZ XR TAB | 4 |
| XEMBIFY INJ | 4 |
| XOLAIR INJ | 4 |
| XOLAIR INJ 150MG/ML | 4 |
| XOLAIR INJ 300MG/2ML | 4 |
| XOLAIR SYRINGE | 4 |
| XOLAIR SYRINGE 150MG/ML | 4 |
| XOLAIR SYRINGE 300MG/2ML | 4 |
| XOSPATA TAB | 4 |
| XPHOZAH TAB | 3 |
| XPOVIO PAK | 4 |
| XROMI SOLN | 3 |
| YESINTEK INJ | 4 |
| YESINTEK SYRINGE | 4 |
| YESINTEK SYRINGE 90MG | 4 |
| YUTREPIA CAP | 4 |
| ZAVZPRET NASAL SPRAY | 2 |
| ZEJULA TAB | 4 |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------|--|
| ZELBORAF TAB | 4 |
| ZEPOSIA CAP | 4 |
| ZEPOSIA STARTER PACK | 4 |
| ZILBRYSQ INJ | 4 |
| ZILBRYSQ INJ 23MG | 4 |
| ZILBRYSQ INJ 32.4MG | 4 |
| ZOKINVY CAP | 4 |
| ZOLINZA CAP | 4 |
| ZONISADE SUSP | 3 |
| ZORYVE CREAM | 2 |
| ZORYVE FOAM | 2 |
| ZTALMY SUSP | 4 |
| ZURZUVAE CAP 20MG, 25MG | 4 |
| ZURZUVAE CAP 30MG | 4 |
| ZYDELIG TAB | 4 |
| ZYKADIA TAB | 4 |

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**State of Arkansas Formulary
Last Updated* 4/1/2026
Over-the-Counter (OTC)**

• The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

| | | | |
|---------------------------------------|------------------------------|-------------------------------|----------------------------------|
| ACCU-CHEK GUIDE CARE METER | ACCU-CHEK GUIDE ME KIT | ACCU-CHEK GUIDE TEST STRIP | AEROCHAMBER |
| aspirin chew tab 81mg | aspirin EC tab 325mg | aspirin ec tab 81mg | aspirin tab 325mg |
| B-D INSULIN SYRINGE | CALIBRATION LIQUID | CLINISTIX TEST STRIP | EMBECTA INSULIN SYRINGE |
| EMBECTA PEN NEEDLE | folic acid tab 400mcg | folic acid tab 800mcg | FREESTYLE FREEDOM LITE METER |
| FREESTYLE INSULINX TEST STRIP | FREESTYLE LITE METER | FREESTYLE LITE TEST STRIP | FREESTYLE PRECISION NEO METER |
| FREESTYLE PRECISION NEO TEST STRIP | FREESTYLE TEST STRIP | HUMULIN MIX INJ | HUMULIN MIX PEN INJ |
| HUMULIN N INJ | HUMULIN N PEN INJ | HUMULIN R INJ | KETO-DIASTIX TEST STRIP |
| KETOSTIX | LANCET KIT | LANCETS | naloxone hcl nasal spray |
| NICOTINE KIT | nicotine patch | OPILL TAB | PEAK FLOW METER |
| PRECISION XTRA METER | PRECISION XTRA TEST STRIP | RIVIVE, REXTOVY SPRAY | zinc gluconate tab |

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State of Arkansas Formulary
Last Updated* 4/1/2026
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-------------------------------|---|
| buprenorphine patch | QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G6 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| DEXCOM G7 SENSOR (15-DAY) | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DIFICID SUSP | QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| DIFICID TAB | QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| DISKETS TAB | Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| febuxostat tab | Step Therapy requires trial of allopurinol |
| fentanyl patch | Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| fidaxomicin tab | QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| FREESTYLE LIBRE 2-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| FREESTYLE LIBRE 3 READER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| FREESTYLE LIBRE 3-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |

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State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--|---|
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| HYDROCODONE BITARTRATE ER CAP | QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| hydrocodone bitartrate er tab | QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| LEVALBUTEROL INHALER, XOPENEX HF INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or a albuterol HFA product |
| methadone soln | Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| methadone tab | Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| methadose tab | Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| morphine sulfate ER tab | Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| NEXLETOL TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| NEXLIZET TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| NUCYNTA ER TAB | QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| REPATHA INJ | QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/MILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL) |
| tramadol ER tab | Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| TRAMADOL HCL ER TAB | Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| XTAMPZA ER CAP | QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |

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**State of Arkansas Formulary
Smoking Cessation Agents
Last Updated* 4/1/2026**

| Drug Name | Tier # for Drug Copay |
|---|------------------------------|
| bupropion SR tab(Limited to 180 days/plan year) | \$0 |
| CHANTIX STARTER PACK | NC |
| NICODERM PATCH | NC |
| NICORETTE GUM | NC |
| NICORETTE LOZENGE | NC |
| NICOTINE GUM | NC |
| NICOTINE KIT | \$0 |
| NICOTINE LOZENGE | NC |
| nicotine patch(Limited to 180 days/plan year) | \$0 |
| NICOTROL INHALER | NC |
| NICOTROL NASAL SPRAY | NC |
| VARENICLINE TAB(Limited to 180 days/plan year) | \$0 |
| varenicline tartrate tab(Limited to 180 days/plan year) | \$0 |
| varenicline tartrate tab starter pack(Limited to 180 days/plan year) | \$0 |
| ZYBAN TAB | NC |

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**State of Arkansas Formulary
Infertility Drug List
Last Updated* 4/1/2026**

| Drug Name | Tier # for Drug Copay |
|-------------------------------|------------------------------|
| cetorelix acetate for inj kit | EXC |
| CETROTIDE KIT | EXC |
| clomiphene citrate tab | EXC |
| CLOMIPHENE TAB | EXC |
| OVIDREL INJ | EXC |

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State of Arkansas Formulary
Last Updated* 4/1/2026
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| abiraterone tab 250mg | QL= 4 tabs/day |
| ABRYSVO INJ | QL=1 dose/lifetime; Covered at \$0 for members 60 years of age and older. Only covered at \$0 for women under 60. Not covered for men under 60 |
| ACCU-CHEK GUIDE TEST STRIP | QL= 153 strips/30 days |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML | QL= 2 inj/28 days |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT | QL= 1 inj/28 days |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT | QL= 2 inj/28 days |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT | QL= 1 inj/28 days |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT | QL= 1 inj/28 days |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (2 PEN) KIT | QL= 2 inj/28 days |
| ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT | QL= 1 kit/fill; 1 fill/plan year |
| ADALIMUMAB-ADAZ INJ | QL= 2 inj/28 days |
| ADALIMUMAB-ADAZ INJ 10/0.1ML | QL= 2 inj/28 days |
| ADALIMUMAB-ADAZ PFS INJ | QL= 2 inj/28 days |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT | QL= 2 inj/28 days |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML | QL= 2 inj/28 days |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | QL= 2 inj/28 days |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML | QL= 2 inj/28 days |
| ADBRY INJ | QL= 4 inj/28 days |
| ADEMPAS TAB | QL= 3 tabs/day |
| AFLURIA INJ, FLUZONE INJ | QL= 1 inj/28 days |
| AIMOVIG INJ | QL= 1 pack/28 days |
| AJOVY INJ | QL= 1 pack/28 days |
| AKYNZEO CAP | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| albuterol HFA inhaler | QL= 2 inhalers/30 days |
| ALECENSA CAP | QL= 8 caps/day |
| ALUNBRIG TAB 30MG | QL= 4 tabs/day |
| ALUNBRIG TAB 90MG, 180MG | QL= 1 tab/day |
| ALYFTREK TAB | QL= 2 tabs/day |
| ALYFTREK TAB 4-20-50MG | QL= 3 tabs/day |
| ambrisentan tab | QL= 1 tab/day |
| ANNOVERA RING | QL= 1 ring/year |
| ANZEMET TAB | QL= 9 tabs/fill |

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**State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------------|--|
| aprepitant cap | QL= 3 caps/fill |
| ARBLI SUSP | QL= 330mL/30 days; Prior Authorization required for members age 7 years and older |
| AREXVY INJ | QL= 1 dose/lifetime |
| ARIKAYCE SUSP | QL= 1 vial/day |
| armodafinil tab | QL= 1 tab/day |
| asenapine maleate SL tab | QL= 2 tabs/day |
| avanafil tab | QL= 6 tabs/30 days |
| AYVAKIT TAB | QL= 1 tab/day |
| BALVERSA TAB 3MG | QL= 3 tabs/day |
| BALVERSA TAB 4MG | QL= 2 tabs/day |
| BALVERSA TAB 5MG | QL= 1 tab/day |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill |
| BAXDELA TAB | QL= 2 tabs/day |
| BENLYSTA AUTO-INJECTOR | QL= 4 inj/28 day |
| BENLYSTA INJ | QL= 4 inj/28 day |
| bexarotene cap | QL= 10 caps/day |
| bexarotene gel | QL= 60 grams/30 days |
| bimatoprost ophth soln | QL= 2.5ml/30 days |
| bosentan tab | QL= 2 tabs/day |
| bosentan tab for oral susp | QL= 4 tabs/day |
| BRAFTOVI CAP 75MG | QL= 6 caps/day |
| BRUKINSA CAP | QL= 4 caps/day |
| BRUKINSA TAB | QL= 2 tabs/day |
| budesonide ER tab | QL=1 tab/day |
| buprenorphine patch | QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| bupropion SR tab | Limited to 180 days/plan year |
| butorphanol nasal spray | QL= 1 bottle/fill, 2 fills/30 days |
| BYLVAY CAP 1200MCG | QL= 5 caps/day |
| BYLVAY CAP 400MCG | QL= 15 caps/day |
| BYLVAY SPRINKLE CAP 200MCG | QL= 8 caps/day |
| BYLVAY SPRINKLE CAP 600MCG | QL= 4 caps/day |
| CABENUVA IM SUSP | QL= 1 kit/30 days |
| CABENUVA SUSP 600MG-900MG/3ML | QL= 1 kit/30 days |
| CABOMETYX TAB | QL= 1 tab/day |
| CALQUENCE TAB | QL= 2 tabs/day |
| CAMZYOS CAP | QL= 1 cap/day |
| CAPRELSA TAB | QL= 2 tabs/day |
| CAPRELSA TAB 300MG | QL= 2 tabs/day |
| CAVERJECT INJ | QL= 6 inj/30 days |
| CERDELGA CAP | QL= 2 caps/day |
| CIBINQO TAB | QL= 1 tab/day |

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State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------------|---|
| CIMZIA INJ | QL= 2 inj/28 days |
| CIMZIA INJ 200MG/ML | QL= 2 inj/28 days |
| CLEOCIN VAGINAL SUPP | QL= 3 suppositories/fill |
| clindamycin vaginal cream | QL=1 tube/fill |
| CLINDESSE VAGINAL CREAM | QL= 1 applicator/fill |
| COMIRNATY INJ | QL= 1 dose/17 days |
| COMIRNATY INJ 30MCG/0.3ML | QL= 1 dose/17 days |
| COPIKTRA CAP | QL= 2 caps/day |
| COTELLIC TAB | QL= 3 tabs/day |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) | QL= 1 dose/24 days |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | QL= 1 dose/17 days |
| CRENESSITY CAP | QL= 2 caps/day |
| CRENESSITY SOLN | QL= 2ml/day |
| cyclosporine ophth emulsion | QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist |
| CYSTADROPS SOLN | QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist |
| CYSTARAN OPTH SOLN | QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist |
| DAYVIGO TAB | QL= 1 tab/day |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/90 days |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G6 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| DEXCOM G7 SENSOR (15-DAY) | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| diazepam rectal gel | QL= 2 packs/fill |
| diclofenac gel | QL= 300gm/30 days |
| diclofenac soln 1.5% | QL= 3 bottles/fill |
| DIFICID SUSP | QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| DIFICID TAB | QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| donepezil tab 23mg | QL= 1 tab/day |

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State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| DOPTELET SPRINKLE CAP | QL= 2 caps/day |
| DOPTELET TAB | QL= 2 tabs/day |
| DUPIXENT INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 inj/28 days |
| EBGLYSS INJ | QL= 1 inj/28 days |
| EBGLYSS PEN INJ | QL= 1 inj/28 days |
| EDEX INJ | QL= 6 inj/30 days |
| eletriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| eltrombopag olamine powder pack for susp | QL= 1 packet/day |
| eltrombopag olamine tab | QL= 1 tab/day |
| eltrombopag olamine tab 50MG | QL= 2 tabs/day |
| eltrombopag olamine tab 75MG | QL= 2 tabs/day |
| EMGALITY INJ | QL= 1 inj/28 days |
| EMGALITY INJ 100MG/ML | QL= 3 inj/fill, 6 fills/year |
| EMPAVELI INJ | QL= 160ml/28 days |
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| ENBREL INJ 50MG | QL= 4 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| ENSPRYNG INJ | QL= 1 inj/28 days |
| entecavir tab | QL= 1 tab/day |
| ENTYVIO SC INJ | QL= 2 inj/28 days |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| ERIVEDGE CAP | QL= 1 cap/day |
| ERLEADA TAB | QL= 4 tabs/day |
| ERLEADA TAB 240MG | QL= 1 tab/day |
| erlotinib tab 25mg | QL= 3 tabs/day |
| estradiol vaginal tab, yuvafem vaginal tab | QL= 8 tabs/28 days, 18 tabs on first fill |
| estradiol valerate inj | QL= 5ml/fill |
| eszopiclone tab | QL= 1 tab/day |
| everolimus tab | QL= 1 tab/day |
| EVRYSDI SOLN | QL= 6.67ml/day |
| EVRYSDI TAB | QL= 1 tab/day |
| ezetimibe/simvastatin tab | QL= 1 tab/day (10-80mg is Not Covered) |
| FARXIGA TAB | QL= 1 tab/day |
| FASENRA PEN INJ | QL= 1 inj/56 days |
| fidaxomicin tab | QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| FINTEPLA SOLN | QL= 12ml/day |
| FLUAD INJ | QL= 1 inj/28 days |
| FLUBLOK INJ | QL= 1 inj/28 days |
| FLUCELVAX INJ | QL= 1 inj/28 days |
| FLULAVAL INJ, FLUARIX INJ | QL= 1 inj/28 days |

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State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------------|---|
| FLUMIST NASAL | QL= 1 dose/28 days |
| fluticasone nasal spray | QL= 2 bottles/fill |
| FLUZONE HIGH DOSE PF INJ | QL= 1 inj/28 days |
| FREESTYLE INSULINX TEST STRIP | QL= 153 strips/30 days |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| FREESTYLE LIBRE 2-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| FREESTYLE LIBRE 3 READER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| FREESTYLE LIBRE 3-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin; Dexcom sensors have a \$40 copay/month if step therapy criteria met, applies to all plans |
| FREESTYLE LITE TEST STRIP | QL= 153 strips/30 days |
| FREESTYLE PRECISION NEO TEST STRIP | QL= 153 strips/30 days |
| FREESTYLE TEST STRIP | QL= 153 strips/30 days |
| FRUZAQLA CAP 1MG | QL= 84 caps/28 days |
| FRUZAQLA CAP 5MG | QL= 21 caps/28 days |
| gabapentin cap | QL= 9 caps/day |
| gabapentin soln | QL= 72 mls/day |
| gabapentin tab 600mg | QL= 6 tabs/day |
| gabapentin tab 800mg | QL= 4.5 tabs/day |
| GALAFOLD CAP | QL= 14 caps/28 days |
| GAVILYTE-C SOLN | \$0 copay for members age 45-75 years; all other members covered at generic copay; QL= 2 fills/calendar year |
| GAVRETO CAP | QL= 4 caps/day |
| gefitinib tab | QL= 1 tab/day |
| GILOTRIF TAB | QL= 1 tab/day |
| glucagon (rdna) for inj kit | QL= 2 inj/fill |

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State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------------|---|
| GLUCAGON EMR INJ | QL= 2 inj/fill |
| GLYXAMBI TAB | QL= 1 tab/day |
| GOLYTELY SOLN | \$0 copay for members age 45-75 years; all other members covered at generic copay; QL= 2 fills/calendar year |
| GOMEKLI CAP | QL= 84 caps/28 days |
| GOMEKLI CAP 1MG | QL= 168 caps/28 days |
| GOMEKLI TAB FOR ORAL SUSP | QL= 168 caps/28 days |
| granisetron tab | QL= 14 tabs/fill |
| GVOKE INJ | QL= 2 inj/fill |
| GVOKE INJ KIT | QL= 2 inj/fill |
| GVOKE PFS INJ | QL= 2 inj/fill |
| HYD POL/CPM SUSP | QL= 120ml/fill; 2 fills/30 days |
| HYDROCODONE BITARTRATE ER CAP | QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| hydrocodone bitartrate er tab | QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| hydrocodone/chlorpheniramine CR susp | QL= 120ml/fill; 2 fills/30 days |
| hydrocortisone succinate inj 100mg | QL= 2 vials/fill |
| HYFTOR GEL | QL= 10 grams/30 days |
| ibandronate tab 150mg | QL= 1 tab/30 days |
| IBTROZI CAP | QL= 3 caps/day |
| ICLUSIG TAB | QL= 1 tab/day |
| icosapent ethyl cap | QL= 4 caps/day |
| IDHIFA TAB | QL= 1 tab/day |
| IMBRUVICA CAP 140MG | QL= 3 caps/day |
| IMBRUVICA CAP 70MG | QL= 1 cap/day |
| IMBRUVICA SUSP | QL= 6ml/day |
| IMBRUVICA TAB 420MG | QL= 1 tab/day |
| IMITREX INJ | QL= 4 inj/fill, 2 fills/30 days |
| INBRIJA INH POWDER | QL= 10 caps/day |
| INLYTA TAB | QL= 4 tabs/day |
| INLYTA TAB 1MG | QL= 8 tabs/day |
| INQOVI TAB | QL= 5 tabs/28 days |
| ISTURISA TAB | QL= 12 tabs/day |
| IWILFIN TAB | QL= 8 tabs/day |
| JAKAFI TAB | QL= 2 tabs/day |
| JANUMET TAB | QL= 2 tabs/day |
| JANUMET XR TAB | QL= 2 tabs/day |
| JANUVIA TAB | QL= 1 tab/day |
| JARDIANCE TAB | QL= 1 tab/day |
| JENTADUETO TAB | QL= 2 tabs/day |
| JENTADUETO XR TAB | QL= 2 tabs/day |

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**State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| KALYDECO PAK | QL= 2 packets/day |
| KALYDECO TAB | QL= 2 tabs/day |
| ketorolac inj 15mg/ml | QL= 20ml/5 days |
| ketorolac inj 30mg/ml | QL= 20ml/5 days |
| ketorolac inj 60mg/2ml | QL= 20ml/5 days |
| ketorolac tab | QL= 20 tabs/5 days |
| KEVZARA INJ | QL= 2 inj/28 days |
| KINERET INJ | QL= 1 inj/day |
| KISQALI PAK | QL= 91 tabs/28 days |
| KISQALI TAB | QL= 63 tabs/28 days |
| KOSELUGO CAP | QL= 4 caps/day |
| KOSELUGO CAP 10MG | QL= 8 caps/day |
| KOSELUGO SPRINKLE CAP | QL= 12 caps/day |
| KOSELUGO SPRINKLE CAP 5MG | QL= 20 caps/day |
| KRAZATI TAB | QL= 6 tabs/day |
| LAGEVRIO CAP (EUA) | QL= 40 caps/fill |
| LAGEVRIO CAP 200MG | QL= 40 caps/fill |
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/day |
| lenalidomide cap | QL= 1 cap/day; Restricted to Oncology or Hematology Specialist |
| LENVIMA CAP | QL= 3 caps/day |
| LEVALBUTEROL INHALER, XOPENEX HF INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product |
| l-glutamine powder packet | QL= 6 packets/day |
| lidocaine oint | QL= 107gm/30 days |
| lidocaine patch | QL= 3 patches/day |
| lidocaine patch 5% | QL= 3 patches/day |
| LINZESS CAP | QL= 1 cap/day |
| liraglutide soln pen-injector | QL= 9ml/30 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81) |
| LITFULO CAP | QL= 1 cap/day |
| LIVMARLI SOLN | QL= 90ml/30 days |
| LIVMARLI SOLN 19MG/ML | QL= 60ml/30 days |
| LIVMARLI TAB | QL= 2 tabs/day |
| LIVMARLI TAB 30MG | QL= 1 tab/day |
| LIVTENCITY TAB | QL= 4 tabs/day |
| lofexidine hcl tab | QL= 96 tabs/7 days |
| LOKELMA PAK | QL= 1 packet/day |
| LOPRESSOR SOLN | QL= 45ml/day; Prior Authorization required for members age 7 years and older |
| lubiprostone cap | QL= 2 caps/day |
| LUMAKRAS TAB | QL= 8 tabs/day |
| LUMAKRAS TAB 240MG | QL= 4 tabs/day |

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State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------|--|
| LUMAKRAS TAB 320MG | QL= 3 tabs/day |
| LUMIGAN OPHTH SOLN | QL= 2.5ml/30 days |
| LUPKYNIS CAP | QL= 6 caps/day |
| LYNPARZA TAB | QL= 4 tabs/day |
| LYTGOBI THERAPY PACK | QL= 5 tabs/day |
| malathion lotion | QL= 2 bottles/fill |
| MAVYRET PAK | QL= 5 packs/day |
| MAVYRET TAB | QL= 3 tabs/day |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| MEKTOVI TAB | QL= 6 tabs/day |
| methylergonovine tab | QL= 28 tabs/fill, 1 fill/365 days |
| MIDAZOLAM INJ | QL= 1 inj/fill |
| miglustat cap | QL= 3 caps/day |
| milnacipran hcl tab | QL= 2 tabs/day |
| MNEXSPIKE INJ 10MCG/0.2ML | QL= 1 dose/24 days |
| modafinil tab | QL= 2 tabs/day |
| MOTEGRITY TAB | QL= 1 tab/day |
| MOUNJARO INJ | QL= 4 inj/28 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81) |
| MOVANTIK TAB | QL= 1 tab/day |
| MRESVIA INJ | QL= 1 dose/lifetime |
| MYFEMBREE TAB | QL= 1 tab/day |
| NALOXONE PREFILLED INJ | QL= 2 inj/fill |
| naratriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| NATACYN OPHTH SUSP | QL= 15ml/fill |
| NATROBA SUSP | QL= 1 bottle/fill |
| NATROBA SUSP 0.90% | QL= 1 bottle/fill |
| NAYZILAM SPRAY | QL= 4 doses/fill |
| NEMLUVIO INJ | QL= 1 inj/56 days |
| NERLYNX TAB | QL= 6 tabs/day |
| NEXLETOL TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| NEXLIZET TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| NICOTINE KIT | |
| nicotine patch | Limited to 180 days/plan year |
| nitazoxanide tab | QL= 6 tabs/3 days |
| NOVAVAX INJ | QL= 1 dose/24 days |
| NUBEQA TAB | QL= 4 tabs/day |
| NUCALA INJ | QL= 1 inj/28 days |

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**State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------------|--|
| NUCYNTA ER TAB | QL= 2 tabs/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid Dependency) |
| NUEDEXTA CAP | QL= 2 caps/day |
| NURTEC ODT | QL= 8 tabs/fill; 6 fills/year |
| NUZYRA TAB | QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist |
| ODOMZO CAP | QL= 1 cap/day |
| OFEV CAP | QL= 2 caps/day |
| OGSIVEO TAB | QL= 2 tabs/day |
| OGSIVEO TAB 50MG | QL= 6 tabs/day |
| OLUMIANT TAB | QL= 1 tab/day |
| OMNIPOD 5 DEX G7G6 INTRO KIT | QL= 1 kit/year |
| OMNIPOD 5 DEX G7G6 PODS | QL= 10 pods/month |
| OMNIPOD 5 G7 KIT INTRO | QL= 1 kit/year |
| OMNIPOD 5 G7 MIS PODS | QL= 10 pods/30 days |
| OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT | QL= 1 kit/year |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | QL= 10 pods/30 days |
| OMNIPOD 5 PACK PODS | QL= 10 pods/month |
| OMNIPOD DASH INTRO KIT | QL= 1 kit/year |
| OMNIPOD DASH PODS | QL= 10 pods/month |
| OMNIPOD GO KIT | QL= 10 pods/month |
| OMNIPOD STARTER KIT | QL= 1 kit/year |
| ONGENTYS CAP | QL= 1 tab/day, 30 tabs per fill |
| OPZELURA CREAM | QL= 12 tubes/year |
| ORENCIA CLICK INJ | QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORIAHNN CAP | QL= 2 caps/day |
| ORILISSA TAB 150MG | QL= 1 tab/day |
| ORILISSA TAB 200MG | QL= 2 tabs/day |
| ORKAMBI GRANULES PACKET | QL= 2 packets/day |
| ORKAMBI TAB | QL= 4 tabs/day |
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| oseltamivir susp | QL= 250ml/fill |
| OTEZLA STARTER PACK | QL= 1 pack/28 days |
| OTEZLA TAB | QL= 2 tabs/day |
| OTEZLA XR TAB | QL= 1 tab/day |
| OTEZLA/OTEZLA XR STARTER PACK | QL= 1 pack/28 day |
| OXERVATE OPHTH SOLN | QL= 8 kits/affected eye/lifetime |
| OZEMPIC INJ | QL= 1 pack/28 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81) |

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State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| PAXLOVID PAK | QL= 11 tabs/90 days |
| PAXLOVID TAB 150-100MG | QL= 20 tabs/90 days |
| PAXLOVID TAB 300-100MG | QL= 30 tabs/90 days |
| pazopanib tab | QL= 4 tabs/day |
| peg 3350 soln (100 gram Moviprep equiv) | \$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year |
| peg 3350/electrolytes soln | \$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year |
| PEMAZYRE TAB | QL= 1 tab/day |
| PHEXXI GEL | QL= 1 box/fill |
| pirfenidone cap | QL= 9 caps/day |
| pirfenidone tab 267mg | QL= 9 tabs/day |
| pirfenidone tab 801mg | QL= 3 tabs/day |
| pomalidomide cap | QL= 21 caps/28 days |
| PRECISION XTRA TEST STRIP | QL= 153 strips/30 days |
| pregabalin cap | QL= 3 caps/day |
| pregabalin cap 225mg | QL= 2 caps/day |
| pregabalin cap 300mg | QL= 2 caps/day |
| pregabalin soln | QL= 30ml/day |
| PRETOMANID TAB | QL= 1 tab/day |
| PREVYMIS PAK | QL= 4 packets/day; Limit 800 packets/365 days |
| PREVYMIS TAB | QL= 1 tab/day; Limit 200 tabs/365 days |
| prucalopride succinate tab | QL= 1 tab/day |
| pyrimethamine tab | QL= 3 tabs/day |
| PYRUKYND TAB | QL= 2 tabs/day |
| PYRUKYND TAPER PACK | QL= 1 tab/day |
| QINLOCK TAB | QL= 3 tabs/day |
| ramelteon tab | QL= 1 tab/day |
| REGRANEX GEL | QL= 30gm/fill |
| RELENZA DISKHALER | QL= 1 inhaler/fill |
| REPATHA INJ | QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| REVUFORJ TAB | QL= 2 tabs/day |
| REVUFORJ TAB 110MG | QL= 4 tabs/day |
| REVUFORJ TAB 25MG | QL= 8 tabs/day |
| REYVOW TAB | QL= 8 tabs/30 days, 6 fills/year |
| REZDIFFRA TAB | QL= 1 tab/day |
| REZLIDHIA CAP | QL= 2 caps/day |
| REZUROCK TAB | QL= 1 tab/day |
| RINVOQ ER TAB | QL= 1 tab/day |
| RINVOQ ORAL SOLN | QL= 12ml/day |
| rivaroxaban tab 2.5mg | QL= 2 tabs/day |

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**State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| rizatriptan ODT | QL= 12 tabs/fill, 3 fills/60 days |
| rizatriptan tab | QL= 12 tabs/fill, 3 fills/60 days |
| ROZLYTREK CAP | QL= 3 caps/day |
| ROZLYTREK PAK | QL= 6 packs/day |
| RUBRACA TAB | QL= 4 tabs/day |
| RYBELSUS TAB | QL=1 tab/day; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81) |
| RYDAPT CAP | QL= 56 caps/28 days |
| sacubitril-valsartan tab | QL= 2 tabs/day |
| SANCUSO PATCH | QL= 4 patches/fill |
| SANTYL OINT | QL= 90gm/30 days |
| SAVELLA TAB | QL= 2 tabs/day |
| SCSEMBLIX TAB | QL= 2 tabs/day |
| SCSEMBLIX TAB 100 MG | QL= 4 tabs/day |
| SELARSDI SYRINGE | QL= 1 inj/84 days |
| SELARSDI SYRINGE 90MG/ML | QL= 1 inj/84 days |
| SIGNIFOR INJ | QL= 2 vials/day |
| sildenafil tab | QL= 6 tabs/30 days |
| sildenafil tab 20mg | QL= 12 tabs/day |
| SIMLANDI INJ (adalimumab-ryvk) | QL= 2 inj/28 days |
| SIMLANDI KIT (adalimumab-ryvk) | QL= 2 inj/28 days |
| SIMPONI AUTO-INJECTOR 100MG | QL=1 inj/28 days |
| SIMPONI INJ 100MG | QL=1 inj/28 days |
| SIVEXTRO TAB | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| SKYRIZI INJ 150MG/ML | QL= 1 inj/84 days |
| SKYRIZI INJ 180 MG/1.2ML | QL= 1 inj/56 days |
| SKYRIZI INJ 360MG/2.4ML | QL= 1 inj/56 days |
| sodium oxybate oral soln | QL= 540ml/30 days |
| SODIUM OXYBATE SOLN | QL= 540ml/30 days |
| sodium/magnesium/potassium soln | \$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year |
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/day |
| SOLQUA INJ | QL= 15ml/25 days |
| SOLOSEC GRANULES PACKET | QL= 1 packet/fill |
| SOLU-CORTEF INJ | QL= 1 vial/fill |
| SOLU-CORTEF INJ 100MG | QL= 2 vials/fill |
| SPIKEVAX INJ | QL= 1 dose/24 days |
| SPIKEVAX INJ 50MCG/0.5ML | QL= 1 dose/24 days |
| SPINOSAD SUSP | QL= 1 bottle/fill |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL) |
| STEQEYMA INJ | QL= 1 inj/84 days |

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**State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| STEQEYMA INJ 90MG | QL= 1 inj/84 days |
| STIVARGA TAB | QL= 4 tabs/day |
| STRIVERDI RESPIMAT INHALER | QL= 1 inhaler/30 days |
| sumatriptan inj | QL= 4 inj/fill, 2 fills/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| sumatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| sunitinib malate cap | QL= 1 cap/day |
| SUNOSI TAB | QL= 1 tab/day |
| SYMDEKO TAB | QL= 2 tabs/day |
| SYMJEPI INJ | QL= 2 inj/fill |
| SYMPROIC TAB | QL= 1 tab/day |
| SYNJARDY TAB | QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG | QL= 1 tab/day |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG | QL= 2 tabs/day |
| tadalafil tab | QL= 6 tabs/30 days |
| tadalafil tab (PAH) | QL= 2 tabs/day |
| tadalafil tab 2.5mg, 5mg | QL= 1 tab/day |
| TAFINLAR CAP | QL= 4 caps/day |
| TAGRISSO TAB | QL= 1 tab/day |
| TALTZ INJ | QL= 1 inj/28 days |
| TALTZ INJ 20MG/0.25ML | QL= 1 inj/28 days |
| TALTZ INJ 40 MG/0.5ML | QL= 1 inj/28 days |
| TALZENNA CAP 0.25MG | QL= 3 caps/day |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | QL= 1 cap/day |
| TAVNEOS CAP | QL= 6 caps/day |
| TAZVERIK TAB | QL= 8 tabs/day |
| TESTOSTERONE ENANTHATE INJ 200MG/ML | QL= 5ml/fill |
| TESTOSTERONE GEL 1% 25MG | QL= 1 packet/day |
| testosterone gel 1% 50mg | QL= 2 packets/day |
| testosterone gel 1% pump | QL= 4 bottles/30 days |
| testosterone gel 1.62% 1.25gm | QL= 1 packet/day |
| testosterone gel 1.62% 2.5gm | QL= 2 packets/day |
| TESTOSTERONE GEL 20.25MG/1.25GM | QL= 1 packet/day |
| TESTOSTERONE GEL PUMP 1% | QL= 4 bottles/30 days |
| testosterone gel pump 1.62% | QL= 2 bottles/30 days |
| testosterone soln | QL= 2 bottles/30 days |
| TIBSOVO TAB | QL= 2 tabs/day |
| TIROSINT-SOL | QL= 1ml/day; Prior Authorization required for members age 9 years and older |

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**State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| TRADJENTA TAB | QL= 1 tab/day |
| travoprost ophth soln | QL= 2.5ml/30 days |
| TREMFYA INDUCTION INJ 200MG/ML | QL= 2 inj/28 days; 6 inj/year |
| TREMFYA INJ | QL= 1 inj/56 days |
| TREMFYA INJ 200MG/2ML | QL= 1 inj/28 days |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG | QL= 1 tab/day |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG | QL= 2 tabs/day |
| TRIKAFTA TAB | QL= 84 tabs/28 days |
| TRIKAFTA THERAPY PACK | QL= 2 packets/day |
| TRULANCE TAB | QL= 1 tab/day |
| TRULICITY INJ | QL= 4 pens/28 days; Diagnosis Restricted- Type 2 Diabetes (E11) or MASH/NASH (K75.81) |
| TRUQAP TAB | QL= 64 tabs/28 days |
| TRUQAP THERAPY PACK | QL= 64 tabs/28 days |
| TUKYSA TAB | QL= 4 tabs/day |
| TURALIO CAP | QL= 4 caps/day |
| TYENNE INJ | QL= 2 inj/28 days |
| TYVASO DPI POWDER | QL= 4 cartridges/day |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | QL= 224 cartridges/28 days |
| TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG | QL= 224 cartridges/28 days |
| TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG | QL= 224 cartridges/28 days |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | QL= 252 cartridges/28 days |
| TYVASO INH SOLN 0.6 MG/ML | QL= 1 ampule/day |
| UBRELVY TAB | QL= 10 tabs/30 days, 6 fills/year |
| UPTRAVI TAB | QL= 2 tabs/day |
| VALCHLOR GEL | QL= 4 tubes/30 days |
| VALTOCO NASAL SPRAY | QL= 5 doses/fill |
| vancomycin cap | QL= 56 caps/fill |
| varденаfil ODT | QL= 6 tabs/30 days |
| varденаfil tab | QL= 6 tabs/30 days |
| VARENICLINE TAB | Limited to 180 days/plan year |
| varenicline tartrate tab | Limited to 180 days/plan year |
| varenicline tartrate tab starter pack | Limited to 180 days/plan year |
| VELTASSA POWDER | QL= 1 packet/day |
| VELTASSA POWDER 1GM | QL= 4 packets/day |
| VENTAVIS INH SOLN | QL= 9 ampules/day |

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**State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|------------------------|
| VENTOLIN HFA INHALER | QL= 2 inhalers/30 days |
| VERZENIO TAB | QL= 2 tabs/day |
| V-GO INJ KIT | QL= 1 kit/day |
| VIJOICE TAB | QL= 1 tab/day |
| VIJOICE TAB 250MG | QL= 2 tabs/day |
| VITRAKVI CAP 100MG | QL= 2 caps/day |
| VITRAKVI CAP 25MG | QL= 6 caps/day |
| VITRAKVI SOLN | QL= 10ml/day |
| VIZIMPRO TAB | QL= 1 tab/day |
| VONJO CAP | QL= 4 caps/day |
| VOSEVI TAB | QL= 1 tab/day |
| VOWST CAP | QL= 12 caps/fill |
| VOXZOGO INJ | QL= 1 vial/day |
| VOYDEYA TAB | QL= 6 tabs/day |
| VOYDEYA TAB THERAPY PACK | QL= 6 tabs/day |
| VYNDAMAX CAP | QL= 1 cap/day |
| VYNDAQEL CAP | QL= 4 caps/day |
| VYVGART HYTRULO INJ | QL= 4 inj/28 days |
| WAKIX TAB | QL= 2 tabs/day |
| WELIREG TAB | QL= 3 tabs/day |
| XACIATO GEL | QL= 1 applicator/fill |
| XADAGO TAB | QL= 1 tab/day |
| XALKORI CAP | QL= 2 caps/day |
| XCOPRI PAK 100-150MG | QL= 2 tabs/day |
| XCOPRI PAK 150-200MG | QL= 2 tabs/day |
| XCOPRI TAB 150MG, 200MG | QL= 2 tabs/day |
| XCOPRI TAB 25MG | QL= 1 tab/day |
| XCOPRI TAB 50MG, 100MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 12.5-25MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 150-200MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 50-100MG | QL= 1 tab/day |
| XELJANZ SOLN | QL= 10 ml/day |
| XELJANZ TAB | QL= 2 tabs/day |
| XELJANZ XR TAB | QL= 1 tab/day |
| XIFAXAN TAB 200MG | QL= 9 tabs/3 days |
| XIFAXAN TAB 550MG | QL= 60 tabs/30 days |
| XIGDUO XR TAB | QL= 2 tabs/day |
| XIGDUO XR TAB 10-1000MG | QL= 1 tab/day |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | QL= 1 tab/day |
| XOFLUZA TAB | QL= 1 tab/fill |

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State of Arkansas Formulary Cont.
Last Updated* 4/1/2026
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------|---|
| XOLAIR INJ | QL= 2 inj/28 days |
| XOLAIR INJ 150MG/ML | QL= 2 inj/28 days |
| XOLAIR INJ 300MG/2ML | QL= 1 inj/28 days |
| XOLAIR SYRINGE | QL= 2 inj/28 days |
| XOLAIR SYRINGE 150MG/ML | QL= 2 inj/28 days |
| XOLAIR SYRINGE 300MG/2ML | QL= 1 inj/28 days |
| XOSPATA TAB | QL= 3 tabs/day |
| XPHOZAH TAB | QL= 2 tabs/day |
| XPOVIO PAK | QL= 32 tabs/28 days |
| XTAMPZA ER CAP | QL= 120 caps/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency) |
| XULTOPHY INJ | QL= 15ml/30 days |
| YESINTEK INJ | QL= 1 inj/84 days |
| YESINTEK SYRINGE | QL= 1 inj/84 days |
| YESINTEK SYRINGE 90MG | QL= 1 inj/84 days |
| YUTREPIA CAP | QL= 112 caps/28 days |
| zaleplon cap | QL= 1 cap/day |
| ZAVZPRET NASAL SPRAY | QL= 6 units/fill; 60 units/365 days |
| ZEGALOGUE INJ | QL= 2 inj/fill |
| ZEJULA TAB | QL= 1 tab/day |
| ZELBORAF TAB | QL= 8 tabs/day |
| ZEPOSIA CAP | QL= 1 cap/day |
| ZEPOSIA STARTER PACK | QL= 1 cap/day |
| ZILBRYSQ INJ | QL= 1 inj/day |
| ZILBRYSQ INJ 23MG | QL= 1 inj/day |
| ZILBRYSQ INJ 32.4MG | QL= 1 inj/day |
| ZOKINVY CAP | QL= 4 caps/day |
| zolmitriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| zolmitriptan ODT | QL= 9 tabs/fill, 2 fills/30 days |
| ZOLMITRIPTAN SPRAY | QL= 6 sprays/fill, 2 fills/30 days |
| zolmitriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| zolpidem ER tab | QL= 1 tab/day |
| zolpidem tab | QL= 1 tab/day |
| ZOMIG SPRAY | QL= 6 sprays/fill, 2 fills/30 days |
| ZORYVE CREAM | QL= 60 grams/30 days |
| ZORYVE FOAM | QL= 60 grams/30 days |
| ZTALMY SUSP | QL= 1100ml/30 days |
| ZURZUVAE CAP 20MG, 25MG | QL= 28 caps/365 days |
| ZURZUVAE CAP 30MG | QL= 14 caps/365 days |
| ZYKADIA TAB | QL= 3 tabs/day |
| ZYLET OPHTH SUSP 0.5-0.3% | QL= 5ml/fill (10ml bottle is Not Covered) |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.