

**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 11/7/2024**

| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| abacavir soln (ZIAGEN equiv)   | -                   | 2           | ANTIVIRALS  |
| abacavir tab (ZIAGEN equiv)  | -                   | 2           | ANTIVIRALS  |
| abacavir/lamivudine tab (EPZICOM equiv)  | -                   | 2           | ANTIVIRALS  |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR 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 (QL= 120 tabs/30 days)  | PA-QL               | 3           | 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 AVIVA PLUS METER   | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ACCU-CHEK AVIVA PLUS TEST STRIP (QL= 153 strips/30 days)   | OTC-QL              | \$0         | DIAGNOSTIC PRODUCTS                               |
| 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                               |
| ACCU-CHEK NANO METER   | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ACCU-CHEK SMARTVIEW TEST STRIP (QL= 153 strips/30 days)  | OTC-QL              | \$0         | DIAGNOSTIC PRODUCTS                               |
| ACCU-CHEK 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/ALUMINUM ACETATE OTIC SOLN   | -                   | 1           | OTIC AGENTS                                       |

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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

ST

Step Therapy

VAC

Vaccine Program

¢

RxCENTS

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| 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 SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG                             | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINER<br>CS |
| ACIPHEX TAB  | -                   | NC          | ULCER DRUGS                                      |
| acitretin cap (SORIATANE equiv)  | -                   | 2           | DERMATOLOGICALS                                  |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)   | PA-QL-SP            | 4           | ANALGESICS - ANTI-INFLAMMATORY                   |
| ACTEMRA SC INJ (QL= 2 inj/28 days)   | PA-QL-SP            | 4           | ANALGESICS - ANTI-INFLAMMATORY                   |
| ACTHAR GEL AUTO-INJECTOR   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| ACTHAR GEL INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>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  |
| ACTONEL TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>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-ADAZ INJ (HYRIMOZ equiv) (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                   |

|   |                                |   |
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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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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|--|---------------------|-------------|--|
| ADALIMUMAB-RYVK INJ  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| ADALIMUMAB-RYVK INJ (SIMLANDI equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| ADAPALENE SOLN   | -                   | NC          | DERMATOLOGICALS                                      |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 26 or older require Prior Authorization) | PA                  | 2           | DERMATOLOGICALS                                      |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 26 or older require Prior Authorization)   | PA                  | 2           | DERMATOLOGICALS                                      |
| ADAPALENE LOTION (DIFFERIN equiv)  | -                   | 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//<br>NOREXIANTS    |
| ADDERALL XR CAP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| ADDYI TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>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<br>NEUROLOGICAL AGENTS - MISC. |
| ADMELOG INJ  | -                   | NC          | ANTIDIABETICS  |
| ADMELOG SOLOSTAR, HUMALOG TEMPO PEN  | -                   | NC          | ANTIDIABETICS  |
| ADRENACLICK INJ, EPINEPHRINE INJ   | -                   | NC          | VASOPRESSORS   |
| ADRENALIN NASAL SOLN   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL                  |
| ADVAIR DISKUS INHALER  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| ADVAIR HFA INHALER   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| ADVICOR TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                                  |
| ADZENYS ER SUSP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| ADZENYS XR TAB   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| AEMCOLO TAB  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                        |
| AEROCHAMBER  | OTC                 | 2           | MEDICAL DEVICES AND SUPPLIES                         |
| AFINITOR DISPERZ TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| AFINITOR TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES   |
| AGAMREE SUSP   | -                   | NC          | CORTICOSTEROIDS                                      |
| AGRYLIN CAP  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                         |
| AIMOVIG INJ (QL= 1 pack/28 days)   | PA-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)  | PA-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 (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                          |
| ALFERON-N INJ   | SP                  | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alfuzosin SR tab (UROXATRAL equiv)  | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS     |

|     |   |      |                                |    |  |
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| ST  | Step Therapy  | VAC  | Vaccine Program                | ¢  | RxCENTS                                      |
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|---|---------------------|-------------|--|
| ALINIA SUSP (QL= 60ml/3 days)   | PA-QL               | 2           | ANTI-INFECTIVE AGENTS - MISC.            |
| ALINIA TAB  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.            |
| aliskiren tab (TEKTURNA equiv)  | -                   | 2           | ANTIHYPERTENSIVES                        |
| ALKERAN TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALKINDI SPRINKLE CAP  | -                   | NC          | CORTICOSTEROIDS                          |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL               | 3           | CORTICOSTEROIDS                          |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)   | PA-QL               | 3           | 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   | -                   | 2           | 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                            |
| ALOMIDE OPHTH SOLN  | -                   | 2           | OPHTHALMIC AGENTS                        |
| ALOQUIN GEL   | -                   | NC          | DERMATOLOGICALS                          |
| ALORA PATCH   | -                   | 3           | ESTROGENS                                |
| alosetron tab (LOTRONEX equiv)  | -                   | 3           | GASTROINTESTINAL AGENTS - MISC.          |
| ALPHAGAN P OPHTH SOLN 0.15%   | -                   | NC          | OPHTHALMIC AGENTS                        |
| alprazolam ER tab (XANAX XR equiv)  | -                   | 2           | ANTI-ANXIETY AGENTS                      |
| alprazolam ODT (NIRAVAM equiv)  | -                   | 3           | ANTI-ANXIETY AGENTS                      |
| alprazolam tab (XANAX equiv)  | -                   | 1           | ANTI-ANXIETY AGENTS                      |
| ALREX OPHTH SUSP  | -                   | 2           | OPHTHALMIC AGENTS                        |
| ALREX SUSP  | -                   | NC          | OPHTHALMIC AGENTS                        |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ   | -                   | NC          | MIGRAINE PRODUCTS                        |
| ALTABAX OINT  | -                   | NC          | DERMATOLOGICALS                          |
| ALTACE CAP  | -                   | NC          | ANTIHYPERTENSIVES                        |
| ALTOPREV TAB  | -                   | NC          | ANTIHYPERTENSIVES                        |
| ALTRENO LOTION  | -                   | NC          | DERMATOLOGICALS                          |
| 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           | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| alvimopan cap (ENTEREG equiv)   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.          |
| ALZAIR NASAL SPRAY  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL      |
| amantadine cap (SYMMETREL equiv)  | -                   | 1           | ANTIPARKINSON AGENTS                     |
| amantadine syrup (SYMMETREL equiv)  | -                   | 1           | ANTIPARKINSON AGENTS                     |

|   |                                |   |
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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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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|---|---------------------|-------------|--|
| 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                                |
| AMERGE TAB  | -                   | NC          | MIGRAINE PRODUCTS                              |
| 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)  | -                   | 2           | ANTIHYPERTENSIVES                              |
| amlodipine/valsartan tab (EXFORGE equiv)  | -                   | 2           | ANTIHYPERTENSIVES                              |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)                          | -                   | NC          | ANTIHYPERTENSIVES                              |
| ammonium lactate cream (LAC-HYDRIN equiv)   | OTC                 | EXC         | DERMATOLOGICALS                                |
| ammonium lactate lotion (LAC-HYDRIN equiv)  | OTC                 | EXC         | DERMATOLOGICALS                                |
| amnestem 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 ER TAB  | -                   | 3           | PENICILLINS                                    |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv)   | -                   | 1           | PENICILLINS                                    |
| amoxicillin/clavulanate tab (AUGMENTIN equiv)   | -                   | 1           | PENICILLINS                                    |
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| 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 |

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|---|---------------------|-------------|---|
| amphetamine/dextroamphetamine tab (ADDERALL equiv)  | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| ampicillin cap (AMPICILLIN equiv)   | -                   | 1           | PENICILLINS                                       |
| AMZEEQ FOAM   | -                   | NC          | DERMATOLOGICALS                                   |
| ANAFRANIL CAP   | -                   | NC          | ANTIDEPRESSANTS                                   |
| anagrelide cap (AGRYLIN equiv)  | -                   | 1           | HEMATOLOGICAL AGENTS - MISC.                      |
| 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) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | -                   | \$0         | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ANCOBON CAP   | -                   | NC          | ANTIFUNGALS                                       |
| ANDRODERM PATCH (QL= 1 patch/day)   | PA-QL               | 2           | ANDROGENS-ANABOLIC                                |
| 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                                       |
| ANTIVERT TAB, MECLIZINE TAB   | -                   | NC          | ANTIEMETICS                                       |
| ANUSOL-HC CREAM   | -                   | NC          | ANORECTAL AGENTS                                  |
| ANUSOL-HC SUPP  | -                   | NC          | ANORECTAL AGENTS                                  |
| ANZEMET TAB (QL= 9 tabs/fill)   | QL                  | 3           | ANTIEMETICS                                       |
| APADAZ TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| APAP/CODEINE SOLN   | -                   | 1           | ANALGESICS - OPIOID                               |
| APEXICON E CREAM (PSORCON E equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| APIDRA INJ  | -                   | NC          | ANTIDIABETICS                                     |
| APIDRA SOLOSTAR INJ   | -                   | NC          | ANTIDIABETICS                                     |
| APLENZIN TAB  | -                   | NC          | ANTIDEPRESSANTS                                   |

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|---|---------------------|-------------|---|
| 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                                       |
| aprepitant pak (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  |
| APTIVUS SOLN  | -                   | 2           | ANTIVIRALS  |
| AQNEURSA POWDER   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARAKODA TAB   | -                   | 3           | ANTIMALARIALS                                     |
| ARANESP INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ARAVA TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ARAZLO LOTION   | -                   | NC          | DERMATOLOGICALS                                   |
| AREXVY INJ (QL=1 dose/lifetime; Covered at \$0 for members 50 years of age and older) | 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                                    |
| ARNUITY ELLIPTA INHALER   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| AROMASIN TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ARTHROTEC TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ARYMO ER TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| ASACOL HD TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |

|     |   |      |                         |    |  |
|-----|---|------|-------------------------|----|--|
| INF | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer | OTC  | Over-the-Counter        | PA | Prior Authorization                          |
| QL  | Quantity Limit  | RDX  | Restricted to Diagnosis | RS | Restricted to Specialist                     |
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| ST  | Step Therapy  | VAC  | Vaccine Program         | ¢  | RxCENTS                                      |
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|---|---------------------|-------------|---|
| 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 females (no age restriction))    | 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 females (no age restriction))      | OTC                 | \$0         | ANALGESICS - NONNARCOTIC                          |
| aspirin tab 325mg   | OTC                 | \$0         | ANALGESICS - NONNARCOTIC                          |
| aspirin/codeine tab   | -                   | 1           | ANALGESICS - OPIOID                               |
| aspirin/dipyridamole cap (AGGRENEX 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          | ANTIAXIETY AGENTS                                 |
| atomoxetine cap (STRATTERA equiv)                                   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS    |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization) | 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, RETIN-A GEL  | -                   | 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 INHALER  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| 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          |
| AURYXIA TAB   | -                   | 3           | GASTROINTESTINAL AGENTS - MISC.                   |

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|--|---------------------|-------------|---|
| 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 18MG                                | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB 30MG                                | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB 36MG                                | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB 42MG                                | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB 48MG                                | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB 6MG                                 | -                   | 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 GEL   | -                   | 2           | DERMATOLOGICALS                                   |
| AVAR PAD   | -                   | NC          | DERMATOLOGICALS                                   |
| AVAR-E LS CREAM 10-2%                              | -                   | NC          | DERMATOLOGICALS                                   |
| AVELOX TAB   | -                   | NC          | FLUOROQUINOLONES                                  |
| AVODART CAP  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| AVONEX INJ   | SP                  | 4           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| 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)                   | -                   | 2           | DERMATOLOGICALS                                   |
| 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               |

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|--|---------------------|-------------|--|
| 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//<br>NOREXIANTS    |
| AZULFIDINE EN TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                      |
| AZULFIDINE TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                      |
| 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                                    |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)              | -                   | 1           | OPHTHALMIC AGENTS                                    |
| BACLOFEN CREAM COMPOUND KIT  | -                   | NC          | DERMATOLOGICALS                                      |
| BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization Required for members age 9 and older)  | PA                  | 3           | MUSCULOSKELETAL THERAPY AGENTS                       |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older)   | PA                  | 3           | MUSCULOSKELETAL THERAPY AGENTS                       |
| baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older) | PA                  | 3           | MUSCULOSKELETAL THERAPY AGENTS                       |
| BACLOFEN SUSP  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                       |
| baclofen tab (BACLOFEN equiv)  | -                   | 1           | MUSCULOSKELETAL THERAPY AGENTS                       |
| baclofen tab 15mg  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                       |
| BACLOFEN TAB 5MG   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                       |
| BACTRIM DS TAB   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                        |
| BACTROBAN CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| BAFIERTAM CAP  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>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<br>THERAPIES          |
| BALVERSA TAB 4MG (QL= 2 tabs/day)  | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| BALVERSA TAB 5MG (QL= 1 tab/day)   | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| BANZEL SUSP  | -                   | NC          | ANTICONSULSANTS                                      |
| BANZEL TAB   | -                   | NC          | ANTICONSULSANTS                                      |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)  | QL                  | 2           | ANTIDIABETICS  |
| BARACLUDE SOLN (Members age 9 or older require Prior Authorization)                      | PA                  | 3           | ANTIVIRALS   |
| BARACLUDE TAB  | -                   | NC          | ANTIVIRALS   |
| BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR I                           | -                   | NC          | ANTIDIABETICS  |
| BAXDELA TAB (QL= 2 tabs/day)   | PA-QL               | 2           | FLUOROQUINOLONES                                     |
| BCG INJ  | VAC                 | \$0         | VACCINES   |

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|--|---------------------|-------------|---|
| 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                                 |
| 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                                       |
| BENZAC WASH  | -                   | NC          | DERMATOLOGICALS                                   |
| BENZACLIN GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| BENZAMYCIN GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| benzonatate cap (TESSALON equiv)                           | -                   | 1           | COUGH/COLD/ALLERGY                                |
| benzonatate cap 150mg (ZONATUSS equiv)                     | -                   | NC          | COUGH/COLD/ALLERGY                                |
| BENZOYL PEROXIDE CREAM                                     | OTC                 | NC          | DERMATOLOGICALS                                   |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION                     | -                   | NC          | DERMATOLOGICALS                                   |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | -                   | NC          | DERMATOLOGICALS                                   |
| benzphetamine tab  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| benztropine tab  | -                   | 1           | ANTIPARKINSON AGENTS                              |
| bepotastine ophth soln (BEPREVE equiv)                     | -                   | 3           | OPHTHALMIC AGENTS                                 |
| BEPREVE OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| BERINERT INJ   | PA-SP               | 4           | HEMATOLOGICAL AGENTS - MISC.                      |
| BESER KIT 0.05%  | -                   | NC          | DERMATOLOGICALS                                   |
| BESIVANCE OPHTH SUSP                                       | -                   | NC          | OPHTHALMIC AGENTS                                 |
| BETAGAN OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| betaine powder for oral solution (CYSTADANE equiv)         | SP                  | 4           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv)   | -                   | 1           | DERMATOLOGICALS                                   |
| betamethasone augmented gel                                | -                   | 1           | DERMATOLOGICALS                                   |
| BETAMETHASONE AUGMENTED GEL                                | -                   | 2           | 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                                   |
| 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                                     |

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|---|---------------------|-------------|---|
| 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                              | -                   | 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)                | PA-SP               | 1           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| bexarotene gel (TARGRETIN equiv)                | -                   | NC          | 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 (QL= 2.5ml/30 days)      | QL                  | 2           | OPHTHALMIC AGENTS                                 |
| bimatoprost ophth soln                          | -                   | EXC         | DERMATOLOGICALS                                   |
| BIMZELX INJ                                     | -                   | NC          | DERMATOLOGICALS                                   |
| BINOSTO TAB                                     | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| bismuth/metro/tetra cap (PYLERA equiv)          | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS        |
| bisoprolol tab (ZEBETA equiv)                   | -                   | 1           | BETA BLOCKERS                                     |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | -                   | 1           | ANTIHYPERTENSIVES                                 |
| BLEPH-10 OPHTH SOLN                             | -                   | NC          | OPHTHALMIC AGENTS                                 |
| BLEPHAMIDE OPHTH SOLN                           | -                   | 2           | OPHTHALMIC AGENTS                                 |
| BLEPHAMIDE S.O.P. OPHTH OINT                    | -                   | 3           | OPHTHALMIC AGENTS                                 |
| BONIVA TAB 150MG                                | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| bosentan tab (TRACLEER equiv) (QL= 2 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          |
| BRAFTOVI CAP 75MG (QL= 6 caps/day)              | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |

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|---|---------------------|-------------|---|
| 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  | -                   | 2           | 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                                 |
| brinzolamide ophth susp (AZOPT equiv)                 | -                   | 2           | OPHTHALMIC AGENTS                                 |
| BRISDELLE CAP   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BRIVIACT INJ 50MG/5ML                                 | -                   | NC          | ANTICONVULSANTS                                   |
| BRIVIACT SOLN 10MG/ML                                 | -                   | NC          | ANTICONVULSANTS                                   |
| BRIVIACT TAB  | -                   | NC          | ANTICONVULSANTS                                   |
| BRIXADI SOLN 128MG/0.36ML                             | -                   | NC          | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 16MG/0.32ML                              | -                   | NC          | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 24MG/0.48ML                              | -                   | NC          | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 32MG/0.64ML                              | -                   | NC          | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 64MG/0.18ML                              | -                   | NC          | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 8MG/0.16ML                               | -                   | NC          | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 96MG/0.27ML                              | -                   | NC          | ANALGESICS - OPIOID                               |
| bromfenac ophth soln (BROMDAY equiv)                  | -                   | 2           | OPHTHALMIC AGENTS                                 |
| bromfenac sodium ophth soln 0.07% (PROLENSA equiv)    | -                   | 2           | OPHTHALMIC AGENTS                                 |
| bromfenac sodium ophth soln 0.075% (BROMSITE equiv)   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| bromocriptine cap (PARLODEL equiv)                    | -                   | 2           | ANTIPARKINSON AGENTS                              |
| bromocriptine tab (PARLODEL equiv)                    | -                   | 2           | ANTIPARKINSON AGENTS                              |
| BROMSITE DROP 0.075%                                  | -                   | NC          | OPHTHALMIC 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          |
| BRYHALI LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| B-SERENE PAD  | -                   | NC          | HEMATOPOIETIC 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                               |

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| 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)                               | QL                  | 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                                   |
| buspirone tab (BUSPAR equiv)  | -                   | 1           | ANTIANKXIETY 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 (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX              | 2           | ANTIDIABETICS                                     |
| BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))            | QL-RDX              | 2           | ANTIDIABETICS                                     |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))        | QL-RDX              | 2           | ANTIDIABETICS                                     |
| BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))              | QL-RDX              | 3           | 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                                 |
| 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) (Only covered for members less than 1 year old)      | -                   | 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                                   |

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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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                            |
|---|---------------------|-------------|--|
| 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 CAP (QL= 2 caps/day)                          | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| 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) | -                   | NC          | 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)                           | -                   | 2           | ANTIHYPERTENSIVES                          |
| CAPVAXIVE INJ   | VAC                 | NC          | VACCINES                                   |
| CARAC CREAM   | -                   | NC          | DERMATOLOGICALS                            |
| CARAFATE SUSP   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC |
| 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                            |

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|--|---------------------|-------------|--|
| 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 ER tab (SINEMET CR equiv)                   | -                   | 1           | ANTIPARKINSON AGENTS                     |
| CARBIDOPA/LEVODOPA ODT   | -                   | 1           | ANTIPARKINSON AND RELATED THERAPY 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 SOLN   | -                   | 3           | ANTIHISTAMINES                           |
| carbinoxamine tab (PALGIC equiv)                               | -                   | 3           | ANTIHISTAMINES                           |
| 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     |
| CARETOUCH MIS  | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES             |
| 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                                |
| 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                           |

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|---|---------------------|-------------|---|
| CEFADROXIL TAB  | -                   | 1           | CEPHALOSPORINS                                    |
| cefadroxil tab (DURICEF equiv)  | -                   | 1           | CEPHALOSPORINS                                    |
| cefdinir cap (OMNICEF equiv)  | -                   | 1           | CEPHALOSPORINS                                    |
| cefdinir susp (OMNICEF equiv)   | -                   | 1           | CEPHALOSPORINS                                    |
| CEFDITOREN TAB  | -                   | 3           | CEPHALOSPORINS                                    |
| cefixime cap (SUPRAX equiv)   | -                   | 3           | CEPHALOSPORINS                                    |
| cefixime susp (SUPRAX equiv)  | -                   | 3           | CEPHALOSPORINS                                    |
| cefpodoxime proxetil susp (VANTIN equiv)                                    | -                   | 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  | PA-SP               | 4           | HEMATOPOIETIC AGENTS                              |
| CERVICAL CAP  | -                   | EXC         | MEDICAL DEVICES AND SUPPLIES                      |
| CESAMET CAP   | -                   | 3           | ANTIEMETICS                                       |
| cetrotirelix 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                        |
| CHEMET CAP  | -                   | 2           | ANTIDOTES   |
| chlordiazepoxide cap (LIBRIUM equiv)  | -                   | 1           | ANTIANKXIETY AGENTS                               |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv)                               | -                   | 2           | ULCER DRUGS                                       |
| chlorhexidine gluconate soln (PERIDEX equiv)                                | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                        |
| chloroquine tab (ARALEN equiv)  | -                   | 1           | ANTIMALARIALS                                     |
| CHLOROTHIAZIDE TAB  | -                   | 1           | DIURETICS   |
| chlorothiazide tab (DIURIL equiv)   | -                   | 1           | DIURETICS   |
| CHLORPROMAZINE CONC   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| chlorpromazine tab (THORAZINE equiv)  | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| chlorthalidone tab  | -                   | 1           | DIURETICS   |
| chlorzoxazone tab   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |

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| QL  | Quantity Limit   | RDX  | Restricted to Diagnosis        | RS | Restricted to Specialist                     |
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|--|---------------------|-------------|--|
| CHLORZOXAZONE TAB 250MG, LORZONE TAB                   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                   |
| chlorzoxazone tab 500mg                                | -                   | 2           | MUSCULOSKELETAL THERAPY AGENTS                   |
| CHOLBAM CAP  | PA-SP               | 4           | GASTROINTESTINAL AGENTS - MISC.                  |
| cholestyramine lite powder (QUESTRAN LITE equiv)       | -                   | 1           | ANTIHYPERLIPIDEMICS                              |
| cholestyramine lite powder pack (QUESTRAN LITE equiv)  | -                   | 1           | ANTIHYPERLIPIDEMICS                              |
| cholestyramine powder (QUESTRAN equiv)                 | -                   | 1           | ANTIHYPERLIPIDEMICS                              |
| cholestyramine powder pack (QUESTRAN equiv)            | -                   | 1           | ANTIHYPERLIPIDEMICS                              |
| 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                                  |
| cicatrace kit (REXASIL equiv)                          | -                   | NC          | 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 SOLN  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINER<br>CS |
| cimetidine tab (TAGAMET equiv) (Rx Only)               | -                   | 1           | ULCER DRUGS                                      |
| CIMZIA INJ (QL= 1 kit/plan year)                       | PA-QL-SP            | 4           | GASTROINTESTINAL AGENTS - MISC.                  |
| cinacalcet tab (SENSIPAR equiv)                        | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| CINRYZE INJ  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                     |
| CIPRO HC OTIC SUSP                                     | -                   | 3           | OTIC AGENTS                                      |
| CIPRO SUSP   | -                   | 3           | FLUOROQUINOLONES                                 |
| CIPRO TAB  | -                   | NC          | FLUOROQUINOLONES                                 |
| CIPRODEX OTIC SUSP                                     | -                   | NC          | OTIC AGENTS                                      |
| CIPROFLOXACIN 100MG TAB                                | -                   | 3           | FLUOROQUINOLONES                                 |
| ciprofloxacin ophth soln (CILOXAN equiv)               | -                   | 1           | OPHTHALMIC AGENTS                                |
| CIPROFLOXACIN OTIC SOLN                                | -                   | 2           | OTIC AGENTS                                      |
| ciprofloxacin susp (CIPRO equiv)                       | -                   | 2           | FLUOROQUINOLONES                                 |
| ciprofloxacin tab (CIPRO equiv)                        | -                   | 1           | FLUOROQUINOLONES                                 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | -                   | 2           | OTIC AGENTS                                      |
| CITALOPRAM 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 -<br>MISC.        |
| CLARIFOAM EF FOAM                                      | -                   | NC          | DERMATOLOGICALS                                  |
| CLARINEX SYRUP   | -                   | EXC         | ANTIHISTAMINES                                   |
| CLARINEX TAB   | -                   | EXC         | ANTIHISTAMINES                                   |

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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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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|---|---------------------|-------------|-------------------------------|
| 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                |
| 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. |
| 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) (Members age 7 or older require Prior Authorization) | 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 OPHTH SUSP   | -                   | NC          | OPHTHALMIC AGENTS             |
| clobetasol propionate cream (TEMOVATE equiv)                                    | -                   | 1           | 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               |

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| INF | Infertility  | OTC  | Over-the-Counter               | PA | Prior Authorization                          |
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|---|---------------------|-------------|---|
| 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                               |
| CLOMID TAB  | 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)                    | OTC                 | EXC         | 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 (LOTRISONE equiv)       | -                   | NC          | DERMATOLOGICALS                               |
| CLOZAPINE ODT   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS               |
| 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               |
| 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 SOLN                                      | -                   | 3           | ANALGESICS - OPIOID                           |
| codeine sulfate tab                                       | -                   | 1           | ANALGESICS - OPIOID                           |
| COLAZAL CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.               |
| colchicine cap (MITIGARE equiv)                           | -                   | NC          | GOUT AGENTS                                   |
| colchicine tab (COLCRYS equiv)                            | -                   | 2           | GOUT AGENTS                                   |
| colchicine/probenecid tab (COL-BENEMID equiv)             | -                   | 1           | GOUT AGENTS                                   |
| COLCRYS TAB   | -                   | NC          | GOUT AGENTS                                   |
| colesevelam pack (WELCHOL equiv)                          | -                   | 2           | ANTIHYPERLIPIDEMICS                           |
| colesevelam tab (WELCHOL equiv)                           | -                   | 2           | ANTIHYPERLIPIDEMICS                           |
| COLESTID GRANULE  | -                   | NC          | ANTIHYPERLIPIDEMICS                           |
| COLESTID POWDER PACK                                      | -                   | NC          | ANTIHYPERLIPIDEMICS                           |
| COLESTID TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                           |
| colestipol granule (COLESTID equiv)                       | -                   | 3           | ANTIHYPERLIPIDEMICS                           |
| colestipol powder packet (COLESTID equiv)                 | -                   | 3           | ANTIHYPERLIPIDEMICS                           |
| colestipol tab (COLESTID equiv)                           | -                   | 1           | ANTIHYPERLIPIDEMICS                           |

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|--|---------------------|-------------|--|
| 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           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS        |
| COMBIVIR TAB                                   | -                   | NC          | ANTIVIRALS                                     |
| 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                                   | -                   | 2           | ANTIVIRALS                                     |
| COMTAN TAB                                     | -                   | NC          | ANTIPARKINSON AGENTS                           |
| CONCEPT DHA CAP                                | -                   | 1           | MULTIVITAMINS                                  |
| CONCEPTROL GEL                                 | OTC                 | EXC         | VAGINAL PRODUCTS                               |
| 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 FOAM                             | 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                                |
| 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                                  |
| CORLANOR SOLN                                  | PA                  | 3           | CARDIOVASCULAR AGENTS - MISC.                  |
| CORLANOR TAB                                   | PA                  | 3           | CARDIOVASCULAR AGENTS - MISC.                  |
| 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                                |
| CORTISPORIN CREAM                              | -                   | 3           | DERMATOLOGICALS                                |
| CORTISPORIN OINT                               | -                   | 3           | DERMATOLOGICALS                                |
| CORTROPHIN INJ GEL                             | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.         |
| COSENTYX INJ (1-PACK)                          | -                   | NC          | DERMATOLOGICALS                                |
| COSENTYX INJ (2-PACK)                          | -                   | NC          | DERMATOLOGICALS                                |
| COSENTYX INJ 300MG/2ML                         | -                   | NC          | DERMATOLOGICALS                                |

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|--|---------------------|-------------|---|
| 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                                |
| 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                             |
| CREON CAP  | -                   | 2           | DIGESTIVE AIDS                                |
| CRESEMBA CAP   | -                   | NC          | ANTIFUNGALS                                   |
| CRESTOR TAB  | -                   | NC          | ANTHYPERLIPIDEMICS                            |
| CREXONT CAP, RYTARY CAP                                    | -                   | NC          | ANTIPARKINSON AGENTS                          |
| CRINONE GEL  | PA                  | 2           | VAGINAL PRODUCTS                              |
| CRIXIVAN CAP   | -                   | 2           | ANTIVIRALS                                    |
| cromolyn conc (GASTROCROM equiv)                           | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.               |
| 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/ANTICHOLINERCS     |
| 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      |

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|--|---------------------|-------------|---|
| CYCLOPHOSPHAMIDE TAB   | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| cycloserine cap (CYCLOSERINE CAP equiv)  | -                   | NC          | ANTIMYCOBACTERIAL AGENTS                          |
| CYCLOSET TAB   | -                   | 3           | ANTIDIABETICS                                     |
| 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                                 |
| 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                    |
| 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 GEL 7.5%   | -                   | 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/ANTICHOLINER CS        |

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|---|---------------------|-------------|--|
| darunavir tab (PREZISTA equiv)                | -                   | 2           | ANTIVIRALS                                   |
| dasatinib tab (SPRYCEL equiv)                 | PA-SP               | 1           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES     |
| DAURISMO TAB                                  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES     |
| DAVIMET/FLUORIDE CHEW 0.75MG                  | -                   | NC          | MULTIVITAMINS                                |
| DAYBUE SOLN                                   | -                   | 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 SOLN                              | -                   | 3           | ENDOCRINE AND METABOLIC AGENTS - MISC.       |
| 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           |
| 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                              |
| DENGVAXIA SUSP                                | VAC                 | \$0         | VACCINES                                     |
| DEPACON INJ                                   | -                   | NC          | ANTICONSULSANTS                              |
| DEPAKENE CAP                                  | -                   | NC          | ANTICONSULSANTS                              |
| DEPAKENE SYRUP                                | -                   | NC          | ANTICONSULSANTS                              |
| DEPAKOTE ER TAB                               | -                   | NC          | ANTICONSULSANTS                              |
| DEPAKOTE SPRINKLE CAP                         | -                   | NC          | ANTICONSULSANTS                              |
| DEPAKOTE TAB                                  | -                   | NC          | ANTICONSULSANTS                              |
| DEPEN TITRATAB                                | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES            |
| DEPLIN CAP                                    | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| 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                              |

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|--|---------------------|-------------|--|
| DERMOTIC OIL   | -                   | NC          | OTIC AGENTS                            |
| DESCOVY TAB  | PA                  | \$0         | ANTIVIRALS                             |
| desipramine tab (NORPRAMIN equiv)  | -                   | 2           | ANTIDEPRESSANTS                        |
| DESLORATADINE ODT  | -                   | EXC         | ANTIHISTAMINES                         |
| desloratadine tab (CLARINEX equiv)   | -                   | EXC         | ANTIHISTAMINES                         |
| desmopressin acetate tab (DDAVP equiv)   | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DESOGEN TAB  | -                   | NC          | CONTRACEPTIVES                         |
| DESONATE GEL   | -                   | NC          | DERMATOLOGICALS                        |
| desonide cream (DESOWEN equiv)   | -                   | 2           | DERMATOLOGICALS                        |
| desonide gel   | -                   | NC          | DERMATOLOGICALS                        |
| 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 (TOPICORT equiv)  | -                   | 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 SODIUM PHOSPHATE INJ   | -                   | 1           | CORTICOSTEROIDS                        |
| DEXAMETHASONE SOLN   | -                   | 1           | CORTICOSTEROIDS                        |
| dexamethasone tab (DECADRON equiv)   | -                   | 1           | CORTICOSTEROIDS                        |
| DEXAMETHASONE TAB  | -                   | NC          | CORTICOSTEROIDS                        |
| DEXATLAN CAP   | -                   | NC          | MULTIVITAMINS                          |
| DEXCHLORPHENIRAMINE SYRUP  | -                   | NC          | ANTIHISTAMINES                         |
| 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           |

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|--|---------------------|-------------|---|
| 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                      |
| DEXEDRINE CAP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| DEXILANT DR CAP  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINER<br>CS  |
| dexlansoprazole DR cap (DEXILANT equiv)  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINER<br>CS  |
| dexmethylphenidate ER cap (FOCALIN XR equiv)   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv)   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| DEXPAK TAB   | -                   | NC          | CORTICOSTEROIDS                                   |
| DEXTENZA OPHTH INSERT  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| dextroamphetamine ER cap (DEXEDRINE equiv)   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv)   | -                   | 3           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv)  | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| DHIVY TAB  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY<br>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                                     |
| dialyvite tab (NEPHRO-VITE equiv)  | -                   | 1           | 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           | ANTIANKXIETY AGENTS                               |
| DIAZEPAM GEL (QL= 2 packs/fill)  | QL                  | 2           | ANTICONVULSANTS                                   |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv)  | -                   | 1           | ANTIANKXIETY AGENTS                               |
| diazepam rectal gel (QL= 2 packs/fill)   | QL                  | 2           | ANTICONVULSANTS                                   |
| diazepam tab (VALIUM equiv)  | -                   | 1           | ANTIANKXIETY AGENTS                               |

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|---|---------------------|-------------|---|
| diazoxide susp (PROGLYCEM equiv)  | -                   | 3           | ANTIDIABETICS                                     |
| DIBENZYLINE 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) (QL= 5 tubes/fill)   | QL                  | 1           | 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                                   |
| 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                                       |
| didanosine DR cap (VIDEX EC equiv)  | -                   | 2           | ANTIVIRALS  |
| DIDANOSINE DR CAP, VIDEX EC CAP   | -                   | 2           | ANTIVIRALS  |
| DIETHYLPROPION ER TAB   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| diethylpropion tab  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| DIFFERIN CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| DIFFERIN GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| DIFFERIN OTC GEL 0.1%   | OTC                 | EXC         | 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, PSORCON CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| diflorasone oint  | -                   | NC          | DERMATOLOGICALS                                   |
| DIFLUCAN SUSP   | -                   | NC          | ANTIFUNGALS                                       |
| DIFLUCAN TAB  | -                   | NC          | ANTIFUNGALS                                       |
| diflunisal 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                                 |

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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 |
| ST  | Step Therapy   | VAC  | Vaccine Program                | ¢  | RxCENTS                                      |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                      |
|--|---------------------|-------------|--|
| 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                             |
| dimethyl fumarate DR cap (TECFIDERA equiv)                       | SP                  | 1           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | SP                  | 1           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| DIOVAN HCT TAB   | -                   | NC          | ANTIHYPERTENSIVES                                    |
| DIOVAN TAB   | -                   | NC          | ANTIHYPERTENSIVES                                    |
| DIPENTUM CAP   | -                   | 3           | GASTROINTESTINAL AGENTS - MISC.                      |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)    | -                   | 1           | 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.                         |
| disopyramide cap (NORPACE equiv)                                 | -                   | 1           | ANTIARRHYTHMICS                                      |
| disulfiram tab (ANTABUSE equiv)                                  | -                   | 1           | PSYCHOTHERAPEUTIC AND<br>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                             |
| DOLOPHINE TAB  | -                   | NC          | ANALGESICS - OPIOID                                  |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)                    | QL                  | 1           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)                   | QL                  | 1           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)               | QL                  | 2           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| DONNATAL TAB   | -                   | NC          | ULCER DRUGS  |
| DOPTELET TAB (QL= 2 tabs/day)                                    | PA-QL-SP            | 4           | HEMATOPOIETIC AGENTS                                 |

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|---|---------------------|-------------|---|
| 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                                 |
| 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 cream   | -                   | NC          | DERMATOLOGICALS                                   |
| doxepin tab (SILENOR equiv)                                 | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| 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 100mg (MONODOX equiv)           | -                   | 1           | TETRACYCLINES                                     |
| doxycycline monohydrate cap 150mg (MONODOX equiv)           | -                   | NC          | TETRACYCLINES                                     |
| doxycycline monohydrate cap 50mg (MONODOX equiv)            | -                   | 1           | 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                                       |
| drosiprone/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          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| DUAVEE TAB  | -                   | NC          | ESTROGENS   |
| DUETACT TAB   | -                   | NC          | ANTIDIABETICS                                     |
| DULERA INHALER  | -                   | 2           | ANTIASTHMATIC 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. |

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|--|---------------------|-------------|--|
| DUOBRII LOTION   | -                   | NC          | DERMATOLOGICALS                                |
| DUOPA ENTERAL SUSP   | -                   | NC          | ANTIPARKINSON AGENTS                           |
| 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                                |
| DURAGESIC PATCH  | -                   | NC          | ANALGESICS - OPIOID                            |
| 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                                      |
| EBGLYSS INJ  | -                   | NC          | DERMATOLOGICALS                                |
| EB-N3 DR CAP   | -                   | NC          | MULTIVITAMINS                                  |
| ECONASIL KIT   | -                   | NC          | DERMATOLOGICALS                                |
| econazole cream (SPECTAZOLE equiv)                               | -                   | 1           | 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 DISORDEF AGENTS      |
| EDURANT TAB  | -                   | 2           | ANTIVIRALS                                     |
| EFAVIRENZ CAP  | -                   | 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                                     |
| 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.         |
| ELDEPYRL CAP   | -                   | NC          | ANTIPARKINSON AGENTS                           |
| ELEPSIA XR TAB   | -                   | NC          | ANTICONVULSANTS                                |
| ELESTAT OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                              |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL                  | 1           | MIGRAINE PRODUCTS                              |
| ELIDEL CREAM   | -                   | NC          | DERMATOLOGICALS                                |
| ELIGEN B12 TAB   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS   |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                          |
|--|---------------------|-------------|--|
| ELIMITE CREAM  | -                   | NC          | DERMATOLOGICALS                          |
| ELIPHOS TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.          |
| ELIQUIS TAB, ELIQUIS STARTER PACK  | -                   | 2           | ANTICOAGULANTS                           |
| ELIXOPHYLLIN ELIXIR  | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| ELLA TAB   | -                   | EXC         | CONTRACEPTIVES                           |
| ELMIRON CAP  | -                   | 2           | GENITOURINARY AGENTS - MISCELLANEOUS     |
| ELOCON CREAM   | -                   | NC          | DERMATOLOGICALS                          |
| ELOCON OINT  | -                   | NC          | DERMATOLOGICALS                          |
| eluryng vaginal ring (NUVARING equiv)  | -                   | \$0         | CONTRACEPTIVES                           |
| ELYXYB SOLN  | -                   | NC          | MIGRAINE PRODUCTS                        |
| EMADINE OPHTH SOLN   | -                   | 3           | OPHTHALMIC AGENTS                        |
| EMBEDA CAP   | -                   | NC          | ANALGESICS - OPIOID                      |
| EMCYT CAP  | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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)   | PA-QL               | 2           | MIGRAINE PRODUCTS                        |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)   | PA-QL               | 2           | MIGRAINE PRODUCTS                        |
| EMPAVELI INJ (QL= 160ml/28 days)   | PA-QL-SP            | 4           | HEMATOLOGICAL AGENTS - MISC.             |
| EMSAM PATCH  | -                   | 3           | ANTIDEPRESSANTS                          |
| emtricitabine cap (EMTRIVA equiv)  | -                   | 2           | ANTIVIRALS                               |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)                                      | -                   | \$0         | ANTIVIRALS                               |
| EMTRIVA CAP  | -                   | NC          | ANTIVIRALS                               |
| EMTRIVA SOLN   | -                   | 2           | ANTIVIRALS                               |
| EMVERM TAB   | -                   | NC          | ANTHELMINTICS                            |
| ENABLEX TAB  | -                   | NC          | URINARY ANTISPASMODICS                   |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or 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           |
| ENDARI POWDER PACKET   | -                   | NC          | HEMATOPOIETIC AGENTS                     |
| ENDOMETRIN INSERT  | PA                  | 2           | VAGINAL PRODUCTS                         |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ   | VAC                 | \$0         | VACCINES                                 |
| enoxaparin inj (LOVENOX equiv)   | -                   | 2           | ANTICOAGULANTS                           |
| enpresse tab (TRI-LEVELLEN equiv)  | -                   | \$0         | CONTRACEPTIVES                           |
| 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     |

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|--|---------------------|-------------|--|
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)                        | QL                  | 2           | ANTIVIRALS   |
| ENTEREG CAP  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                      |
| ENTOCORT EC CAP  | -                   | NC          | CORTICOSTEROIDS                                      |
| ENTRESTO CAP   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                        |
| ENTRESTO TAB (QL= 2 tabs/day)  | QL                  | 2           | 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 HBV SOLN  | -                   | 2           | ANTIVIRALS   |
| EPIVIR HBV TAB   | -                   | NC          | ANTIVIRALS   |
| EPIVIR SOLN  | -                   | NC          | ANTIVIRALS   |
| EPIVIR TAB   | -                   | NC          | ANTIVIRALS   |
| eplerenone tab (INSPIRA equiv)   | -                   | 1           | ANTIHYPERTENSIVES                                    |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization)     | PA                  | 3           | ANTICONVULSANTS                                      |
| EPSOLAY CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| EPZICOM TAB  | -                   | NC          | ANTIVIRALS   |
| EQUETRO CAP  | -                   | 2           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| ERGOCAL CAP  | -                   | NC          | VITAMINS   |
| ERGOLOID MESYLATES TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| ERGOTAMINE/CAFFEINE TAB  | -                   | NC          | MIGRAINE PRODUCTS                                    |
| ergotamine/caffeine tab (CAFERGOT equiv)                               | -                   | NC          | MIGRAINE PRODUCTS                                    |
| ERIVEDGE CAP   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| ERLEADA TAB (QL= 4 tabs/day)   | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| ERLEADA TAB 240MG (QL= 1 tab/day)                                      | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| erlotinib tab (TARCEVA equiv)  | PA-SP               | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)                    | PA-QL-SF-SP         | 1           | ANTINEOPLASTICS AND ADJUNCTIVE<br>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   |

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|--|---------------------|-------------|--|
| ERYTHROMYCIN EC CAP  | -                   | 2           | MACROLIDES                                       |
| erythromycin ethylsuccinate susp (ERYPED equiv)  | -                   | 2           | MACROLIDES                                       |
| ERYTHROMYCIN ETHYLSUCCINATE TAB  | -                   | 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 267MG  | -                   | NC          | RESPIRATORY AGENTS - MISC.                       |
| ESBRIET TAB 801MG  | -                   | NC          | RESPIRATORY AGENTS - MISC.                       |
| escitalopram soln (LEXAPRO equiv)  | -                   | 2           | ANTIDEPRESSANTS                                  |
| escitalopram tab (LEXAPRO equiv)   | -                   | 1           | ANTIDEPRESSANTS                                  |
| ESGIC TAB  | -                   | NC          | ANALGESICS - NONNARCOTIC                         |
| ESKATA SOLN  | -                   | NC          | DERMATOLOGICALS                                  |
| esomeprazole cap (NEXIUM equiv) (Rx Only)  | -                   | 1           | ULCER DRUGS                                      |
| esomeprazole DR granule pack (NEXIUM equiv)  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| estazolam tab (PROSOM equiv)   | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>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 equiv)  | -                   | 1           | ESTROGENS  |
| estradiol tab (ESTRACE equiv)  | -                   | 1           | ESTROGENS  |
| estradiol td gel (DIVIGEL equiv)   | -                   | NC          | ESTROGENS  |
| estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28<br>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                                 |
| ESTROSTEP FE TAB   | -                   | NC          | CONTRACEPTIVES                                   |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)  | QL                  | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS     |
| ethacrynic tab (EDECRIN equiv)   | -                   | 2           | DIURETICS  |
| ethambutol tab (MYAMBUTOL equiv)   | -                   | 2           | ANTIMYCOBACTERIAL AGENTS                         |
| ethosuximide cap (ZARONTIN equiv)  | -                   | 2           | ANTICONVULSANTS                                  |
| ethosuximide soln (ZARONTIN equiv)   | -                   | 1           | ANTICONVULSANTS                                  |
| 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<br>THERAPIES      |

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|--|---------------------|-------------|---|
| 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) (QL= 1 tab/day)  | PA-QL-SP            | 1           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| EVISTA TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| EVIVO LIQUID   | -                   | NC          | ANTI-DIARRHEALS                                   |
| EVOCLIN 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                              |
| EVZIO INJ  | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| EVZIO INJ  | -                   | NC          | ANTIDOTES   |
| EXALGO TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| 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) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | -                   | \$0         | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| EXFORGE TAB  | -                   | NC          | ANTI-HYPERTENSIVES                                |
| EXKIVITY CAP   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| EXSERVAN FILM  | -                   | NC          | NEUROMUSCULAR AGENTS                              |
| EXTAVIA INJ  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| EYSUVIS OPHTH SUSP   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 7 and older)  | PA                  | 3           | ANTI-HYPERLIPIDEMICS                              |
| ezetimibe tab (ZETIA equiv)  | -                   | 1           | ANTI-HYPERLIPIDEMICS                              |
| EZETIMIBE/ATORVASTATIN TAB   | -                   | NC          | ANTI-HYPERLIPIDEMICS                              |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))                                       | QL                  | 3           | ANTI-HYPERLIPIDEMICS                              |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)                                 | -                   | NC          | ANTI-HYPERLIPIDEMICS                              |
| 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      |

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|--|---------------------|-------------|--|
| famciclovir tab (FAMVIR equiv)                                     | -                   | 2           | ANTIVIRALS                               |
| famotidine susp (PEPCID equiv)                                     | -                   | 2           | ULCER DRUGS                              |
| famotidine tab (PEPCID equiv) (Rx Only)                            | -                   | 1           | ULCER DRUGS                              |
| FANAPT TAB (QL= 2 tabs/day)  | PA-QL               | 3           | ANTIPSYCHOTICS/ANTIMANIC AGENTS          |
| FANAPT TITRATION PACK (QL= 1 pack/plan year)                       | PA-QL               | 3           | 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)                                      | -                   | 2           | GOUT AGENTS                              |
| 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                         |
| 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   | -                   | NC          | 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, FIBRICOR TAB                                       | -                   | 3           | ANTIHYPERTENSIVES                        |
| fenopropfen calcium cap (NALFON equiv)                             | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| fenopropfen calcium tab  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| FENOPROFEN CAP, NAFLON CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| FENOPROFEN TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)                         | PA-QL               | 3           | ANALGESICS - OPIOID                      |
| FENTANYL CITRATE LOLLIPOP (QL= 120 lozenges/30 days)               | PA-QL               | 2           | ANALGESICS - OPIOID                      |
| fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL               | 2           | ANALGESICS - OPIOID                      |
| fantanyl patch (DURAGESIC equiv)                                   | -                   | 2           | ANALGESICS - OPIOID                      |
| fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)          | -                   | NC          | ANALGESICS - OPIOID                      |
| FENTORA TAB (QL= 120 tabs/30 days)                                 | PA-QL               | 3           | ANALGESICS - OPIOID                      |
| FEONYX TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                     |
| ferrex 150 forte cap   | -                   | 1           | HEMATOPOIETIC AGENTS                     |
| FERRIPROX SOLN   | PA-SP               | 4           | ANTIDOTES                                |
| FERRIPROX TAB 1000MG (TWICE DAILY)                                 | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS       |
| FERRO-PLEX TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                     |
| ferrous sulfate elixir   | OTC                 | NC          | HEMATOPOIETIC AGENTS                     |

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|---|---------------------|-------------|---|
| FERROUS SULFATE LIQUID  | OTC                 | NC          | HEMATOPOIETIC AGENTS                              |
| ferrous sulfate soln  | OTC                 | NC          | HEMATOPOIETIC AGENTS                              |
| fesoterodine fumarate ER tab (TOVIAZ equiv)                             | -                   | 2           | 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                                     |
| FILSPARI TAB  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| FILSUVEZ GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| 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   | -                   | 3           | ULCER DRUGS                                       |
| FIRST PANTOPRAZOLE SUSP   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS         |
| 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 (Prior Authorization required for members age 9 or older) | PA                  | 3           | MUSCULOSKELETAL THERAPY AGENTS                    |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization)      | PA                  | 3           | ANTIHYPERTENSIVES                                 |
| FLOMAX CAP  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| FLONASE SENSIMIST NASAL SPRAY   | OTC                 | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| FLO-PRED SUSP   | -                   | NC          | CORTICOSTEROIDS                                   |
| FLORAFOL CHEW TAB   | -                   | NC          | MULTIVITAMINS                                     |
| FLORAFOL PED CHEW TAB   | -                   | NC          | MULTIVITAMINS                                     |
| FLORIVA CHEW TAB  | -                   | NC          | MULTIVITAMINS                                     |
| FLORIVA PLUS DROPS  | -                   | 2           | MULTIVITAMINS                                     |

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| FLOVENT DISKUS INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| FLOVENT HFA INHALER  | -                   | NC          | ANTIASTHMATIC 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                                       |
| hydrocortisone 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  |
| flunisolide nasal soln (QL= 2 bottles/fill)  | QL                  | 3           | 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 (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | -                   | \$0         | MINERALS & ELECTROLYTES                           |
| FLUORAC CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| 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 lotion (CORDRAN equiv)   | -                   | NC          | DERMATOLOGICALS                                   |

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|---|---------------------|-------------|---|
| flurandrenolide oint (CORDRAN equiv)                          | -                   | NC          | DERMATOLOGICALS                           |
| FLURAZEPAM CAP  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| FLURBIPROFEN OPHTH SOLN                                       | -                   | 2           | OPHTHALMIC AGENTS                         |
| FLURBIPROFEN TAB  | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY            |
| flurbiprofen tab (ANSAID equiv)                               | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY            |
| FLUTAMIDE CAP   | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| flutamide cap (EULEXIN equiv)                                 | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| FLUTICASONE DISKUS INHALER                                    | -                   | 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           | ANTIHYPERTENSIVES                         |
| fluvastatin ER tab (LESCOL XL equiv)                          | -                   | 3           | ANTIHYPERTENSIVES                         |
| 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                         |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| FML S.O.P. OPHTH OINT  | -                   | 3           | OPHTHALMIC AGENTS                                 |
| FOCALIN TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| FOCALIN XR CAP   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| FOLAGENT DHA CAP   | -                   | NC          | MULTIVITAMINS                                     |
| FOLAMED DHA CAP  | -                   | NC          | MULTIVITAMINS                                     |
| FOLBEE PLUS CZ TAB   | -                   | 1           | MULTIVITAMINS                                     |
| folbee tab   | -                   | 1           | HEMATOPOIETIC AGENTS                              |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)   | -                   | \$0         | HEMATOPOIETIC AGENTS                              |
| folic acid tab 400mcg (Covered for females only)   | OTC                 | \$0         | HEMATOPOIETIC AGENTS                              |
| folic acid tab 800mcg (Covered for females only)   | OTC                 | \$0         | HEMATOPOIETIC AGENTS                              |
| FOLIKA-V TAB   | -                   | NC          | MULTIVITAMINS                                     |
| FOLITE TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| FOLTANX TAB  | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS   |
| FOLVITE-FE TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| fondaparinux inj (ARIXTRA equiv)   | -                   | 2           | ANTICOAGULANTS                                    |
| FORFIVO XL TAB   | -                   | NC          | ANTIDEPRESSANTS                                   |
| formoterol fumarate neb soln (PERFOROMIST equiv)   | -                   | 3           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS        |
| FORTAMET TAB   | -                   | NC          | ANTIDIABETICS                                     |
| FORTEO INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| FORTESTA GEL 2%  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| FOSAMAX TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| FOSAMAX+D TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>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<br>THERAPIES       |
| FRAGMIN INJ  | -                   | 3           | ANTICOAGULANTS                                    |
| FRAICHE 5000 SENSITIVE GEL   | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                        |
| FREESTYLE FREEDOM LITE METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE INSULINX METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE INSULINX TEST STRIP  | OTC                 | NC          | 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                      |

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|---|---------------------|-------------|---|
| 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                      |
| 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                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE LITE TEST STRIP   | OTC                 | NC          | DIAGNOSTIC PRODUCTS                               |
| FREESTYLE PRECISION NEO METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE PRECISION NEO TEST STRIP  | OTC                 | NC          | DIAGNOSTIC PRODUCTS                               |
| FREESTYLE TEST STRIP  | OTC                 | NC          | 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                              |
| FUROSCIX KIT (QL= 8 inj/fill)   | QL-SP               | 4           | 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                                   |
| GABITRIL TAB  | -                   | NC          | ANTICONVULSANTS                                   |
| GALAFOLD CAP (QL= 14 caps/28 days)  | PA-QL-SP            | 4           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |

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|---|---------------------|-------------|---|
| galantamine ER cap (RAZADYNE ER equiv)  | -                   | 2           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN  | -                   | 2           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv)  | -                   | 1           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP  | -                   | 2           | 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 (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | 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                        |
| GELNIQUE  | -                   | NC          | URINARY ANTISPASMODICS                            |
| gemfibrozil tab (LOPID equiv)   | -                   | 1           | ANTIHYPERTENSIVES                                 |
| 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.            |
| GENTAK OPTH 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/LOMUSTINE CAP   | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| gliimepiride tab (AMARYL equiv)   | -                   | 1           | ANTIDIABETICS                                     |

|     |   |      |                         |    |  |
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| SF  | Limited to two 15 day fills per month for first 3 months      | SMKG | Smoking Cessation       | SP | Available through Specialty Pharmacy Program |
| ST  | Step Therapy  | VAC  | Vaccine Program         | ¢  | RxCENTS                                      |
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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                      |
|---|---------------------|-------------|--|
| GLIMEPIRIDE TAB   | -                   | NC          | ANTIDIABETICS  |
| glipizide ER tab (GLUCOTROL XL equiv)                                   | -                   | 1           | ANTIDIABETICS  |
| glipizide tab (GLUCOTROL equiv)   | -                   | 1           | ANTIDIABETICS  |
| GLIPIZIDE TAB   | -                   | NC          | ANTIDIABETICS  |
| glipizide/metformin tab (METAGLIP equiv)                                | -                   | 1           | ANTIDIABETICS  |
| GLOPERBA SOLN (Prior Authorization required for members age 9 or older) | PA                  | 3           | GOUT AGENTS  |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)                                   | QL                  | 2           | ANTIDIABETICS  |
| GLUCAGEN INJ  | -                   | 2           | DIAGNOSTIC PRODUCTS                                  |
| GLUCAGON DIAGNOSTIC INJ   | -                   | NC          | DIAGNOSTIC PRODUCTS                                  |
| GLUCAGON EMR INJ (QL= 2 inj/fill)                                       | QL                  | 2           | ANTIDIABETICS  |
| GLUCAGON INJ KIT  | -                   | NC          | ANTIDIABETICS  |
| GLUCAGON KIT (QL= 2 inj/fill)   | QL                  | 2           | 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<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| GLYCATE TAB, GLYCOPYRROLATE TAB   | -                   | NC          | ULCER DRUGS  |
| glycopyrrolate oral soln (CUVPOSA equiv)                                | -                   | 3           | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| glycopyrrolate tab (ROBINUL equiv)                                      | -                   | 2           | ULCER DRUGS  |
| GLYGEST PAK   | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS      |
| GLYNASE TAB   | -                   | NC          | ANTIDIABETICS  |
| GLYXAMBI TAB (QL= 1 tab/day)  | QL                  | 2           | ANTIDIABETICS  |
| GOCOVRI CAP   | -                   | NC          | ANTIPARKINSON AGENTS                                 |
| GOLYTELY SOLN   | -                   | NC          | LAXATIVES  |
| GONITRO POWDER  | -                   | NC          | ANTIANGINAL AGENTS                                   |
| GRALISE STARTER PACK  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| GRALISE TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>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  |
| GUAIFENESEN SYRUP   | -                   | NC          | COUGH/COLD/ALLERGY                                   |
| guaifenesin tab (ALLFEN JR equiv)                                       | -                   | NC          | COUGH/COLD/ALLERGY                                   |

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|---|---------------------|-------------|---|
| GUAIFENESIN/CODEINE SYRUP   | OTC                 | 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//<br>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) (QL= 2 inj/28 days)                 | PA-QL-SP            | 4           | ANALGESICS - ANTI-INFLAMMATORY                    |
| HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)      | PA-QL-SP            | 4           | ANALGESICS - ANTI-INFLAMMATORY                    |
| HADLIMA PUSH INJ (adalimumab-bwwd) (QL= 2 inj/28 days)            | PA-QL-SP            | 4           | ANALGESICS - ANTI-INFLAMMATORY                    |
| HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days) | PA-QL-SP            | 4           | ANALGESICS - ANTI-INFLAMMATORY                    |
| HAEGARDA INJ  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| halcinonide cream (HALOG equiv)                                   | -                   | NC          | DERMATOLOGICALS                                   |
| HALCION TAB   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS      |
| HALOBETASOL AER   | -                   | NC          | DERMATOLOGICALS                                   |
| halobetasol propionate cream (ULTRAVATE equiv)                    | -                   | 2           | DERMATOLOGICALS                                   |
| halobetasol propionate foam (LEXETTE equiv)                       | -                   | NC          | 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                   |
| 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/PRAMOXINE CREAM 1-2.35%  | -                   | NC          | DERMATOLOGICALS                                   |
| HC-LIDOCAINE CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| HECTOROL CAP  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| HELIDAC PACK  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS  |
| HEMANGEOL SOLN  | -                   | NC          | BETA BLOCKERS                                     |
| HEMLIBRA INJ  | PA-SP               | 4           | HEMATOLOGICAL AGENTS - MISC.                      |
| heparin inj   | PA                  | 1           | ANTICOAGULANTS                                    |
| HEPLISAV-B INJ  | VAC                 | \$0         | VACCINES  |
| HEPSERA TAB   | -                   | NC          | ANTIVIRALS  |
| HETLIOZ CAP   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS      |

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|--|---------------------|-------------|---|
| HETLIOZ SUSP   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| HEXALEN CAP  | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| HIPREX TAB   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| HIXDEFRIMA SOLN  | -                   | NC          | DERMATOLOGICALS                                   |
| HIZENTRA INJ   | PA-SP               | 4           | PASSIVE IMMUNIZING AGENTS                         |
| HOMATROPINE OPTH 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  | -                   | 2           | ANTIDIABETICS                                     |
| HUMALOG JR KWIKPEN INJ   | -                   | 2           | ANTIDIABETICS                                     |
| HUMALOG KWIKPEN INJ  | -                   | 2           | ANTIDIABETICS                                     |
| HUMALOG MIX INJ  | -                   | 2           | ANTIDIABETICS                                     |
| HUMALOG MIX KWIKPEN INJ  | -                   | 2           | ANTIDIABETICS                                     |
| HUMALOG PEN INJ  | -                   | 2           | 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                      |
| HYCAMTIN 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                                 |
| 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)                 | QL                  | 2           | ANALGESICS - OPIOID                               |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day) | QL                  | 2           | ANALGESICS - OPIOID                               |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL                  | 2           | ANALGESICS - OPIOID                               |

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|--|---------------------|-------------|--|
| hydrocodone/acetaminophen cap (LORCET equiv)   | -                   | 1           | 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/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | 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 (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                      |
| hydroquinone cream (LUSTRA equiv)  | -                   | EXC         | DERMATOLOGICALS                          |
| 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           | ANTIANKXIETY AGENTS                      |
| hydroxyzine syrup (ATARAX equiv)   | -                   | 1           | ANTIANKXIETY AGENTS                      |

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|--|---------------------|-------------|--|
| hydroxyzine tab (ATARAX equiv)                           | -                   | 1           | ANTIANKXIETY AGENTS                              |
| HYFTOR GEL (QL= 10 grams/30 days)                        | PA-QL-SP            | 4           | DERMATOLOGICALS                                  |
| HYLAMEND GEL FIRST AID                                   | -                   | NC          | ANTISEPTICS & DISINFECTANTS                      |
| HYLINATE LOTION  | -                   | NC          | DERMATOLOGICALS                                  |
| HYOPHEN TAB  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                    |
| HYOSCYAMINE INJ  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| hyoscyamine sulfate CR tab (LEVBIID equiv)               | -                   | 1           | ULCER DRUGS                                      |
| hyoscyamine sulfate elixir (LEVSIN equiv)                | -                   | 1           | ULCER DRUGS                                      |
| hyoscyamine sulfate ODT (ANASPAZ equiv)                  | -                   | 1           | ULCER DRUGS                                      |
| hyoscyamine sulfate SL tab (LEVSIN equiv)                | -                   | 1           | ULCER DRUGS                                      |
| hyoscyamine sulfate soln (LEVSIN equiv)                  | -                   | 1           | ULCER DRUGS                                      |
| hyoscyamine tab (LEVSIN equiv)                           | -                   | 1           | ULCER DRUGS                                      |
| HYPER-SAL NEB SOLN                                       | -                   | NC          | 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                   |
| HYSINGLA ER TAB  | -                   | NC          | ANALGESICS - OPIOID                              |
| HYZAAR TAB   | -                   | NC          | ANTIHYPERTENSIVES                                |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL                  | 1           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| IBRANCE CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| IBRANCE TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| IBSRELA TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                  |
| 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-famotidine tab (DUEXIS equiv)                  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                   |
| icatibant inj (FIRAZYR equiv)                            | PA-SP               | 4           | HEMATOLOGICAL AGENTS - MISC.                     |
| ICLUSIG TAB (QL= 1 tab/day)                              | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| icosapent ethyl cap (VASCEPA equiv) (QL= 4 cap/day)      | QL                  | 2           | ANTHYPERLIPIDEMICS                               |
| IDACIO INJ (adalimumab-aacf)                             | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                   |
| IDHIFA TAB (QL= 1 tab/day)                               | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| IHEEZO GEL   | -                   | NC          | OPHTHALMIC AGENTS                                |
| ILEVRO OPTH SUSP   | -                   | 2           | OPHTHALMIC AGENTS                                |
| imatinib tab (GLEEVEC equiv)                             | SP                  | 1           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| IMBRUVICA CAP 140MG (QL= 3 caps/day)                     | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| IMBRUVICA CAP 70MG (QL= 1 cap/day)                       | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| IMBRUVICA SUSP (QL= 6ml/day)                             | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |

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|---|---------------------|-------------|---|
| IMBRUVICA TAB 140MG                           | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| IMBRUVICA TAB 280MG                           | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day)    | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| IMCIVREE INJ                                  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS    |
| 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 INJ (QL= 4 inj/fill, 2 fills/30 days) | QL                  | 3           | MIGRAINE PRODUCTS                                 |
| IMITREX INJ                                   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| IMITREX TAB                                   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| IMITREX VIAL INJ                              | -                   | NC          | MIGRAINE PRODUCTS                                 |
| IMOVAX INJ                                    | VAC                 | \$0         | VACCINES  |
| IMPAVIDO CAP                                  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| IMPEKLO LOTION                                | -                   | NC          | DERMATOLOGICALS                                   |
| IMPOYZ CREAM                                  | -                   | NC          | DERMATOLOGICALS                                   |
| IMURAN TAB                                    | -                   | NC          | ASSORTED CLASSES                                  |
| 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. |
| INLYTA TAB (QL= 8 tabs/day)                   | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| INPEFA TAB                                    | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |

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|--|---------------------|-------------|--|
| 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 SOLN PEN-INJ  | -                   | 2           | ANTIDIABETICS                                  |
| INSULIN GLARGINE-YFGN (SINGLE PEN)                                   | -                   | 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                                  |
| 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                               |
| INTRON-A INJ   | SP                  | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| INTUNIV TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| INVEGA INJ   | -                   | 2           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                |
| INVEGA TAB   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                |
| INVELTYS OPHTH SUSP  | -                   | NC          | OPHTHALMIC AGENTS                              |
| INVIRASE CAP   | -                   | 2           | ANTIVIRALS                                     |
| INVIRASE TAB   | -                   | 2           | ANTIVIRALS                                     |
| INVOKAMET TAB  | -                   | NC          | ANTIDIABETICS                                  |
| INVOKAMET XR TAB   | -                   | NC          | ANTIDIABETICS                                  |
| INVOKANA TAB   | -                   | NC          | ANTIDIABETICS                                  |
| IODOFLEX PAD   | -                   | NC          | ANTISEPTICS & DISINFECTANTS                    |
| iodoquinol/hydrocortisone cream 1% (VYTONA equiv)                    | -                   | 3           | DERMATOLOGICALS                                |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)                | -                   | NC          | DERMATOLOGICALS                                |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | -                   | NC          | DERMATOLOGICALS                                |
| IOPIDINE OPHTH SOLN  | -                   | 2           | OPHTHALMIC AGENTS                              |
| IOPIDINE OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                              |
| IPOL INJ   | VAC                 | \$0         | VACCINES                                       |
| ipratropium nasal spray (ATROVENT equiv)                             | -                   | 1           | NASAL AGENTS - SYSTEMIC AND TOPICAL            |
| ipratropium neb soln (ATROVENT equiv)                                | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS        |
| IQIRVO TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                |
| irbesartan tab (AVAPRO equiv)  | -                   | 1           | ANTIHYPERTENSIVES                              |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv)                   | -                   | 1           | ANTIHYPERTENSIVES                              |

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|--|---------------------|-------------|--|
| IRESSA TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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                           |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB                 | -                   | 2           | MIGRAINE PRODUCTS                        |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | -                   | 2           | MIGRAINE PRODUCTS                        |
| isoniazid syrup (ISONIAZID equiv)                        | -                   | 3           | ANTIMYCOBACTERIAL AGENTS                 |
| ISONIAZID TAB  | -                   | 1           | ANTIMYCOBACTERIAL AGENTS                 |
| ISOPTO CARBACHOL OPHTH SOLN                              | -                   | 2           | OPHTHALMIC AGENTS                        |
| ISOPTO CARPINE OPHTH SOLN                                | -                   | NC          | OPHTHALMIC AGENTS                        |
| ISORDIL TITRADOSE TAB                                    | -                   | NC          | ANTIANGINAL AGENTS                       |
| ISORDIL TITRADOSE TAB 40MG                               | -                   | NC          | ANTIANGINAL AGENTS                       |
| isosorbide dinitrate tab (ISORDIL equiv)                 | -                   | 1           | ANTIANGINAL AGENTS                       |
| isosorbide dinitrate tab 40mg (ISORDIL equiv)            | -                   | 3           | ANTIANGINAL AGENTS                       |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.            |
| isosorbide mononitrate ER tab (IMDUR equiv)              | -                   | 1           | ANTIANGINAL AGENTS                       |
| isosorbide mononitrate tab (MONOKET equiv)               | -                   | 1           | ANTIANGINAL AGENTS                       |
| isotretinoin cap 25mg (ABSORICA equiv)                   | -                   | NC          | DERMATOLOGICALS                          |
| isotretinoin cap 35mg (ABSORICA equiv)                   | -                   | NC          | DERMATOLOGICALS                          |
| isoxsuprine tab  | -                   | 3           | CARDIOVASCULAR AGENTS - MISC.            |
| isradipine cap (DYNACIRC equiv)                          | -                   | 1           | CALCIUM CHANNEL BLOCKERS                 |
| ISTALOL OPHTH SOLN                                       | -                   | 2           | OPHTHALMIC AGENTS                        |
| ISTALOL OPHTH SOLN 0.5%                                  | -                   | NC          | OPHTHALMIC AGENTS                        |
| ISTURISA TAB 10MG (QL= 6 tabs/day)                       | PA-QL-SP            | 4           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ISTURISA TAB 1MG (QL= 8 tabs/day)                        | PA-QL-SP            | 4           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ISTURISA TAB 5MG (QL= 2 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 CREAM   | -                   | NC          | DERMATOLOGICALS                          |
| ivermectin cream (SOOLANTRA equiv)                       | -                   | NC          | DERMATOLOGICALS                          |
| IVERMECTIN LOTION  | -                   | NC          | DERMATOLOGICALS                          |
| ivermectin tab (STROMECTOL equiv)                        | -                   | 1           | ANTHELMINTICS                            |
| IWILFIN TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| 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                            |

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|---|---------------------|-------------|---|
| JARDIANCE TAB (QL= 1 tab/day)   | QL                  | 2           | ANTIDIABETICS                                     |
| 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                                     |
| JESDUVROQ TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| jinteli tab (FEMHRT equiv)  | -                   | 1           | ESTROGENS   |
| JOENJA TAB  | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| JUBLIA SOLN   | -                   | NC          | DERMATOLOGICALS                                   |
| JULUCA TAB  | -                   | 2           | ANTIVIRALS  |
| JUXTAPID CAP  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older) | PA                  | 3           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| JYNARQUE PAK (QL= 2 tabs/day)   | PA-QL-SP            | 4           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| JYNARQUE TAB (QL= 2 tabs/day)   | PA-QL-SP            | 4           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| KADIAN CAP  | -                   | NC          | ANALGESICS - OPIOID                               |
| 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 or 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 (QL= 1 tab/day)  | PA-QL               | 3           | 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                                   |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                            |
|--|---------------------|-------------|--|
| ketoconazole shampoo (NIZORAL SHAMPOO 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  | -                   | 3           | 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                        |
| ketotifen ophth soln (ZADITOR equiv)                     | OTC                 | EXC         | OPHTHALMIC AGENTS                          |
| KEVEYIS TAB  | -                   | NC          | DIURETICS                                  |
| KEVZARA INJ (QL= 2 inj/28 days)                          | PA-QL-SP            | 4           | ANALGESICS - ANTI-INFLAMMATORY             |
| 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                                    |
| 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          | ANTICONVULSANTS                            |
| KLOXXADO NASAL SPRAY                                     | -                   | 2           | ANTIDOTES AND SPECIFIC ANTAGONISTS         |
| KOMBIGLYZE XR TAB  | -                   | NC          | ANTIDIABETICS                              |
| KONVOMEF SUSP  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER 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   |
| K-PHOS NEUTRAL TAB                                       | -                   | 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                              |
| KRISTALOSE PACK, LACTULOSE PACK                          | -                   | NC          | LAXATIVES                                  |
| KRISTALOSE PACKET  | -                   | NC          | LAXATIVES                                  |
| K-TAB  | -                   | 1           | MINERALS & ELECTROLYTES                    |
| KUVAN POWDER PACK  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.     |

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| KUVAN TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| KYBELLA INJ  | -                   | NC          | DERMATOLOGICALS                           |
| KYNAMRO INJ  | -                   | NC          | ANTIHYPERTENSIVES                         |
| KYNMOBI FILM   | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS  |
| KYNMOBI TITRATION KIT                                | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS  |
| KYTRIL TAB   | -                   | NC          | ANTIEMETICS                               |
| 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                             |
| LAC-HYDRIN CREAM                                     | -                   | NC          | DERMATOLOGICALS                           |
| LAC-HYDRIN LOTION                                    | -                   | NC          | DERMATOLOGICALS                           |
| lacosamide oral solution (VIMPAT equiv)              | -                   | 1           | ANTICONVULSANTS                           |
| lacosamide tab (VIMPAT equiv)                        | -                   | 1           | ANTICONVULSANTS                           |
| LACRISERT OPHTH INSERT                               | -                   | NC          | OPHTHALMIC AGENTS                         |
| LACTIC ACID LOTION                                   | -                   | 1           | DERMATOLOGICALS                           |
| lactulose soln                                       | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.           |
| 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/ANTICHOLINEFCS |
| LANSOPRAZOLE SUSP                                    | -                   | 3           | ULCER DRUGS                               |

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|--|---------------------|-------------|--|
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| lanthanum carbonate chew tab (FOSRENOL equiv)  | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.                  |
| LANTUS INJ, INSULIN GLARGINE INJ   | -                   | NC          | ANTIDIABETICS                                    |
| lapatinib ditosylate tab (TYKERB equiv)  | PA-SP               | 1           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| LASIX TAB  | -                   | NC          | DIURETICS  |
| LASTACAPT OPTH SOLN (QL= 3ml/30 days)  | QL                  | 3           | OPHTHALMIC AGENTS                                |
| 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 (QL= 15 bottles/30 days)   | PA-QL               | 3           | ANALGESICS - OPIOID                              |
| LAZCLUZE TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>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 CLASSE                 |
| LENVIMA CAP (QL= 3 caps/day)   | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| LESCOL XL TAB  | -                   | NC          | ANTHYPERLIPIDEMICS                               |
| letrozole tab (FEMARA equiv)   | -                   | 1           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| leucovorin tab   | -                   | 1           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| LEUKERAN TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| LEVABUTEROL 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<br>AGENTS       |
| levabuterol neb soln (XOPENEX equiv)   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS       |
| LEVAQUIN TAB   | -                   | NC          | FLUOROQUINOLONES                                 |
| LEVBID TAB   | -                   | NC          | ULCER DRUGS                                      |
| 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                                  |
| LEVITRA TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                    |
| LEVOBUNOLOL OPTH SOLN  | -                   | 1           | OPHTHALMIC AGENTS                                |
| levobunolol ophth soln (BETAGAN equiv)   | -                   | 1           | OPHTHALMIC AGENTS                                |
| levocarnitine soln (CARNITOR equiv)  | -                   | 1           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| levocarnitine tab (CARNITOR equiv)   | -                   | 1           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |

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|--|---------------------|-------------|--------------------------------|
| 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  | -                   | NC          | ULCER DRUGS                    |
| LEVSIN TAB   | -                   | NC          | ULCER DRUGS                    |
| LEXAPRO TAB  | -                   | NC          | ANTIDEPRESSANTS                |
| LEXIVA SUSP  | -                   | 2           | ANTIVIRALS                     |
| LEXIVA TAB   | -                   | NC          | ANTIVIRALS                     |
| 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)                              | -                   | 1           | DERMATOLOGICALS                |
| lidocaine hcl cream 4.12%                                    | -                   | NC          | DERMATOLOGICALS                |
| lidocaine hcl gel 2.8% (LIDOGEL equiv)                       | -                   | NC          | DERMATOLOGICALS                |
| lidocaine lotion   | -                   | NC          | DERMATOLOGICALS                |
| lidocaine oint (QL= 107gm/30 days)                           | QL                  | 1           | DERMATOLOGICALS                |
| lidocaine oint/transparent dressing kit                      | -                   | NC          | DERMATOLOGICALS                |
| LIDOCAINE ORAL SOLN 4%                                       | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS     |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)         | QL                  | 3           | DERMATOLOGICALS                |
| lidocaine patch 3.5% (GEN7T equiv)                           | -                   | 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/hydrocortisone cream (ANAMANTLE equiv)             | -                   | 2           | ANORECTAL AGENTS               |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT                    | -                   | NC          | ANORECTAL AGENTS               |
| lidocaine/prilocaine cream (EMLA equiv)                      | -                   | 1           | DERMATOLOGICALS                |
| LIDOCIN GEL  | -                   | NC          | DERMATOLOGICALS                |
| LIDODERM PATCH   | -                   | NC          | DERMATOLOGICALS                |
| LIDO-EP-TETR SOLN  | -                   | NC          | DERMATOLOGICALS                |
| LIDOLOG KIT  | -                   | NC          | CORTICOSTEROIDS                |
| LIDOSTREAM KIT   | -                   | NC          | DERMATOLOGICALS                |

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|---|---------------------|-------------|---|
| 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 or older)                                 | PA                  | 3           | ANTI-INFECTIVE AGENTS - MISC.                     |
| LINDANE SHAMPOO   | -                   | 3           | DERMATOLOGICALS                                   |
| LINZESS CAP (QL= 1 cap/day)   | PA-QL               | 3           | GASTROINTESTINAL AGENTS - MISC.                   |
| lithyronine tab (CYTOMEL equiv)   | -                   | 1           | THYROID AGENTS                                    |
| LIPITOR TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| LIQREV SUSP   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| 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   | -                   | NC          | 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) (Members age 7 years or older require Prior Authorization)      | PA                  | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| LITHOBID TAB  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| LITHOSTAT TAB   | -                   | 3           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| LIVALO TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| LIVDELZI CAP  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| LIVMARLI SOLN (QL= 90ml/30 days)  | PA-QL-SP            | 4           | GASTROINTESTINAL AGENTS - MISC.                   |
| LIVMARLI SOLN 19MG/ML   | -                   | NC          | 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                                    |
| LOCOID CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| LOCOID LIPOCREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| LOCOID OINT   | -                   | NC          | DERMATOLOGICALS                                   |
| LOCOID SOLN   | -                   | NC          | DERMATOLOGICALS                                   |
| 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   | PA                  | 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                 |
| LOMAIRA TAB   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| LOMOTIL TAB   | -                   | NC          | ANTIDIARRHEALS                                    |

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| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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|---|---------------------|-------------|---|
| LONHALA MAGNAIR SOLN                              | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| LONSURF TAB                                       | PA-SP               | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| loperamide cap (IMODIUM equiv)                    | -                   | NC          | ANTIIDIARRHEALS                                   |
| loperamide hcl soln (LOPERAMIDE equiv)            | OTC                 | NC          | ANTIIDIARRHEAL/PROBIOTIC AGENTS                   |
| LOPID TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| lopinavir/ritonavir soln (KALETRA equiv)          | -                   | 2           | ANTIVIRALS  |
| lopinavir/ritonavir tab (KALETRA equiv)           | -                   | 2           | ANTIVIRALS  |
| LOPRESSOR TAB                                     | -                   | NC          | BETA BLOCKERS                                     |
| LOPROX SHAMPOO                                    | -                   | NC          | DERMATOLOGICALS                                   |
| loratadine cap (CLARITIN equiv)                   | OTC                 | EXC         | ANTIHISTAMINES                                    |
| lorazepam conc (ATIVAN equiv)                     | -                   | 1           | ANTIANKXIETY AGENTS                               |
| lorazepam tab (ATIVAN equiv)                      | -                   | 1           | ANTIANKXIETY AGENTS                               |
| LORBRENA TAB 100MG                                | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LORBRENA TAB 25MG                                 | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LOREEV XR CAP                                     | -                   | NC          | ANTIANKXIETY 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 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         | ANTIHYPERTENSIVES                                 |
| LOVAZA CAP  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| LOVENOX INJ                                       | -                   | NC          | ANTICOAGULANTS                                    |
| loxapine cap (LOXITANE equiv)                     | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day) | PA-QL               | 2           | 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 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                                 |

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|--|---------------------|-------------|---|
| 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 CLASSES                 |
| 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. |
| 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                                   |
| 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  | -                   | 2           | ANTIDIABETICS                                     |
| LYUMJEV KWIKPEN INJ  | -                   | 2           | ANTIDIABETICS                                     |
| LYUMJEV TEMPO PEN INJ  | -                   | NC          | ANTIDIABETICS                                     |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization) | 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                                     |

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|--|---------------------|-------------|---|
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)              | QL                  | 3           | DERMATOLOGICALS                                   |
| MALE CONDOMS   | OTC                 | EXC         | MEDICAL DEVICES AND SUPPLIES                      |
| MAPROTILINE TAB  | -                   | 1           | ANTIDEPRESSANTS                                   |
| maraviroc tab (SELZENTRY equiv)                                  | -                   | 2           | ANTIVIRALS  |
| MARINOL CAP  | -                   | NC          | ANTIEMETICS                                       |
| MARPLAN TAB  | -                   | 2           | ANTIDEPRESSANTS                                   |
| MATULANE CAP   | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MAVENCLAD 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 chew tab (BONINE equiv)                                | OTC                 | EXC         | ANTIEMETICS                                       |
| meclizine tab (ANTIVERT equiv) (Rx Only)                         | -                   | 1           | 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)                               | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| mefloquine tab (LARIAM equiv)                                    | -                   | 2           | ANTIMALARIALS                                     |
| 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   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |

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|---|---------------------|-------------|---|
| meloxicam tab (MOBIC equiv)               | -                   | 1           | ANALGESICS - ANTI-INFLAMMATORY                    |
| MELPHALAN TAB                             | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| memantine ER cap (NAMENDA XR equiv)       | -                   | 2           | 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. |
| 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  |
| meperidine 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.                     |
| mercaptapurine tab (PURINETHOL equiv)     | -                   | 2           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| 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.                   |
| 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.                   |
| MESNEX TAB                                | SP                  | 4           | 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 400MG                      | -                   | 3           | 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 soln (RIOMET equiv)             | -                   | 3           | ANTIDIABETICS                                     |
| metformin tab (GLUCOPHAGE equiv)          | -                   | 1           | ANTIDIABETICS                                     |
| METFORMIN TAB                             | -                   | NC          | ANTIDIABETICS                                     |
| methadone soln                            | -                   | 1           | ANALGESICS - OPIOID                               |
| methadone tab (DOLOPHINE equiv)           | -                   | 1           | ANALGESICS - OPIOID                               |
| METHADOSE CONC                            | -                   | NC          | ANALGESICS - OPIOID                               |
| methadose tab                             | -                   | 1           | ANALGESICS - OPIOID                               |

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|---|---------------------|-------------|---|
| methamphetamine tab (DESOXYN equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methazolamide tab (NEPTAZANE equiv)   | -                   | 2           | DIURETICS   |
| 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   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| METHOTREXATE INJ  | -                   | 1           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| methotrexate tab (TREXALL equiv)  | -                   | 1           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| METHOXSALEN CAP   | -                   | 2           | DERMATOLOGICALS                                   |
| methoxsalen cap (OXSORALEN ULTRA equiv)   | -                   | 2           | DERMATOLOGICALS                                   |
| methscopolamine tab (PAMINE equiv)  | -                   | 3           | ULCER DRUGS                                       |
| methsuximide cap (CELONTIN equiv)   | -                   | 2           | ANTICONSULSANTS                                   |
| METHYLDOPA TAB  | -                   | 1           | ANTIHYPERTENSIVES                                 |
| methyldopa tab (ALDOMET equiv)  | -                   | 1           | ANTIHYPERTENSIVES                                 |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)                           | QL                  | 2           | OXYTOCICS   |
| METHYLIN SOLN   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate CD cap (METADATE CD equiv)  | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate chew tab (METHYLIN equiv) (Members age 7 years and older require Prior Authorization) | PA                  | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv)   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER cap (APTENSIO XR equiv)  | -                   | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| METHYLPHENIDATE ER TAB  | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER tab (CONCERTA equiv)   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv)   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) (Members age 7 years and older require Prior Authorization)     | PA                  | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate tab (RITALIN equiv)   | -                   | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate td patch (DAYTRANA equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylprednisolone acetate inj (DEPO-MEDROL equiv)  | -                   | 1           | CORTICOSTEROIDS                                   |
| methylprednisolone dose pack (MEDROL equiv)   | -                   | 1           | CORTICOSTEROIDS                                   |
| methylprednisolone tab (MEDROL equiv)   | -                   | 1           | CORTICOSTEROIDS                                   |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv)  | -                   | 1           | CORTICOSTEROIDS                                   |
| methyltestosterone cap  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| METIPRANOLOL OPHTH SOLN   | -                   | 2           | OPHTHALMIC AGENTS                                 |
| metoclopramide soln (REGLAN equiv)  | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.                   |
| metoclopramide tab (REGLAN equiv)   | -                   | 1           | GASTROINTESTINAL AGENTS - MISC.                   |

|   |                                |   |
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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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| metolazone tab (ZAROXOLYN equiv)                                     | -                   | 1           | DIURETICS   |
| metoprolol ER tab (TOPROL XL equiv)                                  | -                   | 1           | BETA BLOCKERS                                     |
| metoprolol tab (LOPRESSOR equiv)                                     | -                   | 1           | BETA BLOCKERS                                     |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)             | -                   | 2           | ANTIHYPERTENSIVES                                 |
| METZOZOLV 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.                     |
| metronidazole vaginal gel (METROGEL equiv)                           | -                   | 1           | VAGINAL PRODUCTS                                  |
| metyrosine 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   | -                   | 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         |
| midodrine tab (PROAMATINE equiv)                                     | -                   | 1           | VASOPRESSORS                                      |
| MIEBO OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)                     | PA-QL-SP            | 1           | ANTIDIABETICS                                     |
| 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)  | PA-SP               | 1           | HEMATOPOIETIC AGENTS                              |
| MIGRANAL SPRAY   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| MILLIPRED DP PAK   | -                   | NC          | CORTICOSTEROIDS                                   |
| MILLIPRED TAB  | -                   | NC          | CORTICOSTEROIDS                                   |
| 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. |

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|--|---------------------|-------------|---|
| mirabegron tab er (MYRBETRIQ equiv)  | -                   | NC          | URINARY ANTISPASMODICS                            |
| MIRALAX PACKET   | OTC                 | EXC         | LAXATIVES   |
| MIRALAX POWDER   | OTC                 | EXC         | LAXATIVES   |
| 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  |
| MOBIC TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)                                | QL                  | 1           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| MODERIBA TAB   | -                   | NC          | ANTIVIRALS  |
| moexipril tab (UNIVASC equiv)  | -                   | 1           | ANTIHYPERTENSIVES                                 |
| MOLINDONE TAB  | -                   | NC          | ANTI-PSYCHOTICS/ANTI-MANIC 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           | ANTI-ASTHMATIC AND BRONCHODILATOR<br>AGENTS       |
| montelukast granule pack (SINGULAIR equiv)                                     | -                   | 2           | ANTI-ASTHMATIC AND BRONCHODILATOR<br>AGENTS       |
| montelukast tab (SINGULAIR equiv)  | -                   | 1           | ANTI-ASTHMATIC AND BRONCHODILATOR<br>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 CAP  | -                   | NC          | ANALGESICS - OPIOID                               |
| morphine sulfate ER cap (KADIAN equiv)   | -                   | NC          | ANALGESICS - OPIOID                               |
| morphine sulfate ER tab (MS CONTIN equiv)                                      | -                   | 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 SUPP  | -                   | 2           | ANALGESICS - OPIOID                               |
| morphine sulfate tab   | -                   | 1           | ANALGESICS - OPIOID                               |
| MORPHINE SULFATE TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| MOTEGRITY TAB (QL= 1 tab/day)  | PA-QL               | 3           | GASTROINTESTINAL AGENTS - MISC.                   |
| MOTPOLY XR CAP   | -                   | NC          | ANTICONVULSANTS                                   |
| MOTRIN SUSP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX              | 2           | ANTIDIABETICS                                     |
| MOVANTIK TAB   | PA                  | 2           | GASTROINTESTINAL AGENTS - MISC.                   |
| MOVIPREP SOLN  | -                   | NC          | LAXATIVES   |
| MOXATAG TAB  | -                   | NC          | PENICILLINS                                       |
| MOXATAG TAB 775MG  | -                   | NC          | PENICILLINS                                       |

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|--|---------------------|-------------|---|
| 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   |
| MS CONTIN TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| MUCINEX LIQUID   | -                   | NC          | COUGH/COLD/ALLERGY                                |
| MUCINEX TAB  | -                   | 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                                     |
| MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML                          | -                   | 1           | MULTIVITAMINS                                     |
| MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML                           | -                   | 1           | MULTIVITAMINS                                     |
| MULTIVITAMIN TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG                              | -                   | 1           | MULTIVITAMINS                                     |
| MULTIVITAMIN/FLOURIDE CHEW 1MG                                 | -                   | 1           | MULTIVITAMINS                                     |
| MULTIVITAMIN/FLUORIDE CHEW 0.25MG                              | -                   | 1           | MULTIVITAMINS                                     |
| MULTIVITAMIN/FLUORIDE CHEW 0.5MG                               | -                   | 1           | MULTIVITAMINS                                     |
| MULTIVITAMIN/FLUORIDE CHEW 1MG                                 | -                   | 1           | MULTIVITAMINS                                     |
| MULTIVITAMIN/FLUORIDE CHEW TAB                                 | -                   | 1           | MULTIVITAMINS                                     |
| multivitamin/minerals tab (STROVITE equiv)                     | -                   | 1           | MULTIVITAMINS                                     |
| MULTI-VIT-FLOR CHEW 0.25MG                                     | -                   | 1           | MULTIVITAMINS                                     |
| MULTI-VIT-FLOR CHEW 0.5MG                                      | -                   | 1           | MULTIVITAMINS                                     |
| MULTI-VIT-FLOR CHEW 1MG  | -                   | 1           | MULTIVITAMINS                                     |
| mupirocin cream (BACTROBAN equiv)                              | -                   | NC          | DERMATOLOGICALS                                   |
| mupirocin oint (BACTROBAN OINT equiv)                          | -                   | 1           | DERMATOLOGICALS                                   |
| MUSE SUPP (QL= 6 supp/30 days)                                 | QL                  | 2           | CARDIOVASCULAR AGENTS - MISC.                     |
| 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//<br>NOREXIANTS |
| MYDAYIS CAP 25MG   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| MYDAYIS CAP 37.5MG   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |

|     |   |      |                         |    |  |
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| 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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|--|---------------------|-------------|--|
| MYDAYIS CAP 50MG                           | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>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<br>THERAPIES          |
| MYNATAL-Z TAB                              | -                   | 3           | MULTIVITAMINS  |
| MYRBETRIQ SUSP                             | -                   | NC          | URINARY ANTISPASMODICS                               |
| MYRBETRIQ TAB                              | -                   | 2           | URINARY ANTISPASMODICS                               |
| MYSOLINE TAB                               | -                   | NC          | ANTICONSULTANTS                                      |
| 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                                      |
| naftifine gel (NAFTIN equiv)               | -                   | 3           | DERMATOLOGICALS                                      |
| naftifine hcl gel 2% (NAFTIN equiv)        | -                   | NC          | DERMATOLOGICALS                                      |
| NAFTIN CREAM                               | -                   | NC          | DERMATOLOGICALS                                      |
| NAFTIN GEL                                 | -                   | 3           | DERMATOLOGICALS                                      |
| NAFTIN GEL 2%                              | -                   | NC          | DERMATOLOGICALS                                      |
| naloxone hcl nasal spray (NARCAN equiv)    | OTC                 | 1           | ANTIDOTES AND SPECIFIC ANTAGONISTS                   |
| NALOXONE HCL SOLN 0.4MG/ML                 | -                   | 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<br>NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR CAP                             | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR TITRATION PACK                  | -                   | 2           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP                               | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK                      | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>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)        | -                   | 2           | ANALGESICS - ANTI-INFLAMMATORY                       |

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| SF  | Limited to two 15 day fills per month for first 3 months      | SMKG | Smoking Cessation       | SP | Available through Specialty Pharmacy Program |
| ST  | Step Therapy  | VAC  | Vaccine Program         | ¢  | RxCENTS                                      |
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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                          |
|---|---------------------|-------------|--|
| 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                       |
| NATPARA INJ   | PA-SP               | 4           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| NATROBA SUSP (QL= 1 bottle/fill)                                  | QL                  | 3           | DERMATOLOGICALS                          |
| NAYZILAM SPRAY (QL= 4 doses/fill)                                 | QL                  | 3           | ANTICONVULSANTS                          |
| nebivolol hcl tab (BYSTOLIC equiv)                                | -                   | 2           | BETA BLOCKERS                            |
| NEBUPENT NEB SOLN   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.            |
| NEBUSAL NEB SOLN  | -                   | 2           | COUGH/COLD/ALLERGY                       |
| NEFAZODONE TAB  | -                   | 1           | ANTIDEPRESSANTS                          |
| nefazodone tab 50mg, 250mg  | -                   | 1           | ANTIDEPRESSANTS                          |
| NEFFY SPRAY   | -                   | NC          | VASOPRESSORS                             |
| NEMLUVIO INJ  | -                   | NC          | DERMATOLOGICALS                          |
| NENDRUX GEL   | -                   | NC          | DERMATOLOGICALS                          |
| 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                       |
| NEPHROCAP   | -                   | NC          | MULTIVITAMINS                            |
| 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                     |

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|--|---------------------|-------------|--|
| 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 24HR TAB  | OTC                 | EXC         | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| NEXIUM CAP   | -                   | NC          | ULCER DRUGS  |
| NEXIUM GRANULE PACK  | -                   | NC          | ULCER DRUGS  |
| NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin,<br>fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST               | 2           | ANTHYPERLIPIDEMICS                                   |
| NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin,<br>fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST               | 2           | ANTHYPERLIPIDEMICS                                   |
| NEXPLANON IMPLANT  | -                   | EXC         | CONTRACEPTIVES                                       |
| NEXTSTELLIS TAB  | -                   | \$0         | CONTRACEPTIVES                                       |
| NGENLA INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| niacin cap   | OTC                 | EXC         | VITAMINS   |
| niacin CR tab (SLO-NIACIN equiv)   | OTC                 | EXC         | VITAMINS   |
| niacin ER tab (NIASPAN equiv)  | -                   | 1           | ANTHYPERLIPIDEMICS                                   |
| niacin tab   | OTC                 | EXC         | VITAMINS   |
| NIACIN TR CAP  | OTC                 | EXC         | VITAMINS   |
| NIACIN TR TAB  | OTC                 | EXC         | VITAMINS   |
| niacinamide tab  | OTC                 | EXC         | VITAMINS   |
| NIACOR TAB   | -                   | NC          | ANTHYPERLIPIDEMICS                                   |
| NIASPAN ER TAB   | -                   | NC          | ANTHYPERLIPIDEMICS                                   |
| nicardipine cap (CARDENE equiv)  | -                   | 3           | CALCIUM CHANNEL BLOCKERS                             |
| NICODERM PATCH   | OTC-SMKG            | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NICORETTE GUM  | OTC-SMKG            | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NICORETTE LOZENGE  | OTC-SMKG            | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| nicotine gum (NICORETTE equiv)   | OTC-SMKG            | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT   | OTC-QL-SMKG         | \$0         | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv)  | OTC-SMKG            | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)  | OTC-QL-SMKG         | \$0         | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER   | SMKG                | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |

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| INF Infertility   | OTC Over-the-Counter           | PA Prior Authorization                          |
| QL Quantity Limit   | RDX Restricted to Diagnosis    | RS Restricted to Specialist                     |
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|--|---------------------|-------------|---|
| 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                          |
| 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          | ANTIANGIETY AGENTS                                |
| nisoldipine ER tab (SULAR equiv)   | -                   | 3           | CALCIUM CHANNEL BLOCKERS                          |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG  | -                   | 3           | CALCIUM CHANNEL BLOCKERS                          |
| NITAZOXANIDE TAB (QL= 6 tabs/3 days)   | PA-QL               | 2           | ANTI-INFECTIVE AGENTS - MISC.                     |
| 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 or 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                    |
| nitroglycerin patch (NITRO-DUR equiv)  | -                   | 1           | ANTIANGINAL AGENTS                                |
| nitroglycerin SL tab (NITROSTAT equiv)   | -                   | 1           | ANTIANGINAL AGENTS                                |
| NITROLINGUAL PUMP SPRAY  | -                   | NC          | ANTIANGINAL AGENTS                                |
| NITROMIST SPRAY  | -                   | 3           | 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 A-D SHAMPOO  | OTC                 | EXC         | DERMATOLOGICALS                                   |
| nizoral a-d shampoo (NIZORAL equiv)  | OTC                 | EXC         | DERMATOLOGICALS                                   |
| 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                                    |

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|---|---------------------|-------------|--|
| 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 (Members age 9 or older require Prior Authorization) | 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 CAP  | -                   | 2           | ANTIVIRALS                               |
| NORVIR POWDER PACK  | -                   | 2           | ANTIVIRALS                               |
| NORVIR SOLN   | -                   | 2           | ANTIVIRALS                               |
| NORVIR TAB  | -                   | NC          | ANTIVIRALS                               |
| NOVACORT GEL  | -                   | NC          | DERMATOLOGICALS                          |
| NOVAVAX INJ (QL= 1 dose/24 days)  | QL-VAC              | \$0         | VACCINES                                 |
| 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                            |
| NOVOLIN N INJ   | 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 INJ   | -                   | NC          | ANTIDIABETICS                            |
| NOVOLOG MIX FLEXPEN INJ   | -                   | NC          | ANTIDIABETICS                            |
| NOVOLOG MIX INJ   | -                   | NC          | ANTIDIABETICS                            |
| NOVOLOG PENFILL INJ   | -                   | NC          | ANTIDIABETICS                            |
| 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  |

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|--|---------------------|-------------|--|
| NUCARACLINPA KIT   | -                   | NC          | DERMATOLOGICALS                                      |
| NUCARARXPAK KIT  | -                   | NC          | DERMATOLOGICALS                                      |
| NUCYNTA ER TAB (QL= 2 tabs/day)  | QL                  | 2           | ANALGESICS - OPIOID                                  |
| NUCYNTA TAB  | -                   | 3           | ANALGESICS - OPIOID                                  |
| NUEDEXTA CAP (QL= 2 caps/day)  | PA-QL               | 2           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| nulido pad (NULIDO equiv)  | -                   | NC          | DERMATOLOGICALS                                      |
| NULYTELY SOLN  | -                   | NC          | LAXATIVES  |
| NUPLAZID CAP   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| NUPLAZID TAB   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| NURTEC ODT   | -                   | NC          | MIGRAINE PRODUCTS                                    |
| NUVAKAAN II KIT  | -                   | NC          | DERMATOLOGICALS                                      |
| NUVARING   | -                   | NC          | CONTRACEPTIVES                                       |
| NUVIGIL TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or<br>Pulmonology Specialist) | QL-RS-SP            | 4           | TETRACYCLINES  |
| NYMALIZE SOLN  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                             |
| nystatin cream (MYCOSTATIN CREAM equiv)  | -                   | 1           | DERMATOLOGICALS                                      |
| nystatin oint  | -                   | 1           | DERMATOLOGICALS                                      |
| nystatin powder  | -                   | 1           | ANTIFUNGALS  |
| nystatin susp  | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                           |
| NYSTATIN SUSP  | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                           |
| nystatin tab   | -                   | 1           | ANTIFUNGALS  |
| nystatin topical powder  | -                   | 1           | DERMATOLOGICALS                                      |
| nystatin/triamcinolone cream   | -                   | 1           | DERMATOLOGICALS                                      |
| nystatin/triamcinolone oint  | -                   | 1           | DERMATOLOGICALS                                      |
| NYVEPRIA INJ   | SP                  | 4           | HEMATOPOIETIC AGENTS                                 |
| OCALIVA TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                      |
| octreotide inj (SANDOSTATIN equiv)   | SP                  | 1           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| OCTREOTIDE INJ 100MCG  | SP                  | 4           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| OCUFLOX OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| ODACTRA SL TAB   | PA                  | 3           | ALLERGENIC EXTRACTS/BIOLOGICALS<br>MISC              |
| ODEFSEY TAB  | -                   | 2           | ANTIVIRALS   |
| ODOMZO CAP   | PA-SF-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>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 (FLOXIN equiv)   | -                   | 1           | FLUOROQUINOLONES                                     |
| OGSIVEO TAB  | PA-SP               | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| OGSIVEO TAB 50MG   | PA-SP               | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| OHTUVAYRE SUSP   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |

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|---|---------------------|-------------|---|
| 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) | -                   | NC          | ANTIHYPERTENSIVES                                 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)          | -                   | 1           | ANTIHYPERTENSIVES                                 |
| olopatadine nasal spray (PATANASE equiv)                        | -                   | 2           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| olopatadine ophth soln 0.1% (PATANOL equiv)                     | OTC                 | NC          | OPHTHALMIC AGENTS                                 |
| olopatadine ophth soln 0.2% (PATADAY equiv)                     | OTC                 | 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                                   |
| OLYSIO CAP  | -                   | NC          | ANTIVIRALS  |
| OMEGA-3 RX PAK COMPLETE   | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| omega-3-acid ethyl esters cap (LOVAZA equiv)                    | -                   | 2           | ANTIHYPERLIPIDEMICS                               |
| omeprazole DR cap (PRILOSEC equiv)                              | -                   | 1           | ULCER DRUGS                                       |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv)               | OTC                 | EXC         | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS        |
| omeprazole tab  | OTC                 | EXC         | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS        |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv)               | -                   | NC          | ULCER DRUGS                                       |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)       | -                   | NC          | ULCER DRUGS                                       |
| OMNARIS NASAL SPRAY   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| OMNIPAQUE SOLN  | -                   | NC          | DIAGNOSTIC PRODUCTS                               |
| OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year)                         | QL                  | 2           | MEDICAL DEVICES AND SUPPLIES                      |
| OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days)                    | 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 INTRO KIT (QL= 1 kit/year)                            | 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.            |

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|--|---------------------|-------------|---|
| OMVOH INJ  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| ondansetron ODT (ZOFTRAN equiv)                    | -                   | 1           | ANTIEMETICS                                       |
| ondansetron soln (ZOFTRAN equiv)                   | -                   | 1           | ANTIEMETICS                                       |
| ONDANSETRON TAB                                    | -                   | 1           | ANTIEMETICS                                       |
| ondansetron tab (ZOFTRAN equiv)                    | -                   | 1           | ANTIEMETICS                                       |
| ONDANSETRON TAB ODT                                | -                   | NC          | ANTIEMETICS                                       |
| ONETOUCH METER                                     | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ONETOUCH TEST STRIP (QL= 153 strips/30 days)       | OTC-QL              | \$0         | DIAGNOSTIC PRODUCTS                               |
| ONETOUCH VERIO FLEX METER                          | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ONETOUCH VERIO IQ METER                            | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ONETOUCH VERIO METER                               | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ONETOUCH VERIO REFLECT METER                       | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| ONETOUCH VERIO TEST STRIP (QL= 153 strips/30 days) | OTC-QL              | \$0         | DIAGNOSTIC PRODUCTS                               |
| ONEXTON GEL 1.2-3.75%                              | -                   | NC          | DERMATOLOGICALS                                   |
| ONFI SUSP  | -                   | NC          | ANTICONVULSANTS                                   |
| ONFI TAB   | -                   | NC          | ANTICONVULSANTS                                   |
| ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)     | PA-QL               | 3           | ANTIPARKINSON AND RELATED THERAPY AGENTS          |
| ONGLYZA TAB  | -                   | NC          | ANTIDIABETICS                                     |
| 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 ER TAB (CRUSH RESISTANT)                     | -                   | NC          | ANALGESICS - OPIOID                               |
| OPANA TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| OPILL TAB  | OTC                 | \$0         | CONTRACEPTIVES                                    |
| opium tincture                                     | -                   | 3           | ANTIDIARRHEALS                                    |
| OPSUMIT TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| 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 SOLN                                       | -                   | NC          | CORTICOSTEROIDS                                   |
| ORAVIG TAB   | -                   | NC          | MOUTH/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.            |

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|---|---------------------|-------------|--|
| 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.             |
| orphenadrine citrate ER tab (NORFLEX equiv)             | -                   | 1           | MUSCULOSKELETAL THERAPY AGENTS           |
| orphenadrine/aspirin/cafeine tab (NORGESIC FORTE equiv) | -                   | NC          | 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                          |
| 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                                |
| 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           |
| otomax-HC otic soln (CORTANE-B equiv)                   | -                   | NC          | OTIC AGENTS                              |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN  | -                   | NC          | OTIC AGENTS                              |
| OVACE PLUS CREAM  | -                   | 3           | DERMATOLOGICALS                          |
| OVACE PLUS LOTION                                       | -                   | NC          | DERMATOLOGICALS                          |
| OVACE PLUS SHAMPOO                                      | -                   | NC          | DERMATOLOGICALS                          |
| OVACE PLUS FOAM   | -                   | NC          | DERMATOLOGICALS                          |
| OVACE WASH  | -                   | 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           | ANTI-ANXIETY AGENTS                      |
| OXBRYTA TAB (QL= 3 tabs/day)                            | PA-QL-SP            | 4           | HEMATOPOIETIC AGENTS                     |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day)              | PA-QL-SP            | 4           | HEMATOPOIETIC AGENTS                     |
| oxcarbazepine er tab (OXTELLAR equiv)                   | -                   | NC          | ANTICONVULSANTS                          |
| oxcarbazepine susp (TRILEPTAL equiv)                    | -                   | 1           | ANTICONVULSANTS                          |

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|--|---------------------|-------------|--|
| 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 ER TAB (QL= 2 tabs/day)  | QL                  | 2           | ANALGESICS - OPIOID                              |
| oxycodone soln (ROXICODONE equiv)  | -                   | 2           | ANALGESICS - OPIOID                              |
| OXYCODONE TAB  | -                   | 1           | ANALGESICS - OPIOID                              |
| oxycodone tab (ROXICODONE equiv)   | -                   | 1           | ANALGESICS - OPIOID                              |
| oxycodone/acetaminophen cap (TYLOX equiv)                                      | -                   | 1           | 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                              |
| OXYCODONE/ASPIRIN TAB  | -                   | 1           | ANALGESICS - OPIOID                              |
| oxycodone/ibuprofen tab (COMBUNOX equiv)                                       | -                   | 3           | ANALGESICS - OPIOID                              |
| OXYCONTIN CR TAB   | -                   | NC          | ANALGESICS - OPIOID                              |
| OXYMORPHONE ER TAB   | -                   | NC          | ANALGESICS - OPIOID                              |
| oxymorphone tab (OPANA equiv)  | -                   | NC          | ANALGESICS - OPIOID                              |
| OXYTROL PATCH (OTC)  | OTC                 | EXC         | URINARY ANTISPASMODICS                           |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX              | 2           | ANTIDIABETICS                                    |
| PALFORZIA POWDER PACK  | PA-SP               | 4           | ALLERGENIC EXTRACTS/BIOLOGICALS<br>MISC          |
| PALFORZIA SPRINKLE CAP   | PA-SP               | 4           | ALLERGENIC EXTRACTS/BIOLOGICALS<br>MISC          |
| paliperidone ER tab (INVEGA equiv)   | -                   | 2           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                  |
| PALYNZIQ INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| PAMELOR CAP  | -                   | NC          | ANTIDEPRESSANTS                                  |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP                            | -                   | NC          | DIGESTIVE AIDS                                   |
| PANDEL CREAM   | -                   | NC          | DERMATOLOGICALS                                  |
| pantoprazole EC tab (PROTONIX equiv)   | -                   | 1           | ULCER DRUGS                                      |
| pantoprazole sodium packet (PROTONIX equiv)                                    | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| PARAGARD IUD   | -                   | EXC         | CONTRACEPTIVES                                   |
| paramox hc gel (NOVACORT GEL equiv)  | -                   | NC          | DERMATOLOGICALS                                  |
| PAREGORIC TINCTURE   | -                   | NC          | ANTIDIARRHEALS                                   |

|     |   |      |                         |    |  |
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|--|---------------------|-------------|---|
| 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 oral susp (PAXIL equiv)   | -                   | 3           | ANTIDEPRESSANTS                                   |
| paroxetine tab (PAXIL equiv)   | -                   | 1           | ANTIDEPRESSANTS                                   |
| PATADAY OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| PATANASE NASAL SPRAY   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| PAXIL CR TAB   | -                   | NC          | ANTIDEPRESSANTS                                   |
| PAXIL ORAL SUSP  | -                   | NC          | ANTIDEPRESSANTS                                   |
| PAXIL TAB  | -                   | NC          | ANTIDEPRESSANTS                                   |
| PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)  | QL                  | 2           | ANTIVIRALS  |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)  | QL                  | 2           | ANTIVIRALS  |
| PAZEO OPHTH SOLN 0.7%  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)  | PA-QL-SP            | 1           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| pb-belladonna elixir (DONNATAL equiv)  | -                   | NC          | ULCER DRUGS                                       |
| PCE TAB  | -                   | 3           | MACROLIDES  |
| PEAK FLOW METER  | OTC                 | 1           | MEDICAL DEVICES AND SUPPLIES                      |
| PEDIARIX INJ   | VAC                 | \$0         | TOXOIDS   |
| pediatric multiple vitamins/fluoride soln  | -                   | 1           | MULTIVITAMINS                                     |
| pediatric multiple vitamins/fluoride/iron soln   | -                   | 1           | MULTIVITAMINS                                     |
| PEDIZOLPAK THERAPY PACK  | -                   | NC          | DERMATOLOGICALS                                   |
| PEDVAXHIB INJ  | VAC                 | \$0         | VACCINES  |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)               | QL                  | \$0         | LAXATIVES   |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)    | QL                  | \$0         | LAXATIVES   |
| peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL                  | \$0         | LAXATIVES   |
| PEGANONE TAB   | -                   | 2           | ANTICONVULSANTS                                   |
| PEGASYS INJ  | SP                  | 4           | ANTIVIRALS  |
| PEG-INTRON 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                      |
| peniclovir 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                                   |
| PENNSAID SOLN  | -                   | NC          | DERMATOLOGICALS                                   |

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|---|---------------------|-------------|---|
| 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 250MG                          | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| pentazocine/acetaminophen tab (TALACEN equiv) | -                   | 1           | ANALGESICS - OPIOID                               |
| 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                                       |
| PERCOCET TAB                                  | -                   | NC          | ANALGESICS - OPIOID                               |
| PERFORMIST 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 (PYRIDIUM equiv)          | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| phenazopyridine tab 95mg (AZO equiv)          | OTC                 | EXC         | GENITOURINARY AGENTS - MISCELLANEOUS              |
| phenazopyridine tab 97.5mg (AZO equiv)        | OTC                 | EXC         | GENITOURINARY AGENTS - MISCELLANEOUS              |
| phenazopyridine tab 99.5mg (AZO equiv)        | OTC                 | EXC         | 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           | ANTI-DEPRESSANTS                                  |
| phenelzine tab (NARDIL equiv)                 | -                   | 1           | ANTI-DEPRESSANTS                                  |
| phenobarbital elixir                          | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS         |
| phenobarbital tab                             | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS         |
| phenoxybenzamine cap (DIBENZYLINE equiv)      | -                   | 2           | ANTI-HYPERTENSIVES                                |
| phenylephrine ophth soln (MYDFRIN equiv)      | -                   | 1           | OPHTHALMIC AGENTS                                 |
| phenytoin cap (DILANTIN equiv)                | -                   | 1           | ANTI-CONVULSANTS                                  |
| phenytoin chew tab (DILANTIN equiv)           | -                   | 2           | ANTI-CONVULSANTS                                  |
| phenytoin susp (DILANTIN equiv)               | -                   | 1           | ANTI-CONVULSANTS                                  |
| PHEXXI GEL (QL= 1 box/fill)                   | QL                  | \$0         | VAGINAL AND RELATED PRODUCTS                      |
| PHOSLO CAP                                    | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |

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|---|---------------------|-------------|---|
| PHOSLYRA SOLN   | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.                   |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv)  | -                   | 1           | MINERALS & ELECTROLYTES                           |
| PHOSPHOLINE OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| PHOTREXA OP KIT   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| phytonadione tab (MEPHYTON equiv)   | -                   | 2           | VITAMINS  |
| PICATO GEL (QL= 1 box/fill)   | QL                  | 3           | DERMATOLOGICALS                                   |
| PIFELTRO TAB  | -                   | 2           | ANTIVIRALS  |
| pilocarpine ophth soln (ISOPTO CARPINE equiv)   | -                   | 1           | OPHTHALMIC AGENTS                                 |
| pilocarpine tab (SALAGEN equiv)   | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                        |
| pimecrolimus cream (ELIDEL equiv) (Members age under 2 years old require Prior Authorization) | 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          | ANTIHYPERTENSIVES                                 |
| PLAN B TAB  | OTC                 | EXC         | CONTRACEPTIVES                                    |
| 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 POWDER  | -                   | NC          | MINERALS & ELECTROLYTES                           |
| polyethylene glycol 3350 powder (MIRALAX equiv)   | OTC                 | EXC         | LAXATIVES   |
| POLYETHYLENE GLYCOL 8000 GRANULES   | -                   | 2           | PHARMACEUTICAL ADJUVANTS                          |

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|---|---------------------|-------------|---|
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)        | -                   | 1           | OPHTHALMIC AGENTS                                 |
| POLYTRIM OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| POLY-TUSSIN DM SYRUP  | -                   | NC          | COUGH/COLD/ALLERGY                                |
| POLY-VI-FLOR CHEW 0.25MG                                    | -                   | 1           | MULTIVITAMINS                                     |
| POLY-VI-FLOR CHEW 0.25MG                                    | -                   | NC          | MULTIVITAMINS                                     |
| POLY-VI-FLOR CHEW 0.5MG                                     | -                   | 1           | MULTIVITAMINS                                     |
| POLY-VI-FLOR CHEW 0.5MG                                     | -                   | NC          | MULTIVITAMINS                                     |
| POLY-VI-FLOR CHEW 1MG                                       | -                   | 1           | MULTIVITAMINS                                     |
| POLY-VI-FLOR CHEW 1MG                                       | -                   | NC          | MULTIVITAMINS                                     |
| POLY-VI-FLOR CHEW W/IRON                                    | -                   | NC          | MULTIVITAMINS                                     |
| POLY-VI-FLOR SUSP   | -                   | NC          | MULTIVITAMINS                                     |
| POMALYST CAP (QL= 21 caps/28 days)                          | PA-QL-SP            | 4           | 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                                       |
| POT/CHLORIDE EFFER TAB                                      | -                   | 1           | MINERALS & ELECTROLYTES                           |
| POTABA POWDER PACKET  | -                   | 2           | VITAMINS  |
| potassium bicarbonate effer tab (K-LYTE equiv)              | -                   | 1           | MINERALS & ELECTROLYTES                           |
| potassium chloride effer tab (K-LYTE/CL 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 TAB equiv)               | -                   | 2           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| potassium citrate/citric acid soln (POLYCITRA-K equiv)      | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| potassium iodide oral soln (SSKI equiv)                     | -                   | 2           | COUGH/COLD/ALLERGY                                |
| potassium phosphate monobasic tab (K-PHOS equiv)            | -                   | 2           | MINERALS & ELECTROLYTES                           |
| POTIGA TAB (QL= 3 tabs/day)                                 | QL                  | 2           | ANTICONSULSANTS                                   |
| PRADAXA CAP   | -                   | NC          | ANTICOAGULANTS                                    |
| PRADAXA PELLETT PACK  | -                   | NC          | ANTICOAGULANTS                                    |
| 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 E CREAM   | -                   | 2           | DERMATOLOGICALS                                   |
| PRAMOSONE LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| PRAMOSONE OINT  | -                   | NC          | DERMATOLOGICALS                                   |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv)          | -                   | 1           | ANORECTAL AGENTS                                  |
| PRANDIMET TAB   | -                   | NC          | ANTIDIABETICS                                     |

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|--|---------------------|-------------|--|
| PRASCION RA CREAM                                    | -                   | 2           | DERMATOLOGICALS                                      |
| 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                 | NC          | MEDICAL DEVICES AND SUPPLIES                         |
| PRECISION XTRA TEST STRIP                            | OTC                 | NC          | 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                                    |
| PRED-G OPHTH SOLN                                    | -                   | 2           | OPHTHALMIC AGENTS                                    |
| PREDNICARBATE CREAM                                  | -                   | 2           | DERMATOLOGICALS                                      |
| PREDNICARBATE OIN                                    | -                   | 2           | DERMATOLOGICALS                                      |
| prednisolone acetate ophth susp (PRED FORTE equiv)   | -                   | 1           | OPHTHALMIC AGENTS                                    |
| prednisolone ODT (ORAPRED equiv)                     | -                   | 2           | CORTICOSTEROIDS                                      |
| PREDNISOLONE ODT TAB                                 | -                   | 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                                    |
| prednisone pack                                      | -                   | NC          | CORTICOSTEROIDS                                      |
| PREDNISONE SOLN                                      | -                   | 2           | CORTICOSTEROIDS                                      |
| prednisone tab (DELTASONE equiv)                     | -                   | 1           | CORTICOSTEROIDS                                      |
| PREDNISONE/DIPHENHYDRAMINE KIT                       | -                   | NC          | CORTICOSTEROIDS                                      |
| PREFEST TAB  | -                   | NC          | ESTROGENS  |
| 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<br>NEUROLOGICAL AGENTS - MISC. |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day)        | QL                  | 2           | ANTICONVULSANTS                                      |
| PREGEN DHA CAP                                       | -                   | NC          | MULTIVITAMINS  |
| PREGENNA TAB   | -                   | NC          | MULTIVITAMINS  |
| PREHEVBRIO SUSP                                      | VAC                 | \$0         | VACCINES   |
| PREMARIN TAB   | -                   | 2           | ESTROGENS  |
| PREMARIN VAGINAL CREAM                               | -                   | 2           | VAGINAL PRODUCTS                                     |
| PREMPHASE TAB, PREMPRO TAB                           | -                   | 2           | ESTROGENS  |
| PRENARA CAP  | -                   | NC          | MULTIVITAMINS  |

|     |  |      |                                |    |  |
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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 |
| ST  | Step Therapy   | VAC  | Vaccine Program                | ¢  | RxCENTS                                      |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                      |
|--|---------------------|-------------|--------------------------------------|
| 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                        |
| 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 PLUS CREAM                                  | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS           |
| PREVIDENT GEL  | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS           |
| PREVIDENT PASTE  | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS           |
| PREVIDENT SOLN   | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS           |
| PREVNAR 13 INJ   | VAC                 | \$0         | VACCINES                             |
| PREVNAR 20 INJ (Covered for members age 19 years or older) | VAC                 | \$0         | VACCINES                             |
| 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                          |
| PRILOSEC OTC DR TAB  | OTC                 | NC          | ULCER DRUGS                          |
| primaquine tab (PRIMAQUINE equiv)                          | -                   | 1           | ANTIMALARIALS                        |
| PRIMAQUINE TAB   | -                   | NC          | ANTIMALARIALS                        |
| primidone tab (MYSOLINE equiv)                             | -                   | 1           | ANTICONVULSANTS                      |
| PRIMIDONE TAB  | -                   | NC          | ANTICONVULSANTS                      |
| PRIMLEV TAB 10-300MG                                       | -                   | NC          | ANALGESICS - OPIOID                  |
| PRIMLEV TAB 5-300MG  | -                   | NC          | ANALGESICS - OPIOID                  |
| PRIMSOL SOLN   | -                   | 3           | ANTI-INFECTIVE AGENTS - MISC.        |
| 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                      |
| PROCTOFOAM HC FOAM   | -                   | 2           | ANORECTAL AGENTS                     |
| proctosol HC cream (ANUSOL HC equiv)                       | -                   | 1           | ANORECTAL AGENTS                     |
| PROCYSBI CAP   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS |
| PROCYSBI GRANULES PACKET                                   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS |
| PRODRIN TAB  | -                   | NC          | MIGRAINE PRODUCTS                    |
| PROFINAC PAK   | -                   | NC          | DERMATOLOGICALS                      |
| progesterone cap (PROMETRIUM equiv)                        | -                   | 1           | PROGESTINS                           |

|     |  |      |                                |    |  |
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| ST  | Step Therapy   | VAC  | Vaccine Program                | ¢  | RxCENTS                                      |
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|--|---------------------|-------------|--|
| progesterone oil inj                                       | -                   | 1           | PROGESTINS                                     |
| PROGESTERONE SUPP  | PA                  | 3           | VAGINAL 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 OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                              |
| PROMACTA POWDER (QL= 1 packet/day)                         | PA-QL-SP            | 4           | HEMATOPOIETIC AGENTS                           |
| PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day)                  | PA-QL-SP            | 4           | HEMATOPOIETIC AGENTS                           |
| PROMACTA TAB 50MG (QL= 2 tabs/day)                         | PA-QL-SP            | 4           | HEMATOPOIETIC AGENTS                           |
| PROMACTA TAB 75MG (QL= 2 tabs/day)                         | PA-QL-SP            | 4           | 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                                |
| PROPANTHELINE TAB  | -                   | 2           | ULCER DRUGS                                    |
| proparacaine ophth soln (ALCAINE equiv)                    | -                   | 1           | OPHTHALMIC AGENTS                              |
| propranolol ER cap (INDERAL LA equiv)                      | -                   | 1           | BETA BLOCKERS                                  |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)         | -                   | 1           | BETA BLOCKERS                                  |
| PROPRANOLOL SOLN   | -                   | 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                                     |
| PROVIGIL TAB   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| PROZAC CAP   | -                   | NC          | ANTIDEPRESSANTS                                |
| PROZAC WEEKLY CAP  | -                   | NC          | ANTIDEPRESSANTS                                |
| PROZENA PAD  | -                   | NC          | DERMATOLOGICALS                                |
| PULMICORT FLEXHALER  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS        |

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| INF Infertility   | OTC Over-the-Counter           | PA Prior Authorization                          |
| QL Quantity Limit   | RDX Restricted to Diagnosis    | RS Restricted to Specialist                     |
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|--|---------------------|-------------|---|
| PULMICORT INH SUSP   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| PULMOZYME INH SOLN   | SP                  | 4           | RESPIRATORY AGENTS - MISC.                    |
| PUREFOLIX TAB  | -                   | NC          | HEMATOPOIETIC AGENTS                          |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization)      | PA                  | 3           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| PYLERA CAP   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS    |
| pyrazinamide tab   | -                   | 1           | ANTIMYCOBACTERIAL AGENTS                      |
| PYRIDIDIUM TAB   | -                   | 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.                  |
| QBRELIS SOLN (Prior Authorization required for members age 9 or 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 |
| QINLOCK TAB (QL= 3 tabs/day)   | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| 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               |
| QUETIAPINE TAB   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS               |
| quetiapine XR tab (SEROQUEL XR equiv)                                  | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS               |
| QUFLORA PEDIATRIC CHEW 0.25MG  | -                   | 1           | MULTIVITAMINS                                 |
| QUFLORA PEDIATRIC CHEW 0.5MG   | -                   | 1           | MULTIVITAMINS                                 |
| QUFLORA PEDIATRIC CHEW 1MG   | -                   | 1           | MULTIVITAMINS                                 |
| QUFLORA PEDIATRIC CHEW TAB   | -                   | NC          | MULTIVITAMINS                                 |
| 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                             |

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|--|---------------------|-------------|---|
| 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 REDIHALER   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| RABAVERT INJ   | VAC                 | \$0         | VACCINES  |
| rabeprazole EC tab (ACIPHEX equiv)   | -                   | 1           | ULCER DRUGS                                       |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days)   | PA-QL-SP            | 4           | NEUROMUSCULAR AGENTS                              |
| RADICAVA ORS SUSP (QL= 50mL/28 days)   | PA-QL-SP            | 4           | NEUROMUSCULAR AGENTS                              |
| RAGWITEK SL TAB  | -                   | NC          | BIOLOGICALS MISC                                  |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or 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 cap (ZANTAC equiv)  | -                   | NC          | ULCER DRUGS                                       |
| ranitidine syrup (ZANTAC equiv)  | -                   | NC          | ULCER DRUGS                                       |
| ranitidine tab (Rx Only) (ZANTAC equiv)  | -                   | NC          | ULCER DRUGS                                       |
| ranolazine tab (RANEXA equiv)  | -                   | 2           | ANTIANGINAL AGENTS                                |
| RAPAFLO CAP  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| RAPAMUNE SOLN  | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| 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 ER CAP  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE SOLN  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBETOL SOLN   | SP                  | 4           | ANTIVIRALS  |
| REBIF INJ  | SP                  | 4           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RECORLEV TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| RECTIV OINT  | -                   | NC          | ANORECTAL AND RELATED PRODUCTS                    |
| REDITREX INJ   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| REGLAN TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |

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|---|---------------------|-------------|---|
| 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                              |
| RELEXXI ER TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>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.                   |
| REMEDIENT CAP   | -                   | NC          | MULTIVITAMINS                                     |
| REMERON SOLUTAB   | -                   | NC          | ANTIDEPRESSANTS                                   |
| REMERON TAB   | -                   | NC          | ANTIDEPRESSANTS                                   |
| RENAGEL TAB 800MG   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| renaphro cap (NEPHROCAP equiv)  | -                   | 1           | 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           | ANTHYPERLIPIDEMICS                                |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST               | 2           | ANTHYPERLIPIDEMICS                                |
| REQUIP TAB  | -                   | NC          | ANTIPARKINSON AGENTS                              |
| REQUIP XL TAB   | -                   | NC          | ANTIPARKINSON AGENTS                              |
| RESCRIPTOR TAB  | -                   | 2           | ANTIVIRALS  |
| RESERVAPAK SYRUP  | -                   | NC          | ALTERNATIVE MEDICINES                             |
| RESTASIS MULTI-DOSE   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| RESTASIS OPHTH EMULSION   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| RESTORIL CAP 15MG   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS      |
| RESTORIL CAP 22.5MG   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS      |
| RESTORIL CAP 30MG   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS      |
| RESTORIL CAP 7.5MG  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS      |
| RETACRIT INJ  | -                   | 2           | HEMATOPOIETIC AGENTS                              |
| RETEVMO CAP (QL= 4 caps/day)  | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| RETEVMO CAP 40MG (QL= 4 caps/day)   | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| RETEVMO TAB (QL= 2 tabs/day)  | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| RETEVMO TAB 40MG (QL= 3 tabs/day)   | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| RETIN-A CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| RETIN-A MICRO GEL 0.04%, 0.1%   | -                   | NC          | DERMATOLOGICALS                                   |

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|--|---------------------|-------------|--|
| RETIN-A MICRO GEL 0.08%, 0.06%   | -                   | 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 (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)              | QL-RS-SP            | 4           | MISCELLANEOUS THERAPEUTIC CLASSES        |
| REXAPHENAC CREAM   | -                   | 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  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.          |
| 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                           |
| RHEUMATREX TAB   | -                   | 3           | ANALGESICS - ANTI-INFLAMMATORY           |
| RHINOCORT AQUA NASAL SPRAY   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL      |
| RHOFADE CREAM  | -                   | EXC         | DERMATOLOGICALS                          |
| RHOPRESSA OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                        |
| RIBAPAK TAB  | -                   | NC          | ANTIVIRALS                               |
| 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                               |
| RIBAVIRIN TAB 400MG  | -                   | NC          | ANTIVIRALS                               |
| RIDAURA CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| rifabutin cap (MYCOBUTIN equiv)  | -                   | 2           | ANTIMYCOBACTERIAL AGENTS                 |
| RIFADIN CAP  | -                   | NC          | ANTIMYCOBACTERIAL AGENTS                 |
| RIFAMATE CAP   | -                   | 2           | ANTIMYCOBACTERIAL AGENTS                 |
| rifampin cap (RIFADIN equiv)   | -                   | 2           | ANTIMYCOBACTERIAL AGENTS                 |
| RIFLOZA INJ 160MG  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS     |
| 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          |

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|--|---------------------|-------------|--|
| 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//<br>NOREXIANTS    |
| RITALIN TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| ritonavir tab (NORVIR equiv)                                       | -                   | 2           | ANTIVIRALS   |
| rivastigmine cap (EXELON equiv)                                    | -                   | 1           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv)                                  | -                   | 2           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| RIVFLOZA INJ   | -                   | NC          | GENITOURINARY AGENTS -<br>MISCELLANEOUS              |
| RIVFLOZA VIAL  | -                   | NC          | GENITOURINARY AGENTS -<br>MISCELLANEOUS              |
| RIVIVE, REXTOVY SPRAY  | OTC                 | 1           | ANTIDOTES AND SPECIFIC ANTAGONISTS                   |
| 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 -<br>MISC.            |
| ROCALTROL SOLN   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| ROCKLATAN OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| roflumilast tab  | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| ropinirole ER tab (REQUIP XL equiv)                                | -                   | 2           | ANTIPARKINSON AGENTS                                 |
| ropinirole tab (REQUIP equiv)                                      | -                   | 1           | ANTIPARKINSON AGENTS                                 |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ                                | -                   | NC          | LOCAL ANESTHETICS-PARENTERAL                         |
| ROSDAN KIT   | -                   | NC          | DERMATOLOGICALS                                      |
| ROSULA EMULSION  | -                   | NC          | DERMATOLOGICALS                                      |
| ROSULA GEL   | -                   | 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                                  |
| ROXYBOND TAB 15MG  | -                   | NC          | ANALGESICS - OPIOID                                  |
| ROXYBOND TAB 30MG  | -                   | NC          | ANALGESICS - OPIOID                                  |

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|---|---------------------|-------------|---|
| ROXYBOND TAB 5MG  | -                   | NC          | ANALGESICS - OPIOID                               |
| ROZEREM TAB   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF 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)) | QL-RDX              | 2           | ANTIDIABETICS                                     |
| RYBIX ODT   | -                   | NC          | ANALGESICS - OPIOID                               |
| RYCLORA SOLN  | -                   | NC          | ANTIHIISTAMINES                                   |
| RYDAPT CAP (QL= 56 caps/28 days)  | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| RYTHMOL SR CAP  | -                   | NC          | ANTIARRHYTHMICS                                   |
| RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB                             | -                   | NC          | ANTIHIISTAMINES                                   |
| SABRIL TAB  | -                   | NC          | ANTICONVULSANTS                                   |
| SAFYRAL TAB   | -                   | NC          | 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 acid soln   | -                   | NC          | DERMATOLOGICALS                                   |
| salicylic acid cream (CERAVE PSORIASIS equiv)                             | -                   | NC          | DERMATOLOGICALS                                   |
| salicylic acid shampoo (SALEX equiv)                                      | -                   | 2           | DERMATOLOGICALS                                   |
| SALIMEZ FORTE CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| salsalate tab (DISALCID equiv)  | -                   | 2           | ANALGESICS - NONNARCOTIC                          |
| SANCUSO PATCH (QL= 4 patches/fill)  | QL                  | 3           | ANTIEMETICS                                       |
| SANDIMMUNE CAP  | -                   | NC          | ASSORTED CLASSES                                  |
| SANDIMMUNE SOLN 100MG/ML  | -                   | 2           | ASSORTED CLASSES                                  |
| SANDOSTATIN LAR INJ KIT   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| 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                                    |

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|--|---------------------|-------------|---|
| SAVELLA PAK  | -                   | 2           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB (QL= 2 tabs/day)                             | QL                  | 2           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| saxagliptin hcl tab (ONGLYZA equiv)                      | -                   | NC          | ANTIDIABETICS                                     |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) | -                   | NC          | ANTIDIABETICS                                     |
| SCARCIN GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| scarcin gel (SCARCIN equiv)                              | -                   | 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                                       |
| SEASONIQUE TAB   | -                   | NC          | CONTRACEPTIVES                                    |
| SECONAL CAP  | -                   | 2           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| SECUADO PATCH  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| SEEBRI NEOHALER CAP                                      | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| SEGLENTIS TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| SEGLUROMET TAB   | -                   | NC          | ANTIDIABETICS                                     |
| selegiline cap (ELDEPRYL equiv)                          | -                   | 1           | ANTIPARKINSON AGENTS                              |
| selegiline tab (ELDEPRYL equiv)                          | -                   | 1           | ANTIPARKINSON AGENTS                              |
| selenium sulfide lotion                                  | OTC                 | EXC         | 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  | -                   | 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                                     |
| SEMPREX-D CAP  | -                   | EXC         | COUGH/COLD/ALLERGY                                |
| SENSIPAR TAB   | -                   | 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 tab (ZOLOFT equiv)                            | -                   | 1           | ANTIDEPRESSANTS                                   |
| sevelamer hydrochloride tab (RENAGEL equiv)              | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| sevelamer powder pak (RENVELA equiv)                     | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.                   |
| sevelamer tab (RENVELA TAB equiv)                        | -                   | 2           | GASTROINTESTINAL AGENTS - MISC.                   |

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|--|---------------------|-------------|--|
| SEYSARA TAB  | -                   | NC          | TETRACYCLINES                            |
| SHINGRIX INJ (Covered for members age 19 years or 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) (Members age 9 or older require Prior Authorization) | 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.            |
| SILIPAC KIT  | -                   | NC          | DERMATOLOGICALS                          |
| 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          | ANTIHYPERTENSIVES                        |
| SIMLANDI INJ (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         | ANTIHYPERTENSIVES                        |
| simvastatin tab 80mg (ZOCOR equiv)   | -                   | NC          | ANTIHYPERTENSIVES                        |
| SINEMET CR TAB   | -                   | NC          | ANTIPARKINSON AGENTS                     |
| SINEMET TAB  | -                   | NC          | ANTIPARKINSON AGENTS                     |
| SINGULAIR CHEW TAB   | -                   | NC          | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR GRANULE PACK   | -                   | NC          | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR TAB  | -                   | NC          | ANTI-ASTHMATIC 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 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.          |

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| INF Infertility   | OTC Over-the-Counter           | PA Prior Authorization                          |
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|---|---------------------|-------------|---|
| 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.                     |
| SOAAZ TAB   | -                   | NC          | DIURETICS   |
| sodium chloride neb soln (HYPER-SAL equiv)  | -                   | 1           | COUGH/COLD/ALLERGY                                |
| sodium citrate/citric acid soln (BICITRA equiv)   | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)                 | -                   | \$0         | MINERALS & ELECTROLYTES                           |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)                 | -                   | \$0         | MOUTH/THROAT/DENTAL AGENTS                        |
| sodium fluoride gel (PREVIDENT equiv)   | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                        |
| sodium fluoride paste (PREVIDENT equiv)   | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                        |
| sodium fluoride rinse (PREVIDENT equiv)   | -                   | 1           | MOUTH/THROAT/DENTAL AGENTS                        |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)                     | -                   | \$0         | MINERALS & ELECTROLYTES                           |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)                                     | -                   | \$0         | MINERALS & ELECTROLYTES                           |
| SODIUM IODIDE I-131 SOLN  | -                   | NC          | THYROID AGENTS                                    |
| 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.            |
| sodium polystyrene powder (KAYEXALATE equiv)  | -                   | 2           | ASSORTED CLASSES                                  |
| sodium polystyrene susp (SPS equiv)   | -                   | 1           | ASSORTED CLASSES                                  |
| sodium sulfacetamide gel (OVACE equiv)  | -                   | NC          | 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/sulfur cleanser 10-5% (SUMAXIN equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)   | -                   | 2           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv)   | -                   | 2           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)   | -                   | 3           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur gel (ROSULA equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv)  | -                   | 2           | DERMATOLOGICALS                                   |
| SODIUM SULFACETAMIDE/SULFUR SUSP  | -                   | 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) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay) | QL                  | \$0         | LAXATIVES   |
| SOFDRA GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)  | PA-QL-SP            | 4           | ANTIVIRALS  |

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|---|---------------------|-------------|--|
| 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                          |
| 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 or older)  | PA                  | 3           | BETA BLOCKERS                            |
| SOVALDI PELLETT PAK   | -                   | NC          | ANTIVIRALS                               |
| SOVALDI TAB   | -                   | NC          | ANTIVIRALS                               |
| SOVUNA TAB  | -                   | NC          | ANTIMALARIALS                            |
| SPECTRACEF TAB  | -                   | 3           | CEPHALOSPORINS                           |
| 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 or older)  | PA                  | 3           | DIURETICS                                |

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|--|---------------------|-------------|---|
| 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-CYCLLEN equiv)                          | -                   | \$0         | CONTRACEPTIVES                                |
| SPRITAM TAB  | -                   | NC          | ANTICONVULSANTS                               |
| SPRIX NASAL SPRAY  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                |
| SPRYCEL TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| SPS  | -                   | 1           | MISCELLANEOUS THERAPEUTIC CLASSES             |
| SSKI ORAL SOLN   | -                   | NC          | COUGH/COLD/ALLERGY                            |
| STALEVO TAB  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS      |
| STAVUDINE CAP  | -                   | 2           | ANTIVIRALS                                    |
| stavudine cap (ZERIT equiv)                                    | -                   | 2           | ANTIVIRALS                                    |
| STAVZOR CAP  | -                   | NC          | ANTICONVULSANTS                               |
| STAXYN ODT   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                 |
| STEGLATRO TAB  | -                   | NC          | ANTIDIABETICS                                 |
| STEGLUJAN TAB  | -                   | NC          | ANTIDIABETICS                                 |
| STELARA INJ (QL= 1 inj/84 days)                                | PA-QL-SP            | 4           | DERMATOLOGICALS                               |
| STENDRA TAB (QL= 6 tabs/30 days)                               | QL                  | 2           | CARDIOVASCULAR AGENTS - MISC.                 |
| STENDRA TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                 |
| STIMATE NASAL SOLN   | -                   | 2           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| 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      |
| STRATTERA CAP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| STRENSIQ INJ   | PA-SP               | 4           | 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       |
| STROMECTOL TAB   | -                   | NC          | ANTHELMINTICS                                 |
| SUBOXONE SL FILM   | -                   | NC          | ANALGESICS - OPIOID                           |
| SUBSYS SPRAY   | -                   | NC          | ANALGESICS - OPIOID                           |
| SUCRAID SOLN   | -                   | NC          | DIGESTIVE AIDS                                |
| sucrafate susp (CARAFATE equiv)                                | -                   | 2           | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS     |
| sucrafate tab (CARAFATE equiv)                                 | -                   | 1           | ULCER DRUGS                                   |
| SUFLAVE SOLN   | -                   | NC          | LAXATIVES                                     |
| SULAR TAB  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                      |
| 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                               |

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|---|---------------------|-------------|---|
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)                               | -                   | 2           | DERMATOLOGICALS                                   |
| sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)                                | -                   | 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 INJ 6MG/0.5ML (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)   | PA-SP               | 1           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| SUNLENCA TAB  | -                   | NC          | ANTIVIRALS  |
| SUNOSI TAB (QL= 1 tab/day)  | PA-QL               | 2           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS    |
| SUPRAX CAP  | -                   | 3           | CEPHALOSPORINS                                    |
| SUPRAX CAP  | -                   | NC          | CEPHALOSPORINS                                    |
| SUPRAX CHEW TAB   | -                   | 3           | CEPHALOSPORINS                                    |
| SUPRAX SUSP   | -                   | NC          | CEPHALOSPORINS                                    |
| SUPRAX SUSP 500MG/5ML   | -                   | 3           | CEPHALOSPORINS                                    |
| SUPREP BOWEL PREP PACK  | -                   | NC          | LAXATIVES   |
| SURMONTIL CAP   | -                   | NC          | ANTIDEPRESSANTS                                   |
| SUSTIVA CAP   | -                   | NC          | ANTIVIRALS  |
| 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          |
| SYMAX DUOTAB  | -                   | 3           | ULCER DRUGS                                       |
| SYMBICORT INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| 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                                     |

|     |   |      |                         |    |  |
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| SF  | Limited to two 15 day fills per month for first 3 months      | SMKG | Smoking Cessation       | SP | Available through Specialty Pharmacy Program |
| ST  | Step Therapy  | VAC  | Vaccine Program         | ¢  | RxCENTS                                      |
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|---|---------------------|-------------|--|
| SYMPAZAN ORAL FILM  | -                   | NC          | ANTICONVULSANTS                            |
| SYMPROIC TAB  | PA                  | 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                             |
| SYNVEXIA TC CREAM   | -                   | NC          | DERMATOLOGICALS                            |
| 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 (Members age 7 years or older require Prior Authorization)  | 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                          |
| TAGAMET TAB   | -                   | NC          | ULCER DRUGS                                |
| 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.               |
| TALICIA CAP   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS |
| TALTZ INJ (QL= 1 inj/28 days)   | PA-QL-SP            | 4           | DERMATOLOGICALS                            |
| TALTZ INJ 20MG/0.25ML   | -                   | NC          | DERMATOLOGICALS                            |
| TALTZ INJ 40 MG/0.5ML   | -                   | NC          | 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) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | -                   | \$0         | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |

|   |                                |   |
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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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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|--|---------------------|-------------|---|
| tamsulosin cap (FLOMAX equiv)                            | -                   | 1           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| TANLOR TAB   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| TANZEUM INJ  | -                   | NC          | ANTIDIABETICS                                     |
| TAPAZOLE TAB   | -                   | NC          | THYROID AGENTS                                    |
| 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  | PA-SF-SP            | 4           | 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)                   | -                   | 3           | DERMATOLOGICALS                                   |
| tazarotene cream 0.1% (TAZORAC equiv)                    | -                   | 2           | DERMATOLOGICALS                                   |
| tazarotene gel (TAZORAC equiv)                           | -                   | NC          | DERMATOLOGICALS                                   |
| 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. |
| TECHNIVIE TAB  | -                   | NC          | ANTIVIRALS  |
| TEGRETOL SUSP  | -                   | NC          | ANTICONVULSANTS                                   |
| TEGRETOL TAB   | -                   | NC          | ANTICONVULSANTS                                   |
| TEGRETOL XR TAB  | -                   | NC          | ANTICONVULSANTS                                   |
| TEKTURNA HCT TAB   | -                   | 3           | ANTIHYPERTENSIVES                                 |
| TEKTURNA TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| telmisartan tab (MICARDIS equiv)                         | -                   | 1           | ANTIHYPERTENSIVES                                 |
| TELMISARTAN/AMLODIPINE TAB                               | -                   | NC          | ANTIHYPERTENSIVES                                 |
| telmisartan/amlodipine tab (TWYNSTA equiv)               | -                   | NC          | ANTIHYPERTENSIVES                                 |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | -                   | NC          | ANTIHYPERTENSIVES                                 |
| temazepam cap 15mg (RESTORIL equiv)                      | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| temazepam cap 22.5mg (RESTORIL equiv)                    | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| temazepam cap 30mg (RESTORIL equiv)                      | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| temazepam cap 7.5mg (RESTORIL equiv)                     | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| TEMOVATE CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| TEMOVATE OINT  | -                   | NC          | DERMATOLOGICALS                                   |

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|--|---------------------|-------------|---|
| temozolomide cap (TEMODAR equiv)   | SP                  | 1           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| tenofovir disoproxil fumarate tab (VIREAD equiv)                               | -                   | 2           | ANTIVIRALS  |
| TENORETIC TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| TENORMIN TAB   | -                   | NC          | BETA BLOCKERS                                     |
| TEPMETKO TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| 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 600mcg/2.4ml (FORTEO equiv)            | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| TERIPARATIDE INJ 620MCG/2.48ML   | PA-SP               | 4           | 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                                |
| 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 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. |
| tetracycline cap   | -                   | 3           | TETRACYCLINES                                     |
| TETRACYCLINE TAB   | -                   | NC          | TETRACYCLINES                                     |
| 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           |

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|---|---------------------|-------------|--|
| theophylline soln   | -                   | 1           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| THEOPHYLLINE TAB ER   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| THIOLA EC TAB   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS     |
| thioridazine tab (MELLARIL equiv)   | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS          |
| thiothixene cap (NAVANE equiv)  | -                   | 1           | ANTIPSYCHOTICS/ANTIMANIC AGENTS          |
| THYQUIDITY SOLN   | -                   | NC          | THYROID AGENTS                           |
| THYROLAR TAB  | -                   | 2           | THYROID AGENTS                           |
| 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 |
| TICANASE PAK  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL      |
| 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                        |
| 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 (BLOCADREN equiv)   | -                   | 1           | BETA BLOCKERS                            |
| 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)                                     | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS     |
| tiotropium bromide cap inhaler (SPIRIVA equiv)                                      | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| TIROSINT CAP  | -                   | NC          | THYROID AGENTS                           |
| TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or 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                        |

|     |   |      |                                |    |  |
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|---|---------------------|-------------|--|
| 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                          |
| TOLAZAMIDE TAB  | -                   | 1           | ANTIDIABETICS                            |
| TOLBUTAMIDE TAB   | -                   | 2           | ANTIDIABETICS                            |
| tolcapone tab (TASMAR equiv)  | -                   | 3           | ANTIPARKINSON AGENTS                     |
| TOLMETIN CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| TOLMETIN, TOLECTIN TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| TOLSURA CAP   | -                   | NC          | ANTIFUNGALS                              |
| tolterodine SR cap (DETROL LA equiv)  | -                   | 2           | URINARY ANTISPASMODICS                   |
| tolterodine tab (DETROL equiv)  | -                   | 1           | URINARY ANTISPASMODICS                   |
| TOLVAPTAN TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| tolvaptan tab (SAMSCA equiv)  | -                   | NC          | ENDOCRINE AND METABOLIC 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 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 |
| toremifene tab (DEMADEX equiv)  | -                   | 1           | DIURETICS                                |
| TOSYMRA SOLN  | -                   | NC          | MIGRAINE PRODUCTS                        |
| TOUJEO MAX SOLOSTAR INJ   | -                   | 2           | ANTIDIABETICS                            |
| TOUJEO SOLOSTAR INJ   | -                   | 2           | ANTIDIABETICS                            |
| TOUJEO SOLOSTAR INJ   | -                   | NC          | ANTIDIABETICS                            |
| TOVET KIT   | -                   | NC          | DERMATOLOGICALS                          |
| TOVIAZ TAB  | -                   | NC          | URINARY ANTISPASMODICS                   |
| TRACLEER TAB 32MG (QL= 4 tabs/day)  | PA-QL-SP            | 4           | 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)   | -                   | 3           | ANALGESICS - OPIOID                      |
| TRAMADOL HCL ER TAB   | -                   | 3           | ANALGESICS - OPIOID                      |
| TRAMADOL HCL TAB  | -                   | NC          | ANALGESICS - OPIOID                      |
| tramadol hcl tab 100mg  | -                   | NC          | ANALGESICS - OPIOID                      |

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|---|---------------------|-------------|---|
| 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)   | -                   | 2           | HEMOSTATICS                               |
| TRANSDERM-SCOP PATCH  | -                   | NC          | ANTIEMETICS                               |
| TRANXENE-T TAB  | -                   | NC          | ANTIANKXIETY 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                  |
| TRELEGY ELLIPTA INHALER   | -                   | 2           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| TREMFYA INJ (QL= 1 inj/56 days)   | PA-QL-SP            | 4           | DERMATOLOGICALS                           |
| TRESIBA FLEXTOUCH INJ   | -                   | 2           | ANTIDIABETICS                             |
| TRESIBA INJ   | -                   | 2           | ANTIDIABETICS                             |
| tretinoin cap (VESANOID equiv)  | SP                  | 1           | ANTINEOPLASTICS                           |
| tretinoin cream (Acne Only – members age 26 or older require Prior Authorization)                           | PA                  | 2           | DERMATOLOGICALS                           |
| tretinoin gel (Acne Only – members age 26 or older require Prior Authorization)                             | PA                  | 2           | DERMATOLOGICALS                           |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 26 or older require Prior Authorization)         | PA                  | 2           | DERMATOLOGICALS                           |
| tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - members age 26 or older require Prior Authorization) | PA                  | 2           | DERMATOLOGICALS                           |
| TRETIN-X CREAM  | -                   | NC          | DERMATOLOGICALS                           |
| 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 (KENALOG equiv)   | -                   | NC          | DERMATOLOGICALS                           |
| triamterene cap (DYRENIUM equiv)  | -                   | 2           | DIURETICS                                 |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv)   | -                   | 1           | DIURETICS                                 |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv)   | -                   | 1           | DIURETICS                                 |
| TRIANEX OINT  | -                   | NC          | DERMATOLOGICALS                           |
| triazolam tab (HALCION equiv)   | -                   | 1           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| TRIBENZOR TAB   | -                   | NC          | ANTIHYPERTENSIVES                         |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN   | -                   | NC          | DIAGNOSTIC PRODUCTS                       |

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|--|---------------------|-------------|---|
| TRICHOPHYTON MENTAGROPHYTES SOLN   | -                   | NC          | ALLERGENIC EXTRACTS/BIOLOGICALS<br>MISC     |
| TRICHOSOL SOLN   | -                   | NC          | PHARMACEUTICAL ADJUVANTS                    |
| tricitrates soln (POLYCITRA-LC equiv)  | -                   | 1           | GENITOURINARY AGENTS -<br>MISCELLANEOUS     |
| tricon cap (TRINSICON equiv)   | -                   | 1           | HEMATOPOIETIC AGENTS                        |
| 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<br>AGENTS |
| TRIHEXYPHENIDYL SOLN   | -                   | 1           | ANTIPARKINSON AND RELATED THERAPY<br>AGENTS |
| 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                         |
| TRIOLOCICLO 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 (QL= 1 tab/day)   | PA-QL               | 3           | 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   | -                   | 1           | MULTIVITAMINS                               |
| TRIZIVIR TAB   | -                   | 2           | ANTIVIRALS                                  |
| 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)) | QL-RDX              | 2           | ANTIDIABETICS                               |
| TRUMENBA INJ   | VAC                 | \$0         | VACCINES                                    |

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|--|---------------------|-------------|--|
| 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                               |
| 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                       |
| TUXARIN ER TAB   | -                   | NC          | COUGH/COLD/ALLERGY                       |
| TUZISTRA XR SUSP   | -                   | NC          | COUGH/COLD/ALLERGY                       |
| TWINRIX INJ  | VAC                 | \$0         | VACCINES                                 |
| TWIRLA PATCH   | -                   | EXC         | CONTRACEPTIVES                           |
| TWYNEO CREAM   | -                   | NC          | DERMATOLOGICALS                          |
| TYBLUME TAB  | -                   | \$0         | CONTRACEPTIVES                           |
| TYBOST TAB   | -                   | NC          | ANTIVIRALS                               |
| TYENNE INJ   | -                   | NC          | 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.   |
| 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 TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days) | PA-QL-SP            | 4           | CARDIOVASCULAR AGENTS - MISC.            |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 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                          |
| UMECTA EMULSION  | -                   | NC          | DERMATOLOGICALS                          |
| UMECTA PD EMULSION   | -                   | NC          | DERMATOLOGICALS                          |
| UMECTA SUSP  | -                   | NC          | DERMATOLOGICALS                          |

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|--|---------------------|-------------|---|
| UPNEEQ SOLN  | -                   | EXC         | OPHTHALMIC AGENTS                       |
| UPTRAVI INJ  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.           |
| UPTRAVI TAB (QL= 2 tabs/day)                         | PA-QL-SP            | 4           | CARDIOVASCULAR AGENTS - MISC.           |
| UPTRAVI THERAPY PACK (QL= 2 tabs/day)                | PA-QL-SP            | 4           | CARDIOVASCULAR AGENTS - MISC.           |
| URAMAXIN CREAM                                       | -                   | NC          | DERMATOLOGICALS                         |
| URAMAXIN GEL   | -                   | NC          | DERMATOLOGICALS                         |
| urea cream   | -                   | NC          | DERMATOLOGICALS                         |
| urea emulsion  | -                   | NC          | DERMATOLOGICALS                         |
| urea gel (URAMAXIN equiv)                            | -                   | NC          | DERMATOLOGICALS                         |
| urea lotion (KERALAC LOTION equiv)                   | -                   | 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                  |
| UROKIT-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.         |
| UTA cap  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.           |
| UTIBRON NEOHALER CAP                                 | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| UZEDY INJ  | -                   | 2           | ANTIPSYCHOTICS/ANTIMANIC AGENTS         |
| VAFSEO TAB   | -                   | NC          | 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          | ANTIANKXIETY AGENTS                     |
| valproate inj (DEPAICON equiv)                       | -                   | NC          | ANTICONVULSANTS                         |
| valproic acid cap (DEPAKENE equiv)                   | -                   | 1           | ANTICONVULSANTS                         |
| valproic acid syrup (DEPAKENE equiv)                 | -                   | 1           | ANTICONVULSANTS                         |
| VALSARTAN SOLN                                       | -                   | NC          | ANTIHYPERTENSIVES                       |
| valsartan tab (DIOVAN equiv)                         | -                   | 1           | ANTIHYPERTENSIVES                       |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | -                   | 1           | ANTIHYPERTENSIVES                       |
| VALTOCO NASAL SPRAY (QL= 4 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.           |

|     |   |      |                         |    |  |
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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| VANFLYTA TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VANFLYTA TAB 26.5MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VANIQA CREAM  | -                   | EXC         | DERMATOLOGICALS                                   |
| VANOS CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| 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                                 |
| VAXELIS INJ   | VAC                 | \$0         | TOXOIDS   |
| VAXNEUVANCE INJ   | VAC                 | \$0         | VACCINES  |
| v-c forte cap (V-C FORTE equiv)   | -                   | 3           | 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   | PA                  | 2           | ASSORTED 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   | -                   | 3           | CALCIUM CHANNEL BLOCKERS                          |
| VERAPAMIL ER CAP 100MG  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                          |
| VERAPAMIL ER CAP 200MG  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                          |
| VERAPAMIL ER CAP 300MG  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                          |

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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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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|---|---------------------|-------------|--|
| verapamil SR cap (VERELAN equiv)  | -                   | 1           | CALCIUM CHANNEL BLOCKERS                 |
| VERAPAMIL SR CAP 360mg  | -                   | 2           | CALCIUM CHANNEL BLOCKERS                 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv)                               | -                   | 1           | CALCIUM CHANNEL BLOCKERS                 |
| 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                 |
| VERELAN PM CAP  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| VERELAN PM ER CAP 100MG, 300MG  | -                   | 3           | CALCIUM CHANNEL BLOCKERS                 |
| VERELAN SR CAP 360mg  | -                   | 3           | CALCIUM CHANNEL BLOCKERS                 |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)            | QL-RS               | 2           | 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                            |
| VIBRAMYCIN SYRUP  | -                   | 3           | TETRACYCLINES                            |
| VICOPROFEN TAB  | -                   | NC          | ANALGESICS - OPIOID                      |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX              | 2           | ANTIDIABETICS                            |
| VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR                                  | -                   | NC          | ANTIDIABETICS                            |
| VIDEX EC CAP  | -                   | NC          | ANTIVIRALS                               |
| VIDEX SOLN  | -                   | 2           | ANTIVIRALS                               |
| VIEKIRA XR TAB  | -                   | NC          | ANTIVIRALS                               |
| vienna 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                        |
| VIIBRYD STARTER KIT   | -                   | NC          | ANTIDEPRESSANTS                          |
| VIIBRYD TAB   | -                   | 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 (VIIBRYD equiv)  | -                   | NC          | ANTIDEPRESSANTS                          |
| VIMOVO TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| VIMPAT SOLN   | -                   | NC          | ANTICONVULSANTS                          |
| VIMPAT TAB  | -                   | NC          | ANTICONVULSANTS                          |

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|--|---------------------|-------------|--|
| 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          | ANTIANKXIETY AGENTS                              |
| VISTOGARD PAK                            | -                   | NC          | ANTIDOTES  |
| VITAFOL STRIPS                           | -                   | 3           | MULTIVITAMINS                                    |
| vitamin D cap (RX strength only)         | -                   | 1           | VITAMINS   |
| vitamin D cap 1000unit                   | OTC                 | NC          | VITAMINS   |
| 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         |
| VITRECYL IRON TAB                        | -                   | NC          | MULTIVITAMINS                                    |
| VITRECYL TAB                             | -                   | NC          | MULTIVITAMINS                                    |
| VIVELLE-DOT PATCH                        | -                   | NC          | ESTROGENS  |
| VIVITROL INJ                             | SP                  | 4           | ANTIDOTES  |
| VIVJOA CAP                               | -                   | NC          | ANTIFUNGALS                                      |
| VIVLODEX CAP                             | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                   |
| VIZIMPRO TAB (QL= 1 tab/day)             | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES         |
| VOGELXO GEL PUMP 1%                      | -                   | NC          | ANDROGENS-ANABOLIC                               |
| VONJO CAP (QL= 4 caps/day)               | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES         |
| VOPAC 5 CREAM                            | -                   | NC          | DERMATOLOGICALS                                  |
| VOPAC CREAM                              | -                   | NC          | DERMATOLOGICALS                                  |
| VOPAC GB CREAM                           | -                   | NC          | DERMATOLOGICALS                                  |
| VOQUEZNA DUAL PAK                        | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| VOQUEZNA TAB                             | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| VOQUEZNA TRIP PAK                        | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| VORANIGO TAB                             | -                   | 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         |

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|---|---------------------|-------------|---|
| 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   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| VOYDEYA TAB THERAPY PACK  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| VP-PNV-DHA CAP  | -                   | 1           | MULTIVITAMINS                                     |
| VRAYLAR CAP   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| VRAYLAR PACK  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| VSL #3 CAP  | -                   | NC          | ANTIDIARRHEALS                                    |
| VTAMA CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| VTOL SOLN   | -                   | NC          | ANALGESICS - NONNARCOTIC                          |
| VUITY OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| VUMERITY CAP  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYALEV INJ  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS          |
| 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.                     |
| VYTONE CREAM 1.9-1%   | -                   | NC          | DERMATOLOGICALS                                   |
| VYTORIN TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| 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    |
| 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                                    |
| 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    |
| WELCHOL PACK  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| WELCHOL TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| 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                                   |
| WINLEVI CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| WINREVAIR INJ   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| WOUND-DRESSING GELS   | -                   | NC          | DERMATOLOGICALS                                   |
| WPR PLUS  | -                   | NC          | DERMATOLOGICALS                                   |
| WYNZORA CREAM   | -                   | NC          | DERMATOLOGICALS                                   |

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|--|---------------------|-------------|---|
| 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                                 |
| XALIX SOL  | -                   | NC          | DERMATOLOGICALS                                   |
| 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          | ANTIAXIETY AGENTS                                 |
| XANAX XR TAB   | -                   | NC          | ANTIAXIETY AGENTS                                 |
| XAQUIL XR TAB  | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS      |
| XARELTO STARTER PACK                                       | -                   | 2           | ANTICOAGULANTS                                    |
| XARELTO SUSP   | -                   | 2           | ANTICOAGULANTS                                    |
| XARELTO TAB  | -                   | 2           | ANTICOAGULANTS                                    |
| XARTEMIS XR TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day)                      | QL                  | 2           | ANTICONVULSANTS                                   |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day)                      | QL                  | 2           | ANTICONVULSANTS                                   |
| XCOPRI PAK 50-200MG (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                                     |
| 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                                     |

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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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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| <b>Drug Name</b>                             | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| XIIDRA OPHTH 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               | 3           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| XPOVIO PAK (QL= 32 tabs/28 days)             | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| XRYLIX PAK                                   | -                   | NC          | DERMATOLOGICALS                                   |
| XTAMPZA ER CAP (QL= 120 caps/30 days)        | QL                  | 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.            |
| XYOSTED INJ                                  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| XYREM SOLN                                   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYWAV SOLN                                   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| 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                    |

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| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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|--|---------------------|-------------|---|
| YONSA TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| YORVIPATH INJ  | -                   | 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                    |
| YUPELRI SOLN   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| YUSIMRY INJ (adalimumab-aqvh)                              | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ZADITOR OPHTH SOLN   | OTC                 | NC          | OPHTHALMIC AGENTS                                 |
| 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                    |
| ZANTAC EFFER TAB   | -                   | NC          | ULCER DRUGS                                       |
| 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 CAP OTC  | OTC                 | EXC         | ULCER DRUGS                                       |
| ZEGERID POWDER PACK  | -                   | NC          | ULCER DRUGS                                       |
| ZEJULA CAP (QL= 3 caps/day)                                | PA-QL-SP            | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| 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          |
| ZELNORM TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| ZEMPLAR CAP  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| 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 VIAL INJ  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| ZEPOSIA CAP (QL= 1 cap/day)                                | PA-QL-SP            | 4           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|---|---------------------|-------------|---|
| ZEPOSIA STARTER PACK (QL= 1 cap/day)  | PA-QL-SP            | 4           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZERIT CAP   | -                   | NC          | ANTIVIRALS  |
| ZERVIATE OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| ZESTORETIC TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| ZETIA TAB   | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| ZETONNA NASAL SPRAY   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| 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  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| ZILBRYSQ INJ 23MG   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| ZILBRYSQ INJ 32.4MG   | -                   | NC          | 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. |
| ZIOPTAN OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| ziprasidone cap (GEODON equiv)  | -                   | 1           | ANTIPSYCHOTICS/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                                       |
| ZOFRAN SOLN   | -                   | NC          | ANTIEMETICS                                       |
| ZOFRAN TAB  | -                   | NC          | ANTIEMETICS                                       |
| ZOHYDRO ER CAP  | -                   | NC          | ANALGESICS - OPIOID                               |
| ZOKINVY CAP (QL= 4 caps/day)  | PA-QL-SP            | 4           | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| 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                                 |

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|--|---------------------|-------------|---|
| 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                  | 2           | 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                                 |
| ZOMIG ZMT  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| ZONATUSS CAP 150MG   | -                   | NC          | COUGH/COLD/ALLERGY                                |
| ZONEGRAN CAP   | -                   | NC          | ANTICONVULSANTS                                   |
| ZONISADE SUSP (PA required for members age 9 years or 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 CLASSES                 |
| ZORVOLEX CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ZORYVE CREAM (QL= 60 grams/30 days)                          | PA-QL               | 2           | DERMATOLOGICALS                                   |
| ZORYVE CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| ZORYVE FOAM  | -                   | NC          | 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                               |
| ZUPLENZ SL FILM  | -                   | NC          | ANTIEMETICS                                       |
| ZURAMPIC TAB   | -                   | NC          | GOUT AGENTS                                       |
| 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                                   |
| ZUTRIPRO LIQUID  | -                   | NC          | COUGH/COLD/ALLERGY                                |
| ZYBAN TAB  | SMKG                | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZYCLARA CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| ZYDELIG TAB  | PA-SP               | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZYFLO TAB  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |

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|--|---------------------|-------------|--|
| ZYKADIA CAP (QL= 3 caps/day)                                 | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA TAB (QL= 3 tabs/day)                                 | PA-QL-SF-SP         | 4           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP (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          | ANTIHYPERTENSIVES                        |
| 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                           |
| ZYRTEC CHILD CHEW TAB  | OTC                 | EXC         | 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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|---|---------------------|-------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>  |                     |             |
| <b>AMPHETAMINES</b>   |                     |             |
| 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 TAB  | -                   | 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          |
| 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 tab (DESOXYN 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          |
| <b>ANALEPTICS</b>   |                     |             |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)                  | -                   | 2           |
| CAFCIT INJ  | -                   | NC          |
| <b>ANOREXIANTS NON-AMPHETAMINE</b>  |                     |             |
| BENZPHETAMINE TAB   | -                   | EXC         |
| DIETHYLPROPION ER TAB   | -                   | EXC         |
| diethylpropion tab  | -                   | EXC         |
| LOMAIRA TAB   | -                   | EXC         |
| PHENDIMETRAZINE ER TAB  | -                   | EXC         |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>  |              |      |
| phendimetrazine tab (BONTRIL PDM equiv)   | -            | EXC  |
| PLENITY CAP   | -            | EXC  |
| <b>ANTI-OBESITY AGENTS</b>  |              |      |
| IMCIVREE INJ  | -            | EXC  |
| WEGOVY INJ  | -            | EXC  |
| WEGOVY INJ 1.7MG/0.75ML   | -            | EXC  |
| WEGOVY INJ 2.4MG/0.75ML   | -            | EXC  |
| XENICAL CAP   | -            | EXC  |
| ZEPBOUND INJ  | -            | EXC  |
| ZEPBOUND VIAL INJ   | -            | EXC  |
| <b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>   |              |      |
| 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   |
| <b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>  |              |      |
| SUNOSI TAB (QL= 1 tab/day)  | PA-QL        | 2    |
| <b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>  |              |      |
| WAKIX TAB (QL= 2 tabs/day)  | PA-QL-SP     | 4    |
| <b>STIMULANTS - MISC.</b>   |              |      |
| 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 ER tab 10mg, 20mg (RITALIN 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   |
| METHYLIN SOLN   | -            | NC   |
| methylphenidate td patch (DAYTRANA equiv)   | -            | NC   |
| NUVIGIL TAB   | -            | NC   |

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| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>                                    |              |      |
| 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   |
| <b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>   |              |      |
| <b>ALLERGENIC EXTRACTS</b>  |              |      |
| ODACTRA SL TAB  | PA           | 3    |
| PALFORZIA POWDER PACK   | PA-SP        | 4    |
| PALFORZIA SPRINKLE CAP  | PA-SP        | 4    |
| TRICHOPHYTON MENTAGROPHYTES SOLN  | -            | NC   |
| <b>ALTERNATIVE MEDICINES</b>  |              |      |
| <b>ALTERNATIVE MEDICINE - R'S</b>   |              |      |
| RESERVAPAK SYRUP  | -            | NC   |
| <b>AMEBICIDES</b>   |              |      |
| <b>AMEBICIDES</b>   |              |      |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill)   | PA-QL        | 3    |
| <b>AMINOGLYCOSIDES</b>  |              |      |
| <b>AMINOGLYCOSIDES</b>  |              |      |
| 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   |
| <b>ANALGESICS - ANTI-INFLAMMATORY</b>   |              |      |
| <b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>  |              |      |
| 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    |
| <b>ANTIRHEUMATIC ANTIMETABOLITES</b>  |              |      |
| RHEUMATREX TAB  | -            | 3    |
| REDITREX INJ  | -            | NC   |
| <b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>   |              |      |
| 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    |

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| <b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>  |              |      |
| 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-ADAZ INJ (HYRIMOZ equiv) (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    |
| HADLIMA INJ (adalimumab-bwwd) (QL= 2 inj/28 days)                                    | PA-QL-SP     | 4    |
| HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)                         | PA-QL-SP     | 4    |
| HADLIMA PUSH INJ (adalimumab-bwwd) (QL= 2 inj/28 days)                               | PA-QL-SP     | 4    |
| HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)                    | PA-QL-SP     | 4    |
| SIMLANDI INJ (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 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   |
| 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   |
| 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   |
| <b>GOLD COMPOUNDS</b>  |              |      |
| RIDAURA CAP  | -            | NC   |
| <b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>                                    |              |      |
| KINERET INJ (QL= 1 inj/day)  | PA-QL-SP     | 4    |

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| <b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>              |              |      |
| <b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>                 |              |      |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)                   | PA-QL-SP     | 4    |
| ACTEMRA SC INJ (QL= 2 inj/28 days)                       | PA-QL-SP     | 4    |
| KEVZARA INJ (QL= 2 inj/28 days)                          | PA-QL-SP     | 4    |
| TYENNE INJ   | -            | NC   |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>    |              |      |
| 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    |
| FLURBIPROFEN TAB   | -            | 1    |
| flurbiprofen tab (ANSAID equiv)                          | -            | 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 tab (NAPROSYN equiv)                            | -            | 1    |
| piroxicam cap (FELDENE equiv)                            | -            | 1    |
| sulindac tab (CLINORIL equiv)                            | -            | 1    |
| naproxen EC tab (NAPROSYN EC equiv)                      | -            | 2    |
| naproxen sodium tab (ANAPROX equiv)                      | -            | 2    |
| oxaprozin tab (DAYPRO equiv)                             | -            | 2    |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv)          | -            | 3    |
| etodolac ER tab (LODINE XL equiv)                        | -            | 3    |
| KETOPROFEN ER CAP  | -            | 3    |
| ANAPROX TAB  | -            | NC   |
| ARTHROTEC TAB  | -            | NC   |
| CELEBREX CAP   | -            | 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 calcium tab                                   | -            | NC   |

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|---|---------------------|-------------|
| <b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>           |                     |             |
| FENOPROFEN CAP, NAFLON CAP                            | -                   | NC          |
| FENOPROFEN TAB  | -                   | NC          |
| IBU 600-EZS KIT                                       | -                   | 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          |
| KETOROLAC INJ   | -                   | NC          |
| ketorolac inj (TORADOL equiv)                         | -                   | NC          |
| MECLOFENAMATE CAP                                     | -                   | NC          |
| mefenamic acid cap (PONSTEL equiv)                    | -                   | NC          |
| meloxicam cap (VIVLODEX equiv)                        | -                   | NC          |
| MELOXICAM COMFORT KIT                                 | -                   | NC          |
| MELOXICAM 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          |
| QMIIZ ODT TAB   | -                   | NC          |
| RELAFEN DS TAB  | -                   | NC          |
| SPRIX NASAL SPRAY                                     | -                   | NC          |
| TOLMETIN CAP  | -                   | NC          |
| TOLMETIN, TOLECTIN TAB                                | -                   | NC          |
| VIMOVO TAB  | -                   | NC          |
| VIVLODEX CAP  | -                   | NC          |
| YBUPHEN TAB   | -                   | NC          |
| ZIPSOR CAP  | -                   | NC          |
| ZORVOLEX CAP  | -                   | NC          |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>          |                     |             |
| Otezla Starter Pack (QL= 1 pack/28 days)              | PA-QL-SP            | 4           |
| Otezla Tab (QL= 2 tabs/day)                           | PA-QL-SP            | 4           |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS</b>                |                     |             |
| leflunomide tab (ARAVA equiv)                         | -                   | 1           |

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|   |                                |   |
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**State of Arkansas Formulary**  
**Category/Class**  
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| DrugName  | Special Code   | Tier   |   |  |  |
|---|--|--|---|--|--|
| <b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>   |  |  |   |  |  |
| ARAVA TAB   | -  | NC   |   |  |  |
| <b>SELECTIVE COSTIMULATION MODULATORS</b>   |  |  |   |  |  |
| 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  |   |  |  |
| <b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>  |  |  |   |  |  |
| 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  |   |  |  |
| <b>ANALGESICS - NONNARCOTIC</b>   |  |  |   |  |  |
| <b>ANALGESIC COMBINATIONS</b>   |  |  |   |  |  |
| 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   |   |  |  |
| <b>SALICYLATES</b>  |  |  |   |  |  |
| aspirin chew tab 81mg (Covered for females (no age restriction))  | OTC  | \$0  |   |  |  |
| aspirin EC tab 325mg  | OTC  | \$0  |   |  |  |
| aspirin ec tab 81mg (Covered for females (no age restriction))  | OTC  | \$0  |   |  |  |
| aspirin tab 325mg   | OTC  | \$0  |   |  |  |
| diflunisal tab (DOLOBID equiv)  | -  | 1  |   |  |  |
| salsalate tab (DISALCID equiv)  | -  | 2  |   |  |  |
| ASPIRIN EC TAB 325MG  | OTC  | NC   |   |  |  |
| DOLOBID TAB   | -  | NC   |   |  |  |
| <b>ANALGESICS - OPIOID</b>  |  |  |   |  |  |
| <b>OPIOID AGONISTS</b>  |  |  |   |  |  |
| codeine sulfate tab   | -  | 1  |   |  |  |
| hydromorphone tab (DILAUDID equiv)  | -  | 1  |   |  |  |
| methadone soln  | -  | 1  |   |  |  |
| methadone tab (DOLOPHINE equiv)   | -  | 1  |   |  |  |
| methadose tab   | -  | 1  |   |  |  |
| morphine sulfate ER tab (MS CONTIN equiv)   | -  | 1  |   |  |  |
| morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)  | -  | 1  |   |  |  |
| MORPHINE SULFATE SOLN   | -  | 1  |   |  |  |
| morphine sulfate tab  | -  | 1  |   |  |  |
| oxycodone cap (OXYIR equiv)   | -  | 1  |   |  |  |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>NC</b> = Not Covered<br/> <b>NC/3P</b> = Not Covered, Third Party Reviewer<br/>                     INF Infertility<br/>                     QL Quantity Limit<br/>                     SF Limited to two 15 day fills per month for first 3 months<br/>                     ST Step Therapy                 </td> <td style="width: 33%; vertical-align: top;"> <b>generic</b> = small letters<br/>                     OTC Over-the-Counter<br/>                     RDX Restricted to Diagnosis<br/>                     SMKG Smoking Cessation<br/>                     VAC Vaccine Program                 </td> <td style="width: 33%; vertical-align: top;"> <b>BRANDS</b> = CAPITAL LETTERS<br/>                     PA Prior Authorization<br/>                     RS Restricted to Specialist<br/>                     SP Available through Specialty Pharmacy Program<br/>                     ¢ RxCENTS                 </td> </tr> </table> |  |  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>INF Infertility<br>QL Quantity Limit<br>SF Limited to two 15 day fills per month for first 3 months<br>ST Step Therapy | <b>generic</b> = small letters<br>OTC Over-the-Counter<br>RDX Restricted to Diagnosis<br>SMKG Smoking Cessation<br>VAC Vaccine Program | <b>BRANDS</b> = CAPITAL LETTERS<br>PA Prior Authorization<br>RS Restricted to Specialist<br>SP Available through Specialty Pharmacy Program<br>¢ RxCENTS |
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|--|--------------|------|
| <b>ANALGESICS - OPIOID Cont.</b>                                   |              |      |
| OXYCODONE TAB  | -            | 1    |
| oxycodone tab (ROXICODONE equiv)                                   | -            | 1    |
| tramadol tab (ULTRAM equiv)  | -            | 1    |
| FENTANYL CITRATE LOLLIPOP (QL= 120 lozenges/30 days)               | PA-QL        | 2    |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL        | 2    |
| fentanyl patch (DURAGESIC equiv)                                   | -            | 2    |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)                     | QL           | 2    |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)     | QL           | 2    |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)     | QL           | 2    |
| MORPHINE SULFATE SUPP  | -            | 2    |
| NUCYNTA ER TAB (QL= 2 tabs/day)                                    | QL           | 2    |
| oxycodone conc (ROXICODONE equiv)                                  | -            | 2    |
| OXYCODONE ER TAB (QL= 2 tabs/day)                                  | QL           | 2    |
| oxycodone soln (ROXICODONE equiv)                                  | -            | 2    |
| XTAMPZA ER CAP (QL= 120 caps/30 days)                              | QL           | 2    |
| ABSTRAL SL TAB (QL= 120 tabs/30 days)                              | PA-QL        | 3    |
| CODEINE SULFATE SOLN   | -            | 3    |
| FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)                         | PA-QL        | 3    |
| FENTORA TAB (QL= 120 tabs/30 days)                                 | PA-QL        | 3    |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)                       | PA-QL        | 3    |
| NUCYNTA TAB  | -            | 3    |
| tramadol ER tab (ULTRAM ER equiv)                                  | -            | 3    |
| TRAMADOL HCL ER TAB  | -            | 3    |
| ACTIQ LOZENGE  | -            | NC   |
| ARYMO ER TAB   | -            | NC   |
| DILAUDID TAB   | -            | NC   |
| DOLOPHINE TAB  | -            | NC   |
| DSUVIA SL TAB  | -            | NC   |
| DURAGESIC PATCH  | -            | NC   |
| EMBEDA CAP   | -            | NC   |
| EXALGO TAB   | -            | NC   |
| fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)          | -            | NC   |
| hydromorphone ER tab (EXALGO TAB equiv)                            | -            | NC   |
| HYDROMORPHONE SUPP   | -            | NC   |
| HYSINGLA ER TAB  | -            | NC   |
| KADIAN CAP   | -            | 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 ER CAP  | -            | NC   |
| morphine sulfate ER cap (KADIAN equiv)                             | -            | NC   |
| MORPHINE SULFATE ORAL SOLN 100MG/5ML                               | -            | NC   |
| MORPHINE SULFATE TAB   | -            | NC   |
| MS CONTIN TAB  | -            | NC   |

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Category/Class**

**Last Updated\* 11/7/2024**

| <b>DrugName</b>                  | <b>Special Code</b> | <b>Tier</b> |
|----------------------------------|---------------------|-------------|
| <b>ANALGESICS - OPIOID Cont.</b> |                     |             |
| OPANA ER TAB (CRUSH RESISTANT)   | -                   | NC          |
| OPANA 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          |
| ROXYBOND TAB 15MG                | -                   | NC          |
| ROXYBOND TAB 30MG                | -                   | NC          |
| ROXYBOND TAB 5MG                 | -                   | NC          |
| RYBIX ODT                        | -                   | NC          |
| SUBSYS SPRAY                     | -                   | NC          |
| TRAMADOL ER CAP                  | -                   | NC          |
| TRAMADOL HCL TAB                 | -                   | NC          |
| tramadol hcl tab 100mg           | -                   | NC          |
| ULTRAM TAB                       | -                   | NC          |
| ZOHYDRO ER CAP                   | -                   | NC          |

**OPIOID COMBINATIONS**

|  |   |    |
|--|---|----|
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv)                    | - | 1  |
| APAP/CODEINE SOLN  | - | 1  |
| aspirin/codeine tab  | - | 1  |
| hydrocodone/acetaminophen cap (LORCET equiv)                         | - | 1  |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)                 | - | 1  |
| hydrocodone/acetaminophen tab (LORTAB equiv)                         | - | 1  |
| oxycodone/acetaminophen cap (TYLOX equiv)                            | - | 1  |
| oxycodone/acetaminophen tab (PERCOCET equiv)                         | - | 1  |
| OXYCODONE/ASPIRIN TAB  | - | 1  |
| pentazocine/acetaminophen tab (TALACEN equiv)                        | - | 1  |
| tramadol/acetaminophen tab (ULTRACET equiv)                          | - | 1  |
| 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  |
| HYDROCODONE/IBUPROFEN TAB 10-200MG                                   | - | 3  |
| LORTAB ELIXIR  | - | 3  |
| oxycodone/ibuprofen tab (COMBUNOX equiv)                             | - | 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 |

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|---|--------------|------|
| <b>ANALGESICS - OPIOID Cont.</b>                      |              |      |
| 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   |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | -            | NC   |
| TYLENOL/CODEINE TAB                                   | -            | NC   |
| ULTRACET TAB  | -            | NC   |
| VERDROCET TAB 2.5MG-325MG                             | -            | NC   |
| VICOPROFEN TAB  | -            | NC   |
| XARTEMIS XR 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)                 | QL | 3  |
| pentazocine/naloxone tab (TALWIN NX equiv)                                  | -  | 3  |
| BELBUCA FILM  | -  | NC |
| BRIXADI SOLN 128MG/0.36ML   | -  | NC |
| BRIXADI SOLN 16MG/0.32ML  | -  | NC |
| BRIXADI SOLN 24MG/0.48ML  | -  | NC |
| BRIXADI SOLN 32MG/0.64ML  | -  | NC |
| BRIXADI SOLN 64MG/0.18ML  | -  | NC |
| BRIXADI SOLN 8MG/0.16ML   | -  | NC |
| BRIXADI SOLN 96MG/0.27ML  | -  | 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 |
| ANDRODERM PATCH (QL= 1 patch/day)                             | PA-QL | 2 |
| danazol cap (DANOCRINE equiv)                                 | -     | 2 |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)            | QL    | 2 |
| 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 |

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| <b>ANDROGENS-ANABOLIC Cont.</b>  |              |      |
| 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    |
| 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**

|  |   |    |
|--|---|----|
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1  |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv)   | - | 2  |
| 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 |
| ANUSOL-HC SUPP                        | - | NC |

**ANORECTAL AND RELATED PRODUCTS**

**INTRARECTAL STEROIDS**

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

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| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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|----------|--------------|------|

**ANORECTAL AND RELATED PRODUCTS Cont.**

**RECTAL COMBINATIONS**

|  |   |    |
|--|---|----|
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM | - | 1  |
| ANALPRAM-HC CREAM                      | - | 3  |
| HYDROCORTISONE/PRAMOXINE SUPP          | - | NC |

**RECTAL LOCAL ANESTHETICS**

|                |   |    |
|----------------|---|----|
| LIDOCAINE 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 |
| STROMEKTOL TAB                      | - | NC |

**ANTIANGINAL AGENTS**

**ANTIANGINALS-OTHER**

|                               |   |    |
|-------------------------------|---|----|
| ranolazine tab (RANEXA equiv) | - | 2  |
| 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  |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR               | - | 3  |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3  |
| NITROMIST SPRAY                                  | - | 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 |

**ANTIANSXIETY AGENTS**

**ANTIANSXIETY AGENTS - MISC.**

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|  |   |   |
|--|---|---|
| <p><b>NC</b> = Not Covered<br/> <b>NC/3P</b> = Not Covered, Third Party Reviewer</p> <p>INF Infertility<br/>           QL Quantity Limit<br/>           SF Limited to two 15 day fills per month for first 3 months<br/>           ST Step Therapy</p> | <p><b>generic</b> = small letters</p> <p>OTC Over-the-Counter<br/>           RDX Restricted to Diagnosis<br/>           SMKG Smoking Cessation<br/>           VAC Vaccine Program</p> | <p><b>BRANDS</b> = CAPITAL LETTERS</p> <p>PA Prior Authorization<br/>           RS Restricted to Specialist<br/>           SP Available through Specialty Pharmacy Program<br/>           ¢ RxCENTS</p> |
|--|---|---|

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|---|--------------|------|
| <b>ANTIANXIETY AGENTS Cont.</b>             |              |      |
| buspirone tab (BUSPAR equiv)                | -            | 1    |
| hydroxyzine pamoate cap (VISTARIL equiv)    | -            | 1    |
| hydroxyzine syrup (ATARAX equiv)            | -            | 1    |
| hydroxyzine tab (ATARAX equiv)              | -            | 1    |
| meprobamate tab (MILTOWN equiv)             | -            | NC   |
| VISTARIL CAP                                | -            | NC   |
| <b>BENZODIAZEPINES</b>                      |              |      |
| 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**

|                                       |   |    |
|---------------------------------------|---|----|
| <b>ANTIARRHYTHMICS TYPE I-A</b>       |   |    |
| 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 |
| <b>ANTIARRHYTHMICS TYPE I-B</b>       |   |    |
| mexiletine hcl cap                    | - | 2  |
| <b>ANTIARRHYTHMICS TYPE I-C</b>       |   |    |
| flecainide tab (TAMBOCOR equiv)       | - | 1  |
| propafenone tab (RYTHMOL equiv)       | - | 1  |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2  |
| RYTHMOL SR CAP                        | - | NC |
| <b>ANTIARRHYTHMICS TYPE III</b>       |   |    |
| amiodarone tab (CORDARONE equiv)      | - | 1  |
| dofetilide cap (TIKOSYN equiv)        | - | 2  |
| MULTAQ TAB                            | - | 2  |
| CORDARONE TAB                         | - | NC |

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| INF Infertility   | OTC Over-the-Counter           | PA Prior Authorization                          |
| QL Quantity Limit   | RDX Restricted to Diagnosis    | RS Restricted to Specialist                     |
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| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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| <b>ANTIARRHYTHMICS Cont.</b> |              |      |
| 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 INHALER  | -     | 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  |
| LONHALA MAGNAIR SOLN  | -     | NC |
| SEEBRI NEOHALER CAP   | -     | NC |
| SPIRIVA HANDIHALER  | -     | NC |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT   | -     | NC |
| tiotropium bromide cap inhaler (SPIRIVA equiv)  | -     | NC |
| TUDORZA PRESSAIR INHALER  | -     | NC |
| YUPELRI SOLN  | -     | 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 |
| 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 |

**STERIOD INHALANTS**

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|   |  |  |
|---|--|--|
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| budesonide inh susp (PULMICORT equiv)                | -            | 1    |
| ALVESCO INHALER                                      | -            | 2    |
| ARNUITY 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 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   |

**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 |
| 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 |

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| 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   |
| UTIBRON NEOHALER CAP  | -            | NC   |
| XOPENEX NEB SOLN  | -            | NC   |
| <b>XANTHINES</b>  |              |      |
| theophylline ER tab (UNIPHYL equiv)   | -            | 1    |
| theophylline soln   | -            | 1    |
| ELIXOPHYLLIN ELIXIR   | -            | 2    |
| theophylline er tab (THEOPHYLLINE ER equiv)   | -            | 2    |
| THEOPHYLLINE TAB ER   | -            | 2    |

**ANTICOAGULANTS**

|                                    |   |    |
|------------------------------------|---|----|
| <b>COUMARIN ANTICOAGULANTS</b>     |   |    |
| warfarin tab (COUMADIN equiv)      | - | 1  |
| COUMADIN TAB                       | - | NC |
| <b>DIRECT FACTOR XA INHIBITORS</b> |   |    |
| ELIQUIS TAB, ELIQUIS STARTER PACK  | - | 2  |
| XARELTO STARTER PACK               | - | 2  |
| XARELTO SUSP                       | - | 2  |
| XARELTO TAB                        | - | 2  |
| SAVAYSA TAB                        | - | NC |

|  |    |    |
|--|----|----|
| <b>HEPARINS AND HEPARINOID-LIKE AGENTS</b> |    |    |
| heparin inj                                | PA | 1  |
| enoxaparin inj (LOVENOX equiv)             | -  | 2  |
| fondaparinux inj (ARIXTRA equiv)           | -  | 2  |
| FRAGMIN INJ                                | -  | 3  |
| ARIXTRA INJ                                | -  | NC |
| LOVENOX INJ                                | -  | NC |

|   |   |    |
|---|---|----|
| <b>THROMBIN INHIBITORS</b>                        |   |    |
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 2  |
| PRADAXA CAP                                       | - | NC |

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|---|---------------------|-------------|
| <b>ANTICOAGULANTS Cont.</b>   |                     |             |
| PRADAXA PELLETT PACK  | -                   | NC          |
| <b>ANTICONVULSANTS</b>  |                     |             |
| <b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>                                      |                     |             |
| FYCOMPA TAB   | -                   | NC          |
| FYCOMPA SUSP  | -                   | NC          |
| <b>ANTICONVULSANTS - BENZODIAZEPINES</b>  |                     |             |
| clobazam tab (ONFI equiv)   | -                   | 1           |
| clonazepam tab (KLONOPIN equiv)   | -                   | 1           |
| clobazam susp (ONFI equiv) (Members age 7 or older require Prior Authorization) | PA                  | 2           |
| DIAZEPAM GEL (QL= 2 packs/fill)   | QL                  | 2           |
| diazepam rectal gel (QL= 2 packs/fill)  | QL                  | 2           |
| clonazepam ODT (KLONOPIN equiv)   | -                   | 3           |
| NAYZILAM SPRAY (QL= 4 doses/fill)   | QL                  | 3           |
| VALTOCO NASAL SPRAY (QL= 4 doses/fill)  | QL                  | 3           |
| DIASSTAT ACDL GEL   | -                   | NC          |
| DIASSTAT RECTAL GEL, DIAZEPAM RECTAL GEL  | -                   | NC          |
| KLONOPIN TAB  | -                   | NC          |
| LIBERVANT FILM  | -                   | NC          |
| ONFI SUSP   | -                   | NC          |
| ONFI TAB  | -                   | NC          |
| SYMPAZAN ORAL FILM  | -                   | NC          |
| <b>ANTICONVULSANTS - MISC.</b>  |                     |             |
| 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           |
| 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           |

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|---|--------------------------------|---|
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| INF Infertility   | OTC Over-the-Counter           | PA Prior Authorization                          |
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**State of Arkansas Formulary  
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**Last Updated\* 11/7/2024**

| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>ANTICONVULSANTS Cont.</b>                                       |                     |             |
| carbamazepine ER tab (TEGRETOL XR equiv)                           | -                   | 2           |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)                 | QL                  | 2           |
| POTIGA TAB (QL= 3 tabs/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 (Members age 9 or older require Prior Authorization) | PA                  | 3           |
| LAMICTAL ODT KIT, LAMICTAL XR KIT                                  | -                   | 3           |
| lamotrigine ER tab (LAMICTAL XR equiv)                             | -                   | 3           |
| lamotrigine starter kit (LAMICTAL STARTER KIT equiv)               | -                   | 3           |
| ZONISADE SUSP (PA required for members age 9 years or 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          |
| BRIVIACT INJ 50MG/5ML  | -                   | NC          |
| BRIVIACT SOLN 10MG/ML  | -                   | NC          |
| BRIVIACT TAB   | -                   | NC          |
| CARBAMAZEPINE CHEW TAB   | -                   | NC          |
| CARBATROL CAP  | -                   | NC          |
| ELEPSIA XR 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          |
| 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          |

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| DrugName                                       | Special Code | Tier |
|--|--------------|------|
| <b>ANTICONVULSANTS Cont.</b>                   |              |      |
| PRIMIDONE TAB                                  | -            | NC   |
| QUDEXY XR CAP                                  | -            | NC   |
| SPRITAM TAB                                    | -            | 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   |
| <b>CARBAMATES</b>                              |              |      |
| 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    |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day)           | QL           | 2    |
| 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   |
| <b>GABA MODULATORS</b>                         |              |      |
| vigabatrin powder pack (SABRIL POWDER equiv)   | PA-SP        | 1    |
| vigabatrin tab (SABRIL equiv)                  | PA-SP        | 1    |
| tiagabine tab (GABITRIL equiv)                 | -            | 2    |
| vigadrone powder pack                          | PA-SP        | 4    |
| GABITRIL TAB                                   | -            | NC   |
| SABRIL TAB                                     | -            | NC   |
| VIGAFYDE SOLN                                  | -            | NC   |
| <b>HYDANTOINS</b>                              |              |      |
| phenytoin cap (DILANTIN equiv)                 | -            | 1    |
| phenytoin susp (DILANTIN equiv)                | -            | 1    |
| DILANTIN CAP 30MG                              | -            | 2    |
| PEGANONE TAB                                   | -            | 2    |
| phenytoin chew tab (DILANTIN equiv)            | -            | 2    |
| DILANTIN CAP 100MG                             | -            | NC   |

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|--|---------------------|-------------|
| <b>ANTICONVULSANTS Cont.</b>                         |                     |             |
| DILANTIN INFATABS                                    | -                   | NC          |
| DILANTIN SUSP  | -                   | NC          |
| <b>SUCCINIMIDES</b>                                  |                     |             |
| ethosuximide soln (ZARONTIN equiv)                   | -                   | 1           |
| ethosuximide cap (ZARONTIN equiv)                    | -                   | 2           |
| methsuximide cap (CELONTIN equiv)                    | -                   | 2           |
| CELONTIN CAP   | -                   | NC          |
| ZARONTIN CAP   | -                   | NC          |
| ZARONTIN SOLN  | -                   | NC          |
| <b>VALPROIC ACID</b>                                 |                     |             |
| 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          |
| valproate inj (DEPACON equiv)                        | -                   | NC          |
| <b>ANTIDEPRESSANTS</b>                               |                     |             |
| <b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>   |                     |             |
| mirtazapine ODT (REMERON equiv)                      | -                   | 1           |
| mirtazapine tab (REMERON equiv)                      | -                   | 1           |
| REMERON SOLUTAB                                      | -                   | NC          |
| REMERON TAB  | -                   | NC          |
| <b>ANTIDEPRESSANT COMBINATIONS</b>                   |                     |             |
| AUVELITY TAB   | -                   | NC          |
| <b>ANTIDEPRESSANTS - MISC.</b>                       |                     |             |
| bupropion ER tab (WELLBUTRIN equiv)                  | -                   | 1           |
| bupropion tab (WELLBUTRIN equiv)                     | -                   | 1           |
| bupropion XL tab (WELLBUTRIN XL equiv)               | -                   | 1           |
| MAPROTILINE TAB                                      | -                   | 1           |
| APLENZIN TAB   | -                   | NC          |
| FORFIVO XL TAB                                       | -                   | NC          |
| WELLBUTRIN SR TAB                                    | -                   | NC          |
| WELLBUTRIN XL TAB                                    | -                   | NC          |
| <b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b> |                     |             |
| 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           |
| <b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>          |                     |             |

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|--|---------------------|-------------|
| <b>ANTIDEPRESSANTS Cont.</b>                           |                     |             |
| 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          |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b> |                     |             |
| 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 oral susp (PAXIL equiv)                     | -                   | 3           |
| CELEXA TAB   | -                   | NC          |
| CITALOPRAM 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          |
| ZOLOFT CONC  | -                   | NC          |
| ZOLOFT TAB   | -                   | NC          |
| <b>SEROTONIN MODULATORS</b>                            |                     |             |
| NEFAZODONE TAB   | -                   | 1           |
| nefazodone tab 50mg, 250mg                             | -                   | 1           |
| trazodone tab (DESYREL equiv)                          | -                   | 1           |
| TRINTELLIX TAB (QL= 1 tab/day)                         | PA-QL               | 3           |
| trazodone tab 300mg (DESYREL equiv)                    | -                   | NC          |
| VIIBRYD STARTER KIT                                    | -                   | NC          |
| VIIBRYD TAB  | -                   | NC          |
| vilazodone hcl tab (VIIBRYD equiv)                     | -                   | NC          |

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| <b>ANTIDEPRESSANTS Cont.</b>  |  |  |   |  |  |
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>   |  |  |   |  |  |
| 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   |   |  |  |
| <b>TRICYCLIC AGENTS</b>   |  |  |   |  |  |
| amitriptyline tab (ELAVIL equiv)  | -  | 1  |   |  |  |
| amoxapine tab (AMOXAPINE equiv)   | -  | 1  |   |  |  |
| doxepin cap (SINEQUAN equiv)  | -  | 1  |   |  |  |
| doxepin conc (SINEQUAN equiv)   | -  | 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   |   |  |  |
| <b>ANTIDIABETICS</b>  |  |  |   |  |  |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>   |  |  |   |  |  |
| acarbose tab (PRECOSE equiv)  | -  | 1  |   |  |  |
| MIGLITOL TAB  | -  | 3  |   |  |  |
| miglitol tab (MIGLITOL equiv)   | -  | 3  |   |  |  |
| PRECOSE TAB   | -  | NC   |   |  |  |
| <b>ANTIDIABETIC - AMYLIN ANALOGS</b>  |  |  |   |  |  |
| SYMLINPEN INJ   | -  | NC   |   |  |  |
| <b>ANTIDIABETIC COMBINATIONS</b>  |  |  |   |  |  |
| glipizide/metformin tab (METAGLIP equiv)  | -  | 1  |   |  |  |
| glyburide/metformin tab (GLUCOVANCE equiv)  | -  | 1  |   |  |  |
| GLYXAMBI TAB (QL= 1 tab/day)  | QL   | 2  |   |  |  |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 33%; vertical-align: top;"> <b>NC</b> = Not Covered<br/> <b>NC/3P</b> = Not Covered, Third Party Reviewer<br/>           INF Infertility<br/>           QL Quantity Limit<br/>           SF Limited to two 15 day fills per month for first 3 months<br/>           ST Step Therapy         </td> <td style="width: 33%; vertical-align: top;"> <b>generic</b> = small letters<br/>           OTC Over-the-Counter<br/>           RDX Restricted to Diagnosis<br/>           SMKG Smoking Cessation<br/>           VAC Vaccine Program         </td> <td style="width: 33%; vertical-align: top;"> <b>BRANDS</b> = CAPITAL LETTERS<br/>           PA Prior Authorization<br/>           RS Restricted to Specialist<br/>           SP Available through Specialty Pharmacy Program<br/>           ¢ RxCENTS         </td> </tr> </tbody> </table> |  |  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>INF Infertility<br>QL Quantity Limit<br>SF Limited to two 15 day fills per month for first 3 months<br>ST Step Therapy | <b>generic</b> = small letters<br>OTC Over-the-Counter<br>RDX Restricted to Diagnosis<br>SMKG Smoking Cessation<br>VAC Vaccine Program | <b>BRANDS</b> = CAPITAL LETTERS<br>PA Prior Authorization<br>RS Restricted to Specialist<br>SP Available through Specialty Pharmacy Program<br>¢ RxCENTS |
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|--|---------------------|-------------|
| <b>ANTIDIABETICS Cont.</b>   |                     |             |
| 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          |
| 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          |
| <b>BIGUANIDES</b>  |                     |             |
| 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          |
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|---|---------------------|-------------|
| <b>ANTIDIABETICS Cont.</b>  |                     |             |
| METFORMIN TAB   | -                   | NC          |
| RIOMET SOLN   | -                   | NC          |
| <b>DIABETIC OTHER</b>   |                     |             |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)  | PA-QL-SP            | 1           |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)   | QL                  | 2           |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)   | QL                  | 2           |
| GLUCAGON EMR INJ (QL= 2 inj/fill)   | QL                  | 2           |
| GLUCAGON KIT (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          |
| <b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>  |                     |             |
| JANUVIA TAB (QL= 1 tab/day)   | QL                  | 2           |
| TRADJENTA TAB (QL= 1 tab/day)   | QL                  | 2           |
| ALOGLIPTIN TAB  | -                   | NC          |
| ALOGLIPTIN TAB, NESINA TAB  | -                   | NC          |
| ONGLYZA TAB   | -                   | NC          |
| saxagliptin hcl tab (ONGLYZA equiv)   | -                   | NC          |
| ZITUVIO TAB   | -                   | NC          |
| <b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>  |                     |             |
| CYCLOSET TAB  | -                   | 3           |
| <b>INCRETIN MIMETIC AGENTS</b>  |                     |             |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))            | QL-RDX              | 2           |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))            | QL-RDX              | 2           |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))          | QL-RDX              | 2           |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))               | QL-RDX              | 2           |
| VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR  | -                   | NC          |
| <b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>                                  |                     |             |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX              | 2           |
| BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))            | QL-RDX              | 2           |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))        | QL-RDX              | 2           |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))            | QL-RDX              | 2           |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))                 | QL-RDX              | 2           |
| BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))              | QL-RDX              | 3           |
| TANZEUM INJ   | -                   | NC          |
| <b>INSULIN</b>  |                     |             |
| HUMULIN MIX INJ   | OTC                 | 1           |
| HUMULIN MIX PEN INJ   | OTC                 | 1           |
| HUMULIN N INJ   | OTC                 | 1           |
| HUMULIN N PEN INJ   | OTC                 | 1           |

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|--|---------------------|-------------|
| <b>ANTIDIABETICS Cont.</b>                                       |                     |             |
| 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           |
| HUMALOG INJ  | -                   | 2           |
| HUMALOG JR KWIKPEN INJ   | -                   | 2           |
| HUMALOG KWIKPEN INJ  | -                   | 2           |
| HUMALOG MIX INJ  | -                   | 2           |
| HUMALOG MIX KWIKPEN INJ  | -                   | 2           |
| HUMALOG PEN INJ  | -                   | 2           |
| HUMULIN R INJ U-500  | -                   | 2           |
| HUMULIN R U-500 KWIKPEN INJ                                      | -                   | 2           |
| INSULIN GLARGINE SOLN PEN-INJ                                    | -                   | 2           |
| LEVEMIR FLEXTOUCH INJ  | -                   | 2           |
| LEVEMIR INJ  | -                   | 2           |
| LYUMJEV INJ  | -                   | 2           |
| LYUMJEV KWIKPEN 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, LANTUS SOLOSTAR 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          |
| 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-YFGN (SINGLE PEN)                               | -                   | NC          |
| LANTUS INJ, INSULIN GLARGINE INJ                                 | -                   | NC          |
| LYUMJEV TEMPO PEN 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          |

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|---|---------------------|-------------|
| <b>ANTIDIABETICS Cont.</b>                                |                     |             |
| NOVOLIN N FLEXPEN INJ                                     | OTC                 | NC          |
| NOVOLIN N INJ   | OTC                 | NC          |
| NOVOLIN R FLEXPEN INJ                                     | OTC                 | NC          |
| NOVOLIN R INJ   | OTC                 | NC          |
| NOVOLIN R RELION INJ                                      | OTC                 | NC          |
| NOVOLOG FLEXPEN INJ                                       | -                   | NC          |
| 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          |
| TOUJEO SOLOSTAR INJ                                       | -                   | NC          |
| <b>INSULIN SENSITIZING AGENTS</b>                         |                     |             |
| pioglitazone tab (ACTOS equiv)                            | -                   | 1           |
| ACTOS TAB   | -                   | NC          |
| <b>MEGLITINIDE ANALOGUES</b>                              |                     |             |
| repaglinide tab (PRANDIN equiv)                           | -                   | 1           |
| nateglinide tab (STARLIX equiv)                           | -                   | 2           |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b> |                     |             |
| 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          |
| <b>SULFONYLUREAS</b>                                      |                     |             |
| 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           |
| TOLAZAMIDE TAB  | -                   | 1           |
| TOLBUTAMIDE TAB   | -                   | 2           |
| AMARYL TAB  | -                   | NC          |
| GLIMEPIRIDE TAB   | -                   | NC          |
| GLIPIZIDE TAB   | -                   | NC          |
| GLUCOTROL TAB   | -                   | NC          |
| GLUCOTROL XL TAB  | -                   | NC          |
| GLYNASE TAB   | -                   | NC          |

**ANTIDIARRHEAL/PROBIOTIC AGENTS**

| <b>ANTIPERISTALTIC AGENTS</b> | <b>Special Code</b> | <b>Tier</b> |
|-------------------------------|---------------------|-------------|
| DIPHENOXYLATE/ATROPINE LIQUID | -                   | 3           |

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|---|--------------|------|
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS Cont.</b> |              |      |
| 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 |

**ANTIDIARRHEAL COMBINATIONS**

|              |   |    |
|--------------|---|----|
| EVIVO LIQUID | - | NC |
|--------------|---|----|

**ANTIPERISTALTIC AGENTS**

|  |   |    |
|--|---|----|
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1  |
| opium tincture                             | - | 3  |
| 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  |
| FERRIPROX TAB 1000MG (TWICE DAILY)           | -     | NC |
| JADENU SPRINKLE                              | -     | NC |

**ANTIDOTES AND SPECIFIC ANTAGONISTS**

|             |   |    |
|-------------|---|----|
| CETYLEV TAB | - | NC |
|-------------|---|----|

**OPIOID ANTAGONISTS**

|   |     |   |
|---|-----|---|
| naloxone hcl nasal spray (NARCAN equiv) | OTC | 1 |
| NALOXONE HCL SOLN 0.4MG/ML              | -   | 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 |

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| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.</b> |              |      |
| OPVEE NASAL SPRAY                               | -            | 2    |
| ZIMHI SOLN                                      | -            | 2    |
| EVZIO INJ                                       | -            | NC   |
| NARCAN NASAL SPRAY                              | OTC          | NC   |

**ANTIEMETICS**

**5-HT3 RECEPTOR ANTAGONISTS**

|   |    |    |
|---|----|----|
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1  |
| ondansetron ODT (ZOFRAN equiv)                    | -  | 1  |
| ondansetron soln (ZOFRAN equiv)                   | -  | 1  |
| ONDANSETRON TAB                                   | -  | 1  |
| ondansetron tab (ZOFRAN equiv)                    | -  | 1  |
| ANZEMET TAB (QL= 9 tabs/fill)                     | QL | 3  |
| SANCUSO PATCH (QL= 4 patches/fill)                | QL | 3  |
| KYTRIL TAB  | -  | NC |
| ONDANSETRON TAB ODT                               | -  | NC |
| SUSTOL INJ  | -  | NC |
| ZOFRAN ODT  | -  | NC |
| ZOFRAN SOLN                                       | -  | NC |
| ZOFRAN TAB  | -  | NC |
| ZUPLENZ SL FILM                                   | -  | NC |

**ANTIEMETICS - ANTICHOLINERGIC**

|  |     |     |
|--|-----|-----|
| meclizine tab (ANTIVERT equiv) (Rx Only) | -   | 1   |
| trimethobenzamide cap (TIGAN equiv)      | -   | 1   |
| scopolamine patch (TRANSDERM-SCOP equiv) | -   | 2   |
| meclizine chew tab (BONINE equiv)        | OTC | EXC |
| ANTIVERT TAB, MECLIZINE TAB              | -   | 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  |
| CESAMET CAP   | -     | 3  |
| 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  |
| aprepitant pak (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)**

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|--|---------------------|-------------|
| <b>ANTIFUNGALS Cont.</b>                   |                     |             |
| BREXAFEMME TAB                             | -                   | NC          |
| <b>ANTIFUNGALS</b>                         |                     |             |
| nystatin powder                            | -                   | 1           |
| 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          |
| GRIS-PEG TAB                               | -                   | NC          |
| LAMISIL TAB                                | -                   | NC          |
| <b>IMIDAZOLE-RELATED ANTIFUNGALS</b>       |                     |             |
| 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**

|   |   |    |
|---|---|----|
| <b>ANTIHISTAMINES - ALKYLAMINES</b>                           |   |    |
| DEXCHLORPHENIRAMINE SYRUP                                     | - | NC |
| MICLARA LIQUID  | - | NC |
| RYCLORA SOLN  | - | NC |
| <b>ANTIHISTAMINES - ETHANOLAMINES</b>                         |   |    |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1  |
| CARBINOXAMINE SOLN  | - | 3  |
| carbinoxamine tab (PALGIC equiv)                              | - | 3  |
| CLEMASTINE SYRUP  | - | NC |
| CLEMASTINE TAB  | - | NC |

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|---|--------------|------|
| <b>ANTIHISTAMINES Cont.</b>   |              |      |
| KARBINAL ER SUSP  | -            | NC   |
| RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB   | -            | NC   |
| <b>ANTIHISTAMINES - NON-SEDATING</b>  |              |      |
| CLARINEX SYRUP  | -            | EXC  |
| CLARINEX TAB  | -            | EXC  |
| CLARITIN CAP  | OTC          | EXC  |
| CLARITIN CHEW TAB   | OTC          | EXC  |
| DESLORATADINE ODT   | -            | EXC  |
| desloratadine tab (CLARINEX equiv)  | -            | EXC  |
| levocetirizine soln (XYZAL equiv)   | -            | EXC  |
| levocetirizine tab (XYZAL equiv)  | -            | EXC  |
| loratadine cap (CLARITIN equiv)   | OTC          | EXC  |
| XYZAL SOLN  | -            | EXC  |
| XYZAL TAB   | -            | EXC  |
| ZYRTEC CHILD CHEW TAB   | OTC          | EXC  |
| ZYRTEC CHILD CHEW ALLERGY   | OTC          | NC   |
| <b>ANTIHISTAMINES - PHENOTHIAZINES</b>  |              |      |
| promethazine syrup  | -            | 1    |
| promethazine tab (PHENERGAN equiv)  | -            | 1    |
| promethazine supp (PHENERGAN equiv)   | -            | 2    |
| PROMETHEGAN SUPP  | -            | 2    |
| <b>ANTIHISTAMINES - PIPERIDINES</b>   |              |      |
| cyproheptadine syrup  | -            | 1    |
| cyproheptadine tab  | -            | 1    |
| <b>ANTIHYPERLIPIDEMICS</b>  |              |      |
| <b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>  |              |      |
| NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST        | 2    |
| <b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>   |              |      |
| 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   |
| <b>ANTIHYPERLIPIDEMICS - MISC.</b>  |              |      |
| icosapent ethyl cap (VASCEPA equiv) (QL= 4 cap/day)   | QL           | 2    |
| omega-3-acid ethyl esters cap (LOVAZA equiv)  | -            | 2    |
| KYNAMRO INJ   | -            | NC   |
| LOVAZA CAP  | -            | NC   |
| VASCEPA CAP   | -            | NC   |

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| <b>ANTIHYPERLIPIDEMICS Cont.</b>  |              |      |
| <b>BILE ACID SEQUESTRANTS</b>   |              |      |
| 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   |
| COLESTID TAB  | -            | NC   |
| QUESTRAN LITE POWDER  | -            | NC   |
| QUESTRAN POWDER   | -            | NC   |
| QUESTRAN POWDER PACK  | -            | NC   |
| WELCHOL PACK  | -            | NC   |
| WELCHOL TAB   | -            | NC   |
| <b>FIBRIC ACID DERIVATIVES</b>  |              |      |
| 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, 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   |
| <b>HMG COA REDUCTASE INHIBITORS</b>   |              |      |
| 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 (Members age 9 or older require Prior Authorization)             | PA           | 3    |
| EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 7 and older) | PA           | 3    |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization)              | PA           | 3    |
| fluvastatin ER tab (LESCOL XL equiv)  | -            | 3    |

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| <b>ANTIHYPERTENSIVES Cont.</b>  |              |      |
| 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   |
| ZYPITAMAG TAB   | -            | NC   |
| <b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>   |              |      |
| ezetimibe tab (ZETIA equiv)   | -            | 1    |
| ZETIA TAB   | -            | NC   |
| <b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>  |              |      |
| JUXTAPID CAP  | -            | NC   |
| <b>NICOTINIC ACID DERIVATIVES</b>   |              |      |
| niacin ER tab (NIASPAN equiv)   | -            | 1    |
| NIACOR TAB  | -            | NC   |
| NIASPAN ER TAB  | -            | NC   |
| <b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>   |              |      |
| REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)            | QL-ST        | 2    |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST        | 2    |
| <b>ANTIHYPERTENSIVES</b>  |              |      |
| <b>ACE INHIBITORS</b>   |              |      |
| benazepril tab (LOTENSIN 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    |
| captopril tab (CAPOTEN equiv)   | -            | 2    |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)  | PA           | 3    |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older)  | PA           | 3    |
| ACCUPRIL TAB  | -            | NC   |
| ALTACE CAP  | -            | NC   |
| EPANED SOLN   | -            | NC   |
| LOTENSIN TAB  | -            | NC   |

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| <b>ANTIHYPERTENSIVES Cont.</b>                          |              |      |
| MAVIK TAB   | -            | NC   |
| PRINIVIL TAB, ZESTRIL TAB                               | -            | NC   |
| VASOTEC TAB   | -            | NC   |
| <b>AGENTS FOR PHEOCHROMOCYTOMA</b>                      |              |      |
| phenoxybenzamine cap (DIBENZYLINE equiv)                | -            | 2    |
| DEMSEER CAP   | -            | NC   |
| DIBENZYLINE CAP   | -            | NC   |
| metyrosine cap (DEMSEER equiv)                          | -            | NC   |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>              |              |      |
| candesartan tab (ATACAND equiv)                         | -            | 1    |
| irbesartan tab (AVAPRO equiv)                           | -            | 1    |
| losartan tab (COZAAR equiv)                             | -            | 1    |
| olmesartan tab (BENICAR equiv)                          | -            | 1    |
| telmisartan tab (MICARDIS equiv)                        | -            | 1    |
| valsartan tab (DIOVAN equiv)                            | -            | 1    |
| ATACAND TAB   | -            | NC   |
| AVAPRO TAB  | -            | NC   |
| BENICAR TAB   | -            | NC   |
| COZAAR TAB  | -            | NC   |
| DIOVAN TAB  | -            | NC   |
| EDARBI TAB  | -            | NC   |
| MICARDIS TAB  | -            | NC   |
| VALSARTAN SOLN  | -            | NC   |
| <b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>                 |              |      |
| clonidine tab (CATAPRES equiv)                          | -            | 1    |
| doxazosin tab (CARDURA equiv)                           | -            | 1    |
| guanfacine IR tab (TENEX equiv)                         | -            | 1    |
| METHYLDOPA TAB  | -            | 1    |
| methyldopa tab (ALDOMET equiv)                          | -            | 1    |
| prazosin cap (MINIPRESS equiv)                          | -            | 1    |
| terazosin cap (HYTRIN equiv)                            | -            | 1    |
| clonidine patch (CATAPRES-TTS equiv)                    | -            | 2    |
| CARDURA TAB   | -            | NC   |
| CATAPRES-TTS PATCH                                      | -            | NC   |
| MINIPRESS CAP   | -            | NC   |
| NEXICLON XR TAB   | -            | NC   |
| <b>ANTIHYPERTENSIVE COMBINATIONS</b>                    |              |      |
| amlodipine/benazepril cap (LOTREL equiv)                | -            | 1    |
| atenolol/chlorthalidone tab (TENORETIC equiv)           | -            | 1    |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | -            | 1    |
| bisoprolol/hydrochlorothiazide tab (ZIAC 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    |

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|--|---------------------|-------------|
| <b>ANTIHYPERTENSIVES Cont.</b>                                   |                     |             |
| losartan/hydrochlorothiazide tab (HYZAAR equiv)                  | -                   | 1           |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)           | -                   | 1           |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)             | -                   | 1           |
| amlodipine/olmesartan tab (AZOR equiv)                           | -                   | 2           |
| amlodipine/valsartan tab (EXFORGE equiv)                         | -                   | 2           |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)         | -                   | 2           |
| TEKTURNA HCT TAB   | -                   | 3           |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | -                   | NC          |
| AVALIDE TAB  | -                   | NC          |
| AZOR TAB   | -                   | NC          |
| BENICAR HCT TAB  | -                   | NC          |
| BYVALSON TAB   | -                   | NC          |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)          | -                   | 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          |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)  | -                   | NC          |
| PRESTALIA TAB  | -                   | NC          |
| QUINAPRIL/HCTZ TAB   | -                   | NC          |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv)              | -                   | NC          |
| TELMISARTAN/AMLODIPINE TAB                                       | -                   | NC          |
| telmisartan/amlodipine tab (TWINSTA equiv)                       | -                   | NC          |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)         | -                   | NC          |
| TENORETIC TAB  | -                   | NC          |
| TRANDOLAPRIL/VERAPAMIL ER TAB                                    | -                   | NC          |
| TRIBENZOR TAB  | -                   | NC          |
| VASERETIC TAB  | -                   | NC          |
| ZESTORETIC TAB   | -                   | NC          |
| ZIAC TAB   | -                   | NC          |
| <b>ANTIHYPERTENSIVES - MISC.</b>                                 |                     |             |
| VECAMEYL TAB   | -                   | NC          |
| <b>DIRECT RENIN INHIBITORS</b>                                   |                     |             |
| aliskiren tab (TEKTURNA equiv)                                   | -                   | 2           |
| TEKTURNA TAB   | -                   | NC          |
| <b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>                           |                     |             |
| TRYVIO TAB   | -                   | NC          |
| <b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>        |                     |             |
| eplerenone tab (INSPIRA equiv)                                   | -                   | 1           |
| INSPIRA TAB  | -                   | NC          |
| <b>VASODILATORS</b>  |                     |             |

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| <b>ANTIHYPERTENSIVES Cont.</b>  |              |      |
| hydralazine tab (APRESOLINE equiv)                                    | -            | 1    |
| minoxidil tab (LONITEN equiv)   | -            | 1    |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                                  |              |      |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                                  |              |      |
| metronidazole tab (FLAGYL equiv)                                      | -            | 1    |
| tinidazole tab (TINDAMAX equiv)                                       | -            | 1    |
| trimethoprim tab (PROLOPRIM equiv)                                    | -            | 1    |
| pentamidine neb soln (NEBUPENT equiv)                                 | -            | 2    |
| XIFAXAN TAB 550MG (QL= 60 tabs/30 days)                               | QL           | 2    |
| FIRST METRONIDAZOLE SUSP  | -            | 3    |
| LIKMEZ SUSP (Prior Authorization Required for members age 7 or older) | PA           | 3    |
| PRIMSOL SOLN  | -            | 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   |
| NEBUPENT NEB SOLN   | -            | NC   |
| TINDAMAX TAB  | -            | NC   |
| TRIMETHOPRIM TAB  | -            | NC   |
| <b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>                            |              |      |
| 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   |
| <b>ANTIPROTOZOAL AGENTS</b>   |              |      |
| ALINIA SUSP (QL= 60ml/3 days)   | PA-QL        | 2    |
| atovaquone susp (MEPRON equiv)  | -            | 2    |
| LAMPIT TAB  | PA           | 2    |
| NITAZOXANIDE TAB (QL= 6 tabs/3 days)                                  | PA-QL        | 2    |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)                   | PA-QL        | 2    |
| ALINIA TAB  | -            | NC   |
| MEPRON SUSP   | -            | NC   |
| <b>GLYCOPEPTIDES</b>  |              |      |
| 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   |
| <b>LEPROSTATICS</b>   |              |      |
| dapsone tab   | -            | 1    |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer            |                                |   |
| 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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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|----------|--------------|------|
|----------|--------------|------|

**ANTI-INFECTIVE AGENTS - MISC. Cont.**

**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  |
| ZYVOX SUSP  | -     | NC |
| ZYVOX TAB   | -     | NC |

**POLYMYXINS**

|   |   |    |
|---|---|----|
| colistimethate inj (COLY-MYCIN M equiv) | - | NC |
|---|---|----|

**URINARY ANTI-INFECTIVES**

|  |    |    |
|--|----|----|
| 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 or older) | PA | 3  |
| 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 (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**

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|--|---|---|

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|--|---------------------|-------------|
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.</b> |                     |             |
| pyridostigmine tab (MESTINON equiv)            | -                   | 1           |
| pyridostigmine CR tab (MESTINON equiv)         | -                   | 2           |
| pyridostigmine soln (MESTINON equiv)           | -                   | 3           |
| FIRDAPSE TAB                                   | PA-SP               | 4           |
| MESTINON SYRUP                                 | -                   | NC          |
| MESTINON TAB                                   | -                   | NC          |
| MESTINON TIMESPAN TAB                          | -                   | NC          |
| PYRIDOSTIGMINE TAB 30MG                        | -                   | NC          |

**ANTIMYCOBACTERIAL AGENTS**

| <b>ANTI TB COMBINATIONS</b>             |       |    |
|---|-------|----|
| RIFAMATE CAP                            | -     | 2  |
| <b>ANTIMYCOBACTERIAL AGENTS</b>         |       |    |
| 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 (CYCLOSERINE CAP equiv) | -     | NC |
| MYAMBUTOL TAB                           | -     | NC |
| MYCOBUTIN CAP                           | -     | NC |
| RIFADIN CAP                             | -     | NC |
| SIRTURO TAB                             | -     | NC |
| TRECTOR TAB                             | -     | NC |

**ANTINEOPLASTICS**

| <b>ANTINEOPLASTICS MISC.</b>      |    |   |
|-----------------------------------|----|---|
| tretinoin cap (VESANOID equiv)    | SP | 1 |
| <b>TOPOISOMERASE I INHIBITORS</b> |    |   |
| HYCAMTIN CAP                      | SP | 4 |

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

| <b>ALKYLATING AGENTS</b>         |    |    |
|----------------------------------|----|----|
| temozolomide cap (TEMODAR equiv) | SP | 1  |
| cyclophosphamide cap             | -  | 2  |
| CYCLOPHOSPHAMIDE TAB             | -  | 2  |
| GLEOSTINE/LOMUSTINE CAP          | -  | 2  |
| HEXALEN CAP                      | -  | 2  |
| MELPHALAN TAB                    | -  | 2  |
| MYLERAN TAB                      | SP | 4  |
| ALKERAN TAB                      | -  | NC |
| CYCLOPHOSPHAMIDE CAP             | -  | NC |
| LEUKERAN TAB                     | -  | NC |

**ANTIMETABOLITES**

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| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>   |              |      |
| 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 or older)                                       | PA           | 3    |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization)   | PA           | 3    |
| ONUREG TAB  | -            | NC   |
| TREXALL TAB   | -            | NC   |
| <b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>   |              |      |
| 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= 8 tabs/day)   | PA-QL-SF-SP  | 4    |
| LENVIMA CAP (QL= 3 caps/day)  | PA-QL-SF-SP  | 4    |
| <b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>  |              |      |
| TUKYSA TAB (QL= 4 tabs/day)   | PA-QL-SF-SP  | 4    |
| <b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>  |              |      |
| VENCLEXTA STARTER PACK  | PA-SP        | 4    |
| VENCLEXTA TAB   | PA-SP        | 4    |
| <b>ANTINEOPLASTIC - EGFR INHIBITORS</b>   |              |      |
| 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   |
| IRESSA TAB  | -            | NC   |
| LAZCLUZE TAB  | -            | NC   |
| TARCEVA TAB   | -            | NC   |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>   |              |      |
| ODOMZO CAP  | PA-SF-SP     | 4    |
| DAURISMO TAB  | -            | NC   |
| ERIVEDGE CAP  | -            | NC   |
| <b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>   |              |      |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | -            | \$0  |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)  | -            | \$0  |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or 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    |

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| megestrol tab (MEGACE equiv)                          | -            | 1    |
| nilutamide tab (NILANDRON equiv)                      | SP           | 1    |
| EMCYT CAP   | -            | 2    |
| EULEXIN CAP   | -            | 2    |
| FLUTAMIDE CAP   | -            | 2    |
| 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   |
| FARESTON TAB  | -            | NC   |
| FEMARA TAB  | -            | NC   |
| HYDROXYPROGESTERONE CAPROATE INJ                      | -            | 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**

|                                    |          |   |
|------------------------------------|----------|---|
| POMALYST CAP (QL= 21 caps/28 days) | PA-QL-SP | 4 |
|------------------------------------|----------|---|

**ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS**

|                             |             |   |
|-----------------------------|-------------|---|
| AYVAKIT TAB (QL= 1 tab/day) | PA-QL-SF-SP | 4 |
|-----------------------------|-------------|---|

**ANTINEOPLASTIC - XPO1 INHIBITORS**

|                                  |             |   |
|----------------------------------|-------------|---|
| 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 |

**ANTINEOPLASTIC ENZYME INHIBITORS**

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| dasatinib tab (SPRYCEL equiv)   | PA-SP        | 1    |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day)                       | PA-QL-SP     | 1    |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day) | PA-QL-SP     | 1    |
| imatinib tab (GLEEVEC equiv)  | SP           | 1    |
| lapatinib ditosylate tab (TYKERB 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)                                   | PA-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    |
| CABOMETYX TAB (QL= 1 tab/day)   | PA-QL-SF-SP  | 4    |
| CALQUENCE CAP (QL= 2 caps/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    |
| 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, 560MG (QL= 1 tab/day)                            | PA-QL-SP     | 4    |
| JAKAFI TAB (QL= 2 tabs/day)   | PA-QL-SF-SP  | 4    |
| 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    |
| KRAZATI TAB (QL= 6 tabs/day)  | PA-QL-SF-SP  | 4    |
| LUMAKRAS TAB (QL= 8 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    |

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|---|--------------|------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b> |              |      |
| NINLARO CAP   | PA-SP        | 4    |
| OGSIVEO TAB   | PA-SP        | 4    |
| OGSIVEO TAB 50MG                                      | PA-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    |
| RETEVMO CAP (QL= 4 caps/day)                          | PA-QL-SF-SP  | 4    |
| RETEVMO CAP 40MG (QL= 4 caps/day)                     | PA-QL-SF-SP  | 4    |
| RETEVMO TAB (QL= 2 tabs/day)                          | PA-QL-SF-SP  | 4    |
| RETEVMO TAB 40MG (QL= 3 tabs/day)                     | PA-QL-SF-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    |
| TASIGNA CAP   | PA-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 CAP (QL= 3 caps/day)                           | PA-QL-SP     | 4    |
| ZEJULA TAB (QL= 1 tab/day)                            | PA-QL-SP     | 4    |
| ZELBORAF TAB (QL= 8 tabs/day)                         | PA-QL-SP     | 4    |
| ZOLINZA CAP   | PA-SF-SP     | 4    |
| ZYDELIG TAB   | PA-SP        | 4    |
| ZYKADIA CAP (QL= 3 caps/day)                          | PA-QL-SF-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   |

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| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b> |              |      |
| FOTIVDA CAP   | -            | NC   |
| IBRANCE CAP   | -            | NC   |
| IBRANCE TAB   | -            | NC   |
| IMBRUVICA TAB 140MG                                   | -            | NC   |
| IMBRUVICA TAB 280MG                                   | -            | NC   |
| INREBIC CAP   | -            | NC   |
| ITOVEBI TAB   | -            | NC   |
| JAYPIRCA TAB  | -            | NC   |
| LORBRENA TAB 100MG                                    | -            | NC   |
| LORBRENA TAB 25MG                                     | -            | NC   |
| MEKINIST SOLN   | -            | NC   |
| OJEMDA SUSP   | -            | NC   |
| OJEMDA TAB  | -            | NC   |
| OJJAARA TAB   | -            | NC   |
| SPRYCEL TAB   | -            | NC   |
| SUTENT CAP  | -            | NC   |
| TABRECTA TAB  | -            | NC   |
| TALZENNA CAP 0.1MG                                    | -            | NC   |
| TALZENNA CAP 0.35MG                                   | -            | NC   |
| TEPMETKO TAB  | -            | NC   |
| TYKERB TAB  | -            | NC   |
| VANFLYTA TAB  | -            | NC   |
| VANFLYTA TAB 26.5MG                                   | -            | NC   |
| VORANIGO TAB  | -            | NC   |
| VOTRIENT TAB  | -            | NC   |
| XALKORI SPRINKLE CAP                                  | -            | NC   |
| <b>ANTINEOPLASTICS MISC.</b>                          |              |      |
| bexarotene cap (TARGRETIN equiv)                      | PA-SP        | 1    |
| hydroxyurea cap (HYDREA equiv)                        | -            | 1    |
| MATULANE CAP  | -            | 2    |
| ALFERON-N INJ   | SP           | 4    |
| INTRON-A INJ  | SP           | 4    |
| HYDREA CAP  | -            | NC   |
| SYLATRON INJ  | -            | NC   |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>            |              |      |
| leucovorin tab  | -            | 1    |
| MESNEX TAB  | SP           | 4    |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b> |              |      |
| IWILFIN TAB   | -            | NC   |
| <b>MITOTIC INHIBITORS</b>                             |              |      |
| ETOPOSIDE CAP   | SP           | 4    |
| <b>ANTIPARKINSON AGENTS</b>                           |              |      |
| <b>ANTIPARKINSON ADJUVANTS</b>                        |              |      |
| carbidopa tab (LODOSYN equiv)                         | -            | 2    |
| LODOSYN TAB   | -            | NC   |

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| <b>ANTIPARKINSON AGENTS Cont.</b>                 |              |      |
| <b>ANTIPARKINSON ANTICHOLINERGICS</b>             |              |      |
| benztropine tab                                   | -            | 1    |
| trihexyphenidyl tab (ARTANE equiv)                | -            | 1    |
| <b>ANTIPARKINSON COMT INHIBITORS</b>              |              |      |
| entacapone tab (COMTAN equiv)                     | -            | 2    |
| tolcapone tab (TASMAR equiv)                      | -            | 3    |
| COMTAN TAB  | -            | NC   |
| TASMAR TAB  | -            | NC   |
| <b>ANTIPARKINSON DOPAMINERGICS</b>                |              |      |
| amantadine cap (SYMMETREL equiv)                  | -            | 1    |
| amantadine syrup (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    |
| ropinirole ER tab (REQUIP XL equiv)               | -            | 2    |
| NEUPRO PATCH                                      | -            | 3    |
| pramipexole ER tab (MIRAPEX ER equiv)             | -            | 3    |
| CREXONT CAP, RYTARY 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   |
| <b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b> |              |      |
| 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**

|                                       |   |   |
|---------------------------------------|---|---|
| <b>ANTIPARKINSON ANTICHOLINERGICS</b> |   |   |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |

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| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.</b> |              |      |
| TRIHENXYPHENIDYL SOLN                                 | -            | 1    |
| <b>ANTIPARKINSON COMT INHIBITORS</b>                  |              |      |
| ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)        | PA-QL        | 3    |
| <b>ANTIPARKINSON DOPAMINERGICS</b>                    |              |      |
| CARBIDOPA/LEVODOPA ODT                                | -            | 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   |
| DHIVY TAB   | -            | NC   |
| KYNMOBI FILM  | -            | NC   |
| KYNMOBI TITRATION KIT                                 | -            | NC   |
| OSMOLEX ER TAB  | -            | NC   |
| STALEVO TAB   | -            | NC   |
| VYALEV INJ  | -            | NC   |

**ANTIPSYCHOTICS/ANTIMANIC AGENTS**

| <b>ANTIMANIC AGENTS</b>  |    |    |
|--|----|----|
| lithium carbonate cap (ESKALITH ER equiv)  | -  | 1  |
| lithium carbonate ER tab (LITHOBID equiv)  | -  | 1  |
| lithium carbonate tab  | -  | 1  |
| lithium oral solution (LITHIUM equiv) (Members age 7 years or older require Prior Authorization) | PA | 1  |
| LITHOBID TAB   | -  | NC |

| <b>ANTIPSYCHOTICS - MISC.</b>     |   |    |
|-----------------------------------|---|----|
| 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 |

| <b>BENZISOXAZOLES</b>                          |       |   |
|--|-------|---|
| 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 (QL= 2 tabs/day)                    | PA-QL | 3 |
| FANAPT TITRATION PACK (QL= 1 pack/plan year)   | PA-QL | 3 |

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| INVEGA TAB  | -            | NC   |
| RISPERDAL M ODT   | -            | NC   |
| RISPERDAL SOLN  | -            | NC   |
| RISPERDAL TAB   | -            | NC   |
| <b>BUTYROPHENONES</b>                                     |              |      |
| haloperidol decanoate inj (HALDOL equiv)                  | -            | 1    |
| haloperidol lactate conc (HALDOL equiv)                   | -            | 1    |
| haloperidol tab (HALDOL equiv)                            | -            | 1    |
| <b>DIBENZAPINES</b>                                       |              |      |
| 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    |
| ZYPREXA RELPREVV INJ                                      | -            | 2    |
| ADASUVE INHALER   | -            | NC   |
| CLOZAPINE ODT   | -            | 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   |
| <b>DIHYDROINDOLONES</b>                                   |              |      |
| MOLINDONE TAB   | -            | NC   |
| <b>MUSCARINIC AGENTS</b>                                  |              |      |
| COBENFY CAP   | -            | NC   |
| COBENFY CAP STARTER PACK                                  | -            | NC   |
| <b>PHENOTHIAZINES</b>                                     |              |      |
| 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 tab (MELLARIL equiv)                         | -            | 1    |
| trifluoperazine tab (STELAZINE equiv)                     | -            | 1    |
| CHLORPROMAZINE CONC                                       | -            | NC   |

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**ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.**

**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 |
| REXULTI TAB                                | - | NC |

**THIOXANTHENES**

|                                |   |   |
|--------------------------------|---|---|
| thiothixene cap (NAVANE equiv) | - | 1 |
|--------------------------------|---|---|

**ANTISEPTICS & DISINFECTANTS**

**ANTISEPTICS & DISINFECTANTS**

|                        |   |    |
|------------------------|---|----|
| 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   |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)             | -  | 2   |
| APTIVUS CAP   | -  | 2   |
| APTIVUS SOLN  | -  | 2   |
| atazanavir cap (REYATAZ equiv)                                  | -  | 2   |
| BIKTARVY TAB  | -  | 2   |
| CIMDUO TAB  | -  | 2   |
| COMPLERA TAB  | -  | 2   |
| CRIXIVAN CAP  | -  | 2   |
| darunavir tab (PREZISTA equiv)                                  | -  | 2   |
| DELSTRIGO TAB   | -  | 2   |
| didanosine DR cap (VIDEX EC equiv)                              | -  | 2   |
| DIDANOSINE DR CAP, VIDEX EC CAP                                 | -  | 2   |
| DOVATO TAB  | -  | 2   |
| EDURANT TAB   | -  | 2   |
| EFAVIRENZ CAP   | -  | 2   |
| efavirenz tab (SUSTIVA equiv)                                   | -  | 2   |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)        | -  | 2   |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)   | -  | 2   |
| emtricitabine cap (EMTRIVA equiv)                               | -  | 2   |

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|   |  |  |
|---|--|--|
| <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>INF Infertility<br>QL Quantity Limit<br>SF Limited to two 15 day fills per month for first 3 months<br>ST Step Therapy | <b>generic</b> = small letters<br>OTC Over-the-Counter<br>RDX Restricted to Diagnosis<br>SMKG Smoking Cessation<br>VAC Vaccine Program | <b>BRANDS</b> = CAPITAL LETTERS<br>PA Prior Authorization<br>RS Restricted to Specialist<br>SP Available through Specialty Pharmacy Program<br>¢ RxCENTS |
|---|--|--|

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**State of Arkansas Formulary  
Category/Class**

**Last Updated\* 11/7/2024**

| <b>DrugName</b>                                  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>ANTIVIRALS Cont.</b>                          |                     |             |
| EMTRIVA SOLN                                     | -                   | 2           |
| etravirine tab (INTELENCE equiv)                 | -                   | 2           |
| EVOTAZ TAB                                       | -                   | 2           |
| fosamprenavir tab (LEXIVA equiv)                 | -                   | 2           |
| GENVOYA TAB                                      | -                   | 2           |
| INTELENCE TAB                                    | -                   | 2           |
| INVIRASE CAP                                     | -                   | 2           |
| INVIRASE 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           |
| LEXIVA SUSP                                      | -                   | 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           |
| NORVIR CAP                                       | -                   | 2           |
| NORVIR POWDER PACK                               | -                   | 2           |
| NORVIR SOLN                                      | -                   | 2           |
| ODEFSEY TAB                                      | -                   | 2           |
| PIFELTRO TAB                                     | -                   | 2           |
| PREZCOBIX TAB                                    | -                   | 2           |
| PREZISTA SUSP                                    | -                   | 2           |
| PREZISTA TAB                                     | -                   | 2           |
| RESCRIPTOR TAB                                   | -                   | 2           |
| REYATAZ POWDER PACK                              | -                   | 2           |
| ritonavir tab (NORVIR equiv)                     | -                   | 2           |
| SELZENTRY SOLN                                   | -                   | 2           |
| SELZENTRY TAB                                    | -                   | 2           |
| STAVUDINE CAP                                    | -                   | 2           |
| stavudine cap (ZERIT equiv)                      | -                   | 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           |
| TRIZIVIR TAB                                     | -                   | 2           |
| VIDEX SOLN                                       | -                   | 2           |

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| QL Quantity Limit   | RDX Restricted to Diagnosis    | RS Restricted to Specialist                     |
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| DrugName                          | Special Code | Tier |
|-----------------------------------|--------------|------|
| <b>ANTIVIRALS Cont.</b>           |              |      |
| VIRACEPT TAB                      | -            | 2    |
| VIREAD TAB                        | -            | 2    |
| zidovudine cap (RETROVIR equiv)   | -            | 2    |
| zidovudine syrup (RETROVIR equiv) | -            | 2    |
| zidovudine tab (RETROVIR equiv)   | -            | 2    |
| 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   |
| SUNLENCA TAB                      | -            | NC   |
| SUSTIVA CAP                       | -            | NC   |
| SUSTIVA TAB                       | -            | NC   |
| SYMFI (LO) TAB                    | -            | NC   |
| TRUVADA TAB                       | -            | NC   |
| TYBOST TAB                        | -            | NC   |
| VIDEX EC CAP                      | -            | NC   |
| VIRAMUNE SUSP                     | -            | NC   |
| VIRAMUNE TAB                      | -            | NC   |
| VIRAMUNE XR TAB                   | -            | NC   |
| VIREAD TAB                        | -            | NC   |
| ZERIT CAP                         | -            | NC   |
| ZIAGEN SOLN                       | -            | NC   |
| ZIAGEN TAB                        | -            | NC   |

**ANTIVIRAL COMBINATIONS**

|   |    |   |
|---|----|---|
| PAXLOVID TAB 150-100MG (QL= 20 tabs/fill) | QL | 2 |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/fill) | 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 TAB (QL= 1 tab/day; Limit 200 tabs/365 days) | PA-QL-SP | 4  |
| VALCYTE SOLN  | -        | NC |

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| <b>ANTIVIRALS Cont.</b>  |              |      |
| VALCYTE TAB  | -            | NC   |
| <b>HEPATITIS AGENTS</b>  |              |      |
| 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    |
| EPIVIR HBV SOLN  | -            | 2    |
| lamivudine tab 100mg (EPIVIR HBV equiv)  | -            | 2    |
| VEMLIDY TAB  | -            | 2    |
| BARACLUDE SOLN (Members age 9 or older require Prior Authorization)                        | 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    |
| PEG-INTRON INJ   | SP           | 4    |
| REBETOL SOLN   | 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   |
| EPIVIR HBV TAB   | -            | NC   |
| HARVONI PELLETT PAK  | -            | NC   |
| HARVONI TAB  | -            | NC   |
| HEPSERA TAB  | -            | NC   |
| MODERIBA TAB   | -            | NC   |
| OLYSIO CAP   | -            | NC   |
| RIBAPAK TAB  | -            | NC   |
| RIBAVIRIN TAB 400MG  | -            | NC   |
| SOVALDI PELLETT PAK  | -            | NC   |
| SOVALDI TAB  | -            | NC   |
| TECHNIVIE TAB  | -            | NC   |
| VIEKIRA XR TAB   | -            | NC   |
| ZEPATIER TAB   | -            | NC   |
| <b>HERPES AGENTS</b>   |              |      |
| acyclovir cap (ZOVIRAX equiv)  | -            | 1    |
| acyclovir susp (ZOVIRAX equiv)   | -            | 1    |
| acyclovir tab (ZOVIRAX equiv)  | -            | 1    |
| valacyclovir tab (VALTREX equiv)   | -            | 1    |
| famciclovir tab (FAMVIR equiv)   | -            | 2    |
| SITAVIG TAB  | -            | NC   |
| VALTREX TAB  | -            | NC   |
| ZOVIRAX CAP  | -            | NC   |
| ZOVIRAX SUSP   | -            | NC   |

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|---|--------------|------|
| <b>ANTIVIRALS Cont.</b>                                 |              |      |
| ZOVIRAX TAB   | -            | NC   |
| <b>INFLUENZA AGENTS</b>                                 |              |      |
| 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   |
| <b>MISC. ANTIVIRALS</b>                                 |              |      |
| LAGEVRIO CAP (EUA) (QL= 40 caps/fill)                   | QL           | \$0  |
| LAGEVRIO CAP 200MG (QL= 40 caps/fill)                   | QL           | 2    |
| <b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>         |              |      |
| ribavirin inh soln (VIRAZOLE equiv)                     | -            | NC   |
| <b>ASSORTED CLASSES</b>                                 |              |      |
| <b>CHELATING AGENTS</b>                                 |              |      |
| D-PENAMINE TAB  | -            | 2    |
| <b>IMMUNOMODULATORS</b>                                 |              |      |
| THALOMID CAP  | SP           | 4    |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                         |              |      |
| 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   |
| IMURAN TAB  | -            | NC   |
| MYFORTIC TAB  | -            | NC   |
| NEORAL CAP  | -            | NC   |
| NEORAL SOLN   | -            | NC   |
| PROGRAF CAP   | -            | NC   |
| RAPAMUNE TAB  | -            | NC   |

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|--|--------------|------|
| <b>ASSORTED CLASSES Cont.</b>  |              |      |
| SANDIMMUNE CAP   | -            | NC   |
| <b>POTASSIUM REMOVING RESINS</b>   |              |      |
| sodium polystyrene susp (SPS equiv)  | -            | 1    |
| sodium polystyrene powder (KAYEXALATE equiv)                                   | -            | 2    |
| VELTASSA POWDER  | PA           | 2    |
| <b>BETA BLOCKERS</b>   |              |      |
| <b>ALPHA-BETA BLOCKERS</b>   |              |      |
| 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   |
| <b>BETA BLOCKERS CARDIO-SELECTIVE</b>  |              |      |
| 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)   | -            | 2    |
| BYSTOLIC TAB   | -            | NC   |
| KAPSPARGO CAP  | -            | NC   |
| KERLONE TAB  | -            | NC   |
| LOPRESSOR TAB  | -            | NC   |
| TENORMIN TAB   | -            | NC   |
| TOPROL XL TAB  | -            | NC   |
| <b>BETA BLOCKERS NON-SELECTIVE</b>   |              |      |
| pindolol tab (VISKEN equiv)  | -            | 1    |
| propranolol ER cap (INDERAL LA equiv)  | -            | 1    |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)                             | -            | 1    |
| PROPRANOLOL SOLN   | -            | 1    |
| propranolol tab (INDERAL equiv)  | -            | 1    |
| sotalol AF tab (BETAPACE AF equiv)   | -            | 1    |
| sotalol tab (BETAPACE equiv)   | -            | 1    |
| timolol maleate tab (BLOCADREN equiv)  | -            | 1    |
| nadolol tab (CORGARD equiv)  | -            | 2    |
| SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or 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**

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|-----------------|---------------------|-------------|
|-----------------|---------------------|-------------|

**BIOLOGICALS MISC Cont.**

**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  |
| VERAPAMIL SR CAP 360mg  | -  | 2  |
| KATERZIA SUSP (Prior Authorization required for members age 9 or older) | PA | 3  |
| nicardipine cap (CARDENE equiv)   | -  | 3  |
| nimodipine cap (NIMOTOP equiv)  | -  | 3  |
| nisoldipine ER tab (SULAR equiv)  | -  | 3  |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG                                     | -  | 3  |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA | 3  |
| VERAPAMIL CR CAP, VERELAN CAP   | -  | 3  |
| VERELAN PM ER CAP 100MG, 300MG  | -  | 3  |
| VERELAN SR CAP 360mg  | -  | 3  |
| ADALAT CC TAB   | -  | NC |
| CALAN SR TAB  | -  | NC |
| CARDIZEM CD CAP   | -  | NC |
| CARDIZEM LA TAB   | -  | NC |
| CARDIZEM TAB  | -  | NC |
| CONJUPRI TAB, LEVAMLODIPINE TAB   | -  | NC |
| DILACOR XR CAP  | -  | NC |
| NORVASC TAB   | -  | NC |
| NYMALIZE SOLN   | -  | NC |
| SULAR TAB   | -  | NC |
| TIAZAC CAP  | -  | NC |
| VERAPAMIL ER CAP 100MG  | -  | NC |
| VERAPAMIL ER CAP 200MG  | -  | NC |

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|--|--------------|------|
| <b>CALCIUM CHANNEL BLOCKERS Cont.</b>                            |              |      |
| VERAPAMIL ER CAP 300MG   | -            | NC   |
| VERELAN CAP  | -            | NC   |
| VERELAN PM CAP   | -            | NC   |
| <b>CARDIOTONICS</b>  |              |      |
| <b>CARDIAC GLYCOSIDES</b>  |              |      |
| 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   |
| <b>CARDIOVASCULAR AGENTS - MISC.</b>                             |              |      |
| <b>CARDIAC MYOSIN INHIBITORS</b>                                 |              |      |
| CAMZYOS CAP (QL= 1 cap/day)                                      | PA-QL-SP     | 4    |
| <b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>                |              |      |
| ENTRESTO TAB (QL= 2 tabs/day)                                    | QL           | 2    |
| amlodipine/atorvastatin tab (CADUET equiv)                       | -            | NC   |
| BIDIL TAB  | -            | NC   |
| ENTRESTO CAP   | -            | NC   |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)           | -            | NC   |
| OPSYNVI TAB  | -            | NC   |
| <b>CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS</b>        |              |      |
| LODOCO TAB   | -            | NC   |
| <b>CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS</b> |              |      |
| INPEFA TAB   | -            | NC   |
| <b>IMPOTENCE AGENTS</b>  |              |      |
| 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    |
| vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days)               | QL           | 1    |
| vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days)              | QL           | 1    |
| avanafil tab (STENDRA equiv) (QL= 6 tabs/30 days)                | QL           | 2    |
| CAVERJECT INJ (QL= 6 inj/30 days)                                | QL           | 2    |
| EDEX INJ (QL= 6 inj/30 days)                                     | QL           | 2    |
| MUSE SUPP (QL= 6 supp/30 days)                                   | QL           | 2    |
| STENDRA TAB (QL= 6 tabs/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   |
| <b>PERIPHERAL VASODILATORS</b>                                   |              |      |

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|--|--------------|------|
| <b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>   |              |      |
| isoxsuprine tab  | -            | 3    |
| <b>PROSTAGLANDIN VASODILATORS</b>  |              |      |
| 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 TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days)             | PA-QL-SP     | 4    |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 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    |
| ORENITRAM TAB  | -            | NC   |
| ORENITRAM TAB MONTH PAK  | -            | NC   |
| <b>PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR</b>                          |              |      |
| WINREVAIR INJ  | -            | NC   |
| <b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>                      |              |      |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)                                     | PA-QL-SP     | 1    |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day)                                       | PA-QL-SP     | 1    |
| TRACLEER TAB 32MG (QL= 4 tabs/day)   | PA-QL-SP     | 4    |
| OPSUMIT TAB  | -            | NC   |
| <b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>                         |              |      |
| 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) (Members age 9 or older require Prior Authorization) | PA           | 2    |
| TADLIQ SUSP (Members age 7 years or older require Prior Authorization)               | PA-SP        | 4    |
| ADCIRCA TAB  | -            | NC   |
| LIQREV SUSP  | -            | NC   |
| REVATIO SUSP   | -            | NC   |
| REVATIO TAB  | -            | NC   |
| <b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>                        |              |      |
| UPTRAVI TAB (QL= 2 tabs/day)   | PA-QL-SP     | 4    |
| UPTRAVI THERAPY PACK (QL= 2 tabs/day)  | PA-QL-SP     | 4    |
| UPTRAVI INJ  | -            | NC   |
| <b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>                     |              |      |
| ADEMPAS TAB (QL= 3 tabs/day)   | PA-QL-SP     | 4    |
| <b>SINUS NODE INHIBITORS</b>   |              |      |
| ivabradine hcl tab (CORLANOR equiv)  | PA           | 1    |
| CORLANOR SOLN  | PA           | 3    |
| CORLANOR TAB   | PA           | 3    |
| <b>TRANSTHYRETIN STABILIZERS</b>   |              |      |
| VYNDAMAX CAP (QL= 1 cap/day)   | PA-QL-SP     | 4    |
| VYNDAQEL CAP (QL= 4 caps/day)  | PA-QL-SP     | 4    |
| <b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>                         |              |      |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)                     | QL-RS        | 2    |

**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

|                                |   |   |
|--------------------------------|---|---|
| cefadroxil cap (DURICEF equiv) | - | 1 |
|--------------------------------|---|---|

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|-------------------------------------|---------------------|-------------|
| <b>CEPHALOSPORINS Cont.</b>         |                     |             |
| cefadroxil susp (DURICEF equiv)     | -                   | 1           |
| CEFADROXIL TAB                      | -                   | 1           |
| cefadroxil tab (DURICEF equiv)      | -                   | 1           |
| cephalexin cap (KEFLEX equiv)       | -                   | 1           |
| cephalexin susp (KEFLEX equiv)      | -                   | 1           |
| 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 |
| CEFACLOR CAP                  | - | 3 |
| cefaclor cap (CECLOR equiv)   | - | 3 |
| CEFACLOR ER TAB               | - | 3 |
| CEFACLOR SUSP                 | - | 3 |

**CEPHALOSPORINS - 3RD GENERATION**

|  |   |    |
|--|---|----|
| cefdinir cap (OMNICEF equiv)             | - | 1  |
| cefdinir susp (OMNICEF equiv)            | - | 1  |
| CEFDITOREN TAB                           | - | 3  |
| cefixime cap (SUPRAX equiv)              | - | 3  |
| cefixime susp (SUPRAX equiv)             | - | 3  |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 3  |
| cefpodoxime proxetil tab (VANTIN equiv)  | - | 3  |
| SPECTRACEF TAB                           | - | 3  |
| SUPRAX CAP                               | - | 3  |
| SUPRAX CHEW TAB                          | - | 3  |
| SUPRAX SUSP 500MG/5ML                    | - | 3  |
| SUPRAX CAP                               | - | NC |
| SUPRAX SUSP                              | - | NC |

**CONTRACEPTIVES**

**COMBINATION CONTRACEPTIVES - ORAL**

|   |   |     |
|---|---|-----|
| amethyst tab (LYBREL equiv)                                   | - | \$0 |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)         | - | \$0 |
| cryselle tab  | - | \$0 |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv)                             | - | \$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 |

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|---|--------------|------|
| <b>CONTRACEPTIVES Cont.</b>   |              |      |
| 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  |
| 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   |
| FEMLYV TAB  | -            | NC   |
| MINASTRIN CHEW TAB  | -            | NC   |
| MIRCETTE TAB  | -            | NC   |
| ORTHO TRI-CYCLEN (LO) TAB   | -            | NC   |
| ORTHO-CYCLEN TAB  | -            | NC   |
| OVCON 35 TAB  | -            | NC   |
| SAFYRAL TAB   | -            | NC   |
| SEASONIQUE TAB  | -            | NC   |
| TAYTULLA CAP  | -            | NC   |
| TRI-NORINYL TAB   | -            | NC   |
| YAZ TAB, YASMIN 28 TAB  | -            | NC   |
| <b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>                       |              |      |
| zafemy patch (XULANE equiv)   | -            | \$0  |
| TWIRLA PATCH  | -            | EXC  |
| <b>COMBINATION CONTRACEPTIVES - VAGINAL</b>                           |              |      |
| ANNOVERA RING (QL= 1 ring/year)                                       | QL           | \$0  |
| eluryng vaginal ring (NUVARING equiv)                                 | -            | \$0  |
| NUVARING  | -            | NC   |
| <b>COPPER CONTRACEPTIVES - IUD</b>                                    |              |      |
| PARAGARD IUD  | -            | EXC  |
| <b>EMERGENCY CONTRACEPTIVES</b>                                       |              |      |
| ELLA TAB  | -            | EXC  |
| levonorgestrel tab (PLAN B equiv)                                     | OTC          | EXC  |
| PLAN B TAB  | OTC          | EXC  |

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|----------|--------------|------|

**CONTRACEPTIVES Cont.**

**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 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  |
| PREDNISOLONE ODT TAB  | -     | 2  |
| PREDNISONE SOLN   | -     | 2  |
| SOLU-CORTEF INJ (QL= 1 vial/fill)   | QL    | 2  |
| SOLU-MEDROL INJ 2GM   | -     | 2  |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3  |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)   | PA-QL | 3  |
| 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  |
| 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 |

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| <b>CORTICOSTEROIDS Cont.</b>       |              |      |
| 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   |
| ENTOCORT EC CAP                    | -            | NC   |
| EOHILIA SUSP                       | -            | NC   |
| FLO-PRED SUSP                      | -            | NC   |
| KENALOG INJ                        | -            | 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   |
| 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**

**ANTITUSSIVES**

|   |   |    |
|---|---|----|
| benzonatate cap (TESSALON equiv)              | - | 1  |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1  |
| 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 |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | 3 |

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| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>COUGH/COLD/ALLERGY Cont.</b>                            |                     |             |
| NEOTUSS PLUS LIQUID  | -                   | 3           |
| CLARINEX-D TAB   | -                   | EXC         |
| SEMPREX-D CAP  | -                   | EXC         |
| DURAVENT PE TAB  | -                   | NC          |
| GUAIFENESIN/CODEINE SYRUP                                  | OTC                 | 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          |
| ZUTRIPRO LIQUID  | -                   | NC          |

**EXPECTORANTS**

|   |   |    |
|---|---|----|
| potassium iodide oral soln (SSKI equiv) | - | 2  |
| GUAIFENESEN SYRUP                       | - | NC |
| guaifenesin tab (ALLFEN JR equiv)       | - | NC |
| MUCINEX TAB                             | - | NC |
| SSKI ORAL SOLN                          | - | NC |

**MISC. RESPIRATORY INHALANTS**

|  |   |    |
|--|---|----|
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1  |
| NEBUSAL NEB SOLN                           | - | 2  |
| HYPER-SAL NEB SOLN                         | - | NC |

**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 |
| clindamycin topical soln (CLEOCIN-T equiv)   | -  | 1 |
| erythromycin gel   | -  | 1 |
| erythromycin pad   | -  | 1 |
| erythromycin soln  | -  | 1 |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 26 or older require Prior Authorization) | PA | 2 |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 26 or older require Prior Authorization)   | 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 (ACUTANE equiv)           | -  | 2 |
| AVAR GEL   | -  | 2 |

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| <b>DERMATOLOGICALS Cont.</b>  |              |      |
| clindamycin/benzoyl peroxide gel (BENZA CLIN equiv)   | -            | 2    |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv)   | -            | 2    |
| ERY PAD   | -            | 2    |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)  | -            | 2    |
| PRASCION RA CREAM   | -            | 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 (ROSAC WASH equiv)   | -            | 2    |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv)   | -            | 2    |
| sodium sulfacetamide/sulfur gel (ROSULA equiv)  | -            | 2    |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv)  | -            | 2    |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)   | -            | 2    |
| tretinoin cream (Acne Only – members age 26 or older require Prior Authorization)                           | PA           | 2    |
| tretinoin gel (Acne Only – members age 26 or older require Prior Authorization)                             | PA           | 2    |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 26 or older require Prior Authorization)         | PA           | 2    |
| tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - members age 26 or older require Prior Authorization) | PA           | 2    |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)   | -            | 3    |
| DIFFERIN OTC GEL 0.1%   | OTC          | EXC  |
| ABSORICA CAP  | -            | NC   |
| ABSORICA LD CAP   | -            | NC   |
| ADAPALENE SOLN  | -            | NC   |
| ADAPALENE LOTION (DIFFERIN equiv)   | -            | NC   |
| ADAPALENE/BENZOYL PEROXIDE PAD  | -            | NC   |
| AKLIEF CREAM  | -            | NC   |
| ALTRENO LOTION  | -            | NC   |
| AMZEEQ FOAM   | -            | NC   |
| ARAZLO LOTION   | -            | NC   |
| ATRALIN GEL, RETIN-A GEL  | -            | NC   |
| AVAR AEROSOL FOAM   | -            | NC   |
| AVAR PAD  | -            | NC   |
| AVAR-E LS CREAM 10-2%   | -            | NC   |
| AZELEX CREAM  | -            | NC   |
| BENZAC WASH   | -            | NC   |
| BENZA CLIN GEL  | -            | NC   |
| BENZAMYCIN GEL  | -            | NC   |
| BENZOYL PEROXIDE CREAM  | OTC          | NC   |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION  | -            | NC   |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)  | -            | 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   |

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| 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   |
| DAPSONE GEL 7.5%   | -            | 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 CREAM  | -            | NC   |
| RETIN-A MICRO GEL 0.04%, 0.1%  | -            | NC   |
| RETIN-A MICRO GEL 0.08%, 0.06%                                       | -            | NC   |
| ROSULA EMULSION  | -            | NC   |
| ROSULA GEL   | -            | NC   |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)        | -            | 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 (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% (PLEXION equiv)           | -            | NC   |
| SUMADAN WASH 9-4.5%  | -            | NC   |
| SUMADEN XLT KIT  | -            | NC   |
| SUMAXIN WASH   | -            | NC   |
| TRETIN-X CREAM   | -            | NC   |
| TWYNEO CREAM   | -            | NC   |
| WINLEVI CREAM  | -            | NC   |
| ZIANA GEL  | -            | NC   |
| <b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>                |              |      |
| VEREGEN OINT   | -            | NC   |
| <b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>          |              |      |
| RENOVA CREAM   | -            | EXC  |
| KYBELLA INJ  | -            | NC   |

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| <b>ANALGESICS - TOPICAL</b>  |              |      |
| BACLOFEN CREAM COMPOUND KIT  | -            | NC   |
| TRAMADOL COMPOUND KIT  | -            | NC   |
| <b>ANTIBIOTICS - TOPICAL</b>   |              |      |
| gentamicin sulfate cream   | -            | 1    |
| gentamicin sulfate oint  | -            | 1    |
| mupirocin oint (BACTROBAN OINT equiv)                                    | -            | 1    |
| CENTANY OINT   | -            | 3    |
| CORTISPORIN CREAM  | -            | 3    |
| CORTISPORIN OINT   | -            | 3    |
| ALTABAX OINT   | -            | NC   |
| BACTROBAN CREAM  | -            | NC   |
| mupirocin cream (BACTROBAN equiv)  | -            | NC   |
| NEO-SYNALAR CREAM  | -            | NC   |
| XEPI CREAM   | -            | NC   |
| <b>ANTIFUNGALS - TOPICAL</b>   |              |      |
| 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    |
| ketconazole cream (NIZORAL CREAM equiv)                                  | -            | 1    |
| ketconazole shampoo (NIZORAL SHAMPOO 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    |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv)                        | -            | 3    |
| MENTAX CREAM   | -            | 3    |
| NAFTIFINE CREAM  | -            | 3    |
| naftifine cream (NAFTIN equiv)   | -            | 3    |
| naftifine gel (NAFTIN equiv)   | -            | 3    |
| NAFTIN GEL   | -            | 3    |
| clotrimazole cream (LOTRIMIN AF equiv)                                   | OTC          | EXC  |
| NIZORAL A-D SHAMPOO  | OTC          | EXC  |
| nizoral a-d shampoo (NIZORAL equiv)                                      | OTC          | EXC  |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | -            | NC   |
| ALOQUIN GEL  | -            | NC   |
| CICLODAN KIT   | -            | NC   |
| CLOTRIMAZOLE/BETAMETHASONE LOTION  | -            | NC   |
| clotrimazole/betamethasone lotion (LOTRISONE equiv)                      | -            | NC   |

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| ECONASIL KIT   | -            | NC   |
| ECOZA FOAM   | -            | NC   |
| ERTACZO CREAM  | -            | NC   |
| EXELDERM CREAM, SULCONAZOLE CREAM                                    | -            | NC   |
| EXELDERM SOLN, SULCONAZOLE SOLN                                      | -            | NC   |
| HIXDEFRIMA SOLN  | -            | NC   |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)                | -            | NC   |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | -            | 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 CREAM   | -            | 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 gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)      | QL | 1  |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2  |
| 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 |
| LICART PATCH   | -  | NC |
| NAPROXEN CREAM COMPOUND KIT                                | -  | NC |
| PENNSAID SOLN  | -  | NC |
| PROFINAC PAK   | -  | NC |
| REXAPHENAC CREAM   | -  | NC |
| VENNGEL ONE KIT  | -  | NC |
| VOPAC 5 CREAM  | -  | NC |
| VOPAC CREAM  | -  | NC |
| VOPAC GB CREAM   | -  | NC |

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| XRYLIX PAK  | -            | NC   |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b> |              |      |
| 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    |
| PICATO GEL (QL= 1 box/fill)                                   | QL           | 3    |
| VALCHLOR GEL (QL= 4 tubes/30 days)                            | PA-QL-SP     | 4    |
| bexarotene gel (TARGRETIN equiv)                              | -            | NC   |
| CARAC CREAM   | -            | NC   |
| EFUDEX CREAM  | -            | NC   |
| FLUORAC CREAM   | -            | NC   |
| KLISYRI OINT  | -            | NC   |
| ROAOXIA GEL   | -            | NC   |
| SOLARAVIX PAK   | -            | NC   |
| TARGRETIN GEL   | -            | NC   |
| <b>ANTIPRURITICS - TOPICAL</b>                                |              |      |
| doxepin hcl cream   | -            | NC   |
| <b>ANTIPSORIATICS</b>   |              |      |
| 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)                         | -            | 2    |
| ZORYVE CREAM (QL= 60 grams/30 days)                           | PA-QL        | 2    |
| CALCITRIOL OINT   | -            | 3    |
| tazarotene cream 0.05% (TAZORAC equiv)                        | -            | 3    |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)                      | PA-QL-SP     | 4    |
| STELARA INJ (QL= 1 inj/84 days)                               | PA-QL-SP     | 4    |
| TALTZ INJ (QL= 1 inj/28 days)                                 | PA-QL-SP     | 4    |
| TREMFYA INJ (QL= 1 inj/56 days)                               | PA-QL-SP     | 4    |
| BIMZELX INJ   | -            | 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   |
| DOVONEX CREAM   | -            | NC   |
| OXSORALEN ULTRA CAP   | -            | NC   |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                             |              |      |
| SILIQ INJ  | -            | NC   |
| SORIATANE CAP  | -            | NC   |
| SOTYKTU TAB  | -            | NC   |
| SPEVIGO INJ  | -            | NC   |
| TALTZ INJ 20MG/0.25ML                                    | -            | NC   |
| TALTZ INJ 40 MG/0.5ML                                    | -            | NC   |
| tazarotene gel (TAZORAC equiv)                           | -            | NC   |
| TRIONEX PAK  | -            | NC   |
| VECTICAL OINT  | -            | NC   |
| VTAMA CREAM  | -            | NC   |
| <b>ANTISEBORRHEIC PRODUCTS</b>                           |              |      |
| selenium sulfide lotion 2.5% (SELSUN equiv)              | -            | 1    |
| selenium sulfide shampoo (SELSEB equiv)                  | -            | 2    |
| sodium sulfacetamide wash (OVACE WASH equiv)             | -            | 2    |
| OVACE PLUS CREAM   | -            | 3    |
| selenium sulfide lotion                                  | OTC          | EXC  |
| ESKATA SOLN  | -            | NC   |
| OVACE PLUS LOTION  | -            | NC   |
| OVACE PLUS SHAMPOO                                       | -            | NC   |
| OVACE PLUS FOAM  | -            | NC   |
| OVACE WASH   | -            | NC   |
| PROMISEB CREAM   | -            | NC   |
| selenium sulfide shampoo 2.3% (SELRX equiv)              | -            | NC   |
| sodium sulfacetamide gel (OVACE equiv)                   | -            | NC   |
| sodium sulfacetamide shampoo (OVACE equiv)               | -            | NC   |
| ZORYVE FOAM  | -            | NC   |
| <b>ANTIVIRALS - TOPICAL</b>                              |              |      |
| acyclovir oint (ZOVIRAX equiv)                           | -            | 1    |
| acyclovir cream (ZOVIRAX equiv)                          | -            | NC   |
| DENAVIR CREAM  | -            | NC   |
| penciclovir cream (DENAVIR equiv)                        | -            | NC   |
| XERESE CREAM   | -            | NC   |
| ZOVIRAX CREAM  | -            | NC   |
| ZOVIRAX OINT   | -            | NC   |
| <b>BURN PRODUCTS</b>                                     |              |      |
| silver sulfadiazine cream (SILVADENE CREAM equiv)        | -            | 1    |
| SULFAMYLLON CREAM  | -            | 2    |
| MAFENIDE ACETATE SOLN PACK                               | -            | NC   |
| SILVADENE CREAM  | -            | NC   |
| <b>CORTICOSTEROIDS - TOPICAL</b>                         |              |      |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | -            | 1    |
| betamethasone augmented gel                              | -            | 1    |
| betamethasone augmented oint (DIPROLENE OINT equiv)      | -            | 1    |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | -            | 1    |
| betamethasone dipropionate lotion                        | -            | 1    |

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| 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    |
| 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 (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    |

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|---|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                      |              |      |
| HC PRAMOXINE CREAM 1-2.5%                         | -            | 2    |
| hydrocortisone pramoxine cream (PRAMOSONE equiv)  | -            | 2    |
| PRAMOSONE E CREAM                                 | -            | 2    |
| PREDNICARBATE CREAM                               | -            | 2    |
| PREDNICARBATE OIN                                 | -            | 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 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   |
| CLOBETAVIX KIT                                    | -            | NC   |
| 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 (TOPICORT equiv)               | -            | NC   |
| desoximetasone oint 0.05% (TOPICORT equiv)        | -            | NC   |
| DIFLORASONE CREAM, PSORCON CREAM                  | -            | NC   |
| diflorasone oint                                  | -            | NC   |
| DIPROLENE AF CREAM                                | -            | NC   |
| DIPROLENE OINT                                    | -            | NC   |

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|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                     |              |      |
| 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 lotion (CORDRAN equiv)           | -            | NC   |
| flurandrenolide oint (CORDRAN equiv)             | -            | NC   |
| FLUTICASONE LOTION                               | -            | NC   |
| fluticasone propionate lotion (CUTIVATE equiv)   | -            | NC   |
| halcinonide cream (HALOG equiv)                  | -            | NC   |
| HALOBETASOL AER                                  | -            | NC   |
| halobetasol propionate foam (LEXETTE equiv)      | -            | NC   |
| 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   |

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| 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   |
| 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 (KENALOG equiv)          | -            | NC   |
| TRIANEX OINT                                 | -            | NC   |
| TRIOLOCICLO 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                          | -        | NC |

**EMOLLIENT/KERATOLYTIC AGENTS**

|                    |   |    |
|--------------------|---|----|
| CARMOL LOTION      | - | NC |
| KERAFOAM           | - | NC |
| KERALAC CREAM      | - | NC |
| UMECTA EMULSION    | - | NC |
| UMECTA PD EMULSION | - | NC |

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| UMECTA SUSP   | -            | NC   |
| URAMAXIN CREAM  | -            | NC   |
| URAMAXIN GEL  | -            | NC   |
| urea cream  | -            | NC   |
| urea emulsion   | -            | NC   |
| urea gel (URAMAXIN equiv)   | -            | NC   |
| urea lotion (KERALAC LOTION equiv)  | -            | NC   |
| UREA NAIL KIT   | -            | NC   |
| UREA SUSP   | -            | NC   |
| urea susp 40% (UMECTA equiv)  | -            | NC   |
| <b>EMOLLIENTS</b>   |              |      |
| LACTIC ACID LOTION  | -            | 1    |
| ammonium lactate cream (LAC-HYDRIN equiv)   | OTC          | EXC  |
| ammonium lactate lotion (LAC-HYDRIN equiv)  | OTC          | EXC  |
| HYLINATE LOTION   | -            | NC   |
| LAC-HYDRIN CREAM  | -            | NC   |
| LAC-HYDRIN LOTION   | -            | NC   |
| <b>ENZYMES - TOPICAL</b>  |              |      |
| SANTYL OINT (QL= 90gm/30 days)  | QL           | 2    |
| vasolex oint (XENADERM equiv)   | -            | NC   |
| XENADERM OINT   | -            | NC   |
| <b>HAIR GROWTH AGENTS</b>   |              |      |
| bimatoprost ophth soln  | -            | EXC  |
| finasteride tab (PROPECIA equiv)  | -            | EXC  |
| LITFULO CAP   | -            | NC   |
| <b>HAIR REDUCTION AGENTS</b>  |              |      |
| VANIQA CREAM  | -            | EXC  |
| <b>IMMUNOMODULATING AGENTS - SYSTEMIC</b>   |              |      |
| NEMLUVIO INJ  | -            | NC   |
| <b>IMMUNOMODULATING AGENTS - TOPICAL</b>  |              |      |
| imiquimod cream (ALDARA equiv)  | -            | 1    |
| ALDARA CREAM  | -            | NC   |
| IMIQUIMOD CREAM 3.75%   | -            | NC   |
| imiquimod cream 3.75% (IMIQUIMOD equiv)   | -            | NC   |
| ZYCLARA CREAM   | -            | NC   |
| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>   |              |      |
| tacrolimus oint (PROTOPIC OINT equiv)   | -            | 1    |
| pimecrolimus cream (ELIDEL equiv) (Members age under 2 years old require Prior Authorization) | PA           | 2    |
| HYFTOR GEL (QL= 10 grams/30 days)   | PA-QL-SP     | 4    |
| ELIDEL CREAM  | -            | NC   |
| OXIANUJO CREAM  | -            | NC   |
| PROTOPIC OINT   | -            | NC   |
| <b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>   |              |      |
| PODOCON SOLN  | -            | 2    |

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|---|---------------------|-------------|
| <b>DERMATOLOGICALS Cont.</b>                  |                     |             |
| PODOFILOX SOLN                                | -                   | 2           |
| podofilox soln (CONDYLOX equiv)               | -                   | 2           |
| salicylic acid shampoo (SALEX 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 acid soln                           | -                   | NC          |
| salicylic acid cream (CERAVE PSORIASIS equiv) | -                   | NC          |
| SALIMEZ FORTE CREAM                           | -                   | NC          |
| UREA/SALICYLIC CREAM                          | -                   | NC          |
| XALIX SOL                                     | -                   | NC          |

**KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS**

|              |   |    |
|--------------|---|----|
| CONDYLOX GEL | - | NC |
|--------------|---|----|

**LOCAL ANESTHETICS - TOPICAL**

|   |    |    |
|---|----|----|
| lidocaine cream 3% (LIDAMANTLE equiv)                   | -  | 1  |
| lidocaine gel (GLYDO equiv)                             | -  | 1  |
| lidocaine gel (XYLOCAINE 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 hcl cream 4.12%                               | -  | NC |
| lidocaine hcl gel 2.8% (LIDOGEL equiv)                  | -  | NC |
| lidocaine lotion  | -  | NC |
| lidocaine oint/transparent dressing kit                 | -  | NC |

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|   |                                |   |
|---|--------------------------------|---|
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| <b>NC/3P</b> = Not Covered, Third Party Reviewer            |                                |   |
| 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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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**State of Arkansas Formulary  
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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                           |              |      |
| lidocaine patch 3.5% (GEN7T equiv)                     | -            | 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   |
| PROZENA PAD  | -            | NC   |
| SILVERA PAD  | -            | NC   |
| SOLAICE PATCH  | -            | NC   |
| SYNVEXIA TC CREAM                                      | -            | NC   |
| WPR PLUS   | -            | NC   |
| ZILACAINE PAK  | -            | NC   |
| ZYLOTROL-L KIT   | -            | NC   |
| <b>MISC. DERMATOLOGICAL PRODUCTS</b>                   |              |      |
| NEOSALUS FOAM  | -            | NC   |
| NEOSALUS LOTION  | -            | NC   |
| <b>MISC. TOPICAL</b>                                   |              |      |
| DRYSOL SOLN  | -            | 1    |
| DERMACINRX CREAM                                       | -            | NC   |
| HYCLODEX SOLN  | -            | NC   |
| QBREXZA PAD  | -            | NC   |
| SOFDRA GEL   | -            | NC   |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b> |              |      |
| EUCRISA OINT   | -            | NC   |
| ZORYVE CREAM   | -            | NC   |
| <b>PIGMENTING-DEPIGMENTING AGENTS</b>                  |              |      |
| hydroquinone cream (LUSTRA equiv)                      | -            | EXC  |
| TRI-LUMA CREAM   | -            | EXC  |
| <b>ROSACEA AGENTS</b>                                  |              |      |
| metronidazole cream (METROCREAM equiv)                 | -            | 1    |
| metronidazole gel 0.75% (METROGEL equiv)               | -            | 1    |
| azelaic acid gel (FINACEA equiv)                       | -            | 2    |
| FINACEA FOAM   | -            | 2    |
| metronidazole gel (METROGEL equiv)                     | -            | 2    |
| metronidazole lotion (METROLOTION equiv)               | -            | 2    |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer            |                                |   |
| 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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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**State of Arkansas Formulary**  
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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                             |              |      |
| brimonidine tartrate gel (MIRVASO equiv)                 | -            | EXC  |
| MIRVASO GEL  | -            | EXC  |
| RHOFADE CREAM  | -            | EXC  |
| DAZOMON GEL  | -            | NC   |
| doxycycline (rosacea) cap delayed release (ORACEA equiv) | -            | 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   |
| ROSDAN KIT   | -            | NC   |
| SOOLANTRA CREAM  | -            | NC   |
| ZILXI FOAM   | -            | NC   |
| <b>SCABICIDES &amp; PEDICULICIDES</b>                    |              |      |
| permethrin cream (ELIMITE CREAM equiv)                   | -            | 1    |
| SPINOSAD SUSP (QL= 1 bottle/fill)                        | QL           | 2    |
| LINDANE SHAMPOO  | -            | 3    |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)      | QL           | 3    |
| NATROBA SUSP (QL= 1 bottle/fill)                         | QL           | 3    |
| CROTAN LOTION  | -            | NC   |
| ELIMITE CREAM  | -            | NC   |
| IVERMECTIN LOTION  | -            | NC   |
| OVIDE LOTION   | -            | NC   |
| SKLICE LOTION  | -            | NC   |
| <b>SCAR TREATMENT PRODUCTS</b>                           |              |      |
| SCARCIN GEL  | -            | NC   |
| scarcin gel (SCARCIN equiv)                              | -            | NC   |
| SCARCIN LIQUID ROLL-ON                                   | -            | NC   |
| SILIPAC KIT  | -            | NC   |
| <b>WOUND CARE PRODUCTS</b>                               |              |      |
| REGRANEX GEL (QL= 30gm/fill)                             | QL           | 2    |
| ALEVICYN SOLN DERMAL                                     | -            | NC   |
| BIAFINE EMULSION   | -            | NC   |
| catrace kit (REXASIL equiv)                              | -            | NC   |
| COLLANEX EXTERNAL POWDER                                 | -            | NC   |
| FILSUVEZ GEL   | -            | NC   |
| KERAMATRIX   | -            | NC   |
| KERASTAT CREAM   | -            | NC   |
| KERASTAT GEL   | -            | NC   |
| WOUND-DRESSING GELS                                      | -            | NC   |

**DIAGNOSTIC PRODUCTS**

**DIAGNOSTIC BIOLOGICALS**

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer            |                                |   |
| INF Infertility   | OTC Over-the-Counter           | PA Prior Authorization                          |
| QL Quantity Limit   | RDX Restricted to Diagnosis    | RS Restricted to Specialist                     |
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| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>DIAGNOSTIC PRODUCTS Cont.</b>                         |              |      |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN            | -            | NC   |
| <b>DIAGNOSTIC DRUGS</b>                                  |              |      |
| GLUCAGEN INJ   | -            | 2    |
| GLUCAGON DIAGNOSTIC INJ                                  | -            | NC   |
| MACRILEN PACK  | -            | NC   |
| <b>DIAGNOSTIC PRODUCTS, MISC.</b>                        |              |      |
| FREESTYLE LITE TEST STRIP                                | OTC          | NC   |
| <b>DIAGNOSTIC TESTS</b>                                  |              |      |
| ACCU-CHEK AVIVA PLUS TEST STRIP (QL= 153 strips/30 days) | OTC-QL       | \$0  |
| ACCU-CHEK GUIDE TEST STRIP (QL= 153 strips/30 days)      | OTC-QL       | \$0  |
| ACCU-CHEK SMARTVIEW TEST STRIP (QL= 153 strips/30 days)  | OTC-QL       | \$0  |
| ACCU-CHEK TEST STRIP (QL= 153 strips/30 days)            | OTC-QL       | \$0  |
| ONETOUCH TEST STRIP (QL= 153 strips/30 days)             | OTC-QL       | \$0  |
| ONETOUCH VERIO TEST STRIP (QL= 153 strips/30 days)       | OTC-QL       | \$0  |
| CLINISTIX TEST STRIP                                     | OTC          | 1    |
| KETO-DIASTIX TEST STRIP                                  | OTC          | 1    |
| KETOSTIX   | OTC          | 1    |
| COVID-19 TEST  | OTC          | EXC  |
| CUE COVID-19 INJ TEST CARTRIDGE                          | OTC          | EXC  |
| CUE HEALTH MONITOR                                       | OTC          | EXC  |
| FREESTYLE INSULINX TEST STRIP                            | OTC          | NC   |
| FREESTYLE PRECISION NEO TEST STRIP                       | OTC          | NC   |
| FREESTYLE TEST STRIP                                     | OTC          | NC   |
| PRECISION XTRA KETONE TEST STRIP                         | OTC          | NC   |
| PRECISION XTRA TEST STRIP                                | OTC          | NC   |
| TEST STRIP (all other test strips)                       | OTC          | NC   |
| <b>RADIOGRAPHIC CONTRAST MEDIA</b>                       |              |      |
| 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 |
| XAQUIL XR TAB      | - | EXC |
| XYZBAC TAB         | - | EXC |

**DIGESTIVE AIDS**

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>DIGESTIVE ENZYMES</b>   |              |      |
| CREON CAP  | -            | 2    |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP  | -            | NC   |
| SUCRAID SOLN   | -            | NC   |
| <b>DIURETICS</b>   |              |      |
| <b>CARBONIC ANHYDRASE INHIBITORS</b>   |              |      |
| 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   |
| <b>DIURETIC COMBINATIONS</b>   |              |      |
| AMILORIDE/HCTZ TAB   | -            | 1    |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv)  | -            | 1    |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)                                     | -            | 1    |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv)  | -            | 1    |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv)  | -            | 1    |
| ALDACTAZIDE TAB  | -            | NC   |
| MAXZIDE TAB  | -            | NC   |
| <b>LOOP DIURETICS</b>  |              |      |
| bumetanide tab (BUMEX equiv)   | -            | 1    |
| FUROSEMIDE SOLN  | -            | 1    |
| furosemide soln (LASIX equiv)  | -            | 1    |
| furosemide tab (LASIX equiv)   | -            | 1    |
| torseamide tab (DEMADEX equiv)   | -            | 1    |
| ethacrynic tab (EDECIN equiv)  | -            | 2    |
| FUROSCIX KIT (QL= 8 inj/fill)  | QL-SP        | 4    |
| EDECIN TAB   | -            | NC   |
| LASIX TAB  | -            | NC   |
| SOAANZ TAB   | -            | NC   |
| <b>POTASSIUM SPARING DIURETICS</b>   |              |      |
| 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 or older) | PA           | 3    |
| ALDACTONE TAB  | -            | NC   |
| CAROSPIR SUSP  | -            | NC   |
| DYRENIUM CAP   | -            | NC   |
| <b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>   |              |      |
| CHLOROTHIAZIDE TAB   | -            | 1    |
| chlorothiazide tab (DIURIL equiv)  | -            | 1    |
| chlorthalidone tab   | -            | 1    |
| hydrochlorothiazide cap (MICROZIDE equiv)  | -            | 1    |
| hydrochlorothiazide tab (HYDRODIURIL equiv)  | -            | 1    |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer            |                                |   |
| INF Infertility   | OTC Over-the-Counter           | PA Prior Authorization                          |
| QL Quantity Limit   | RDX Restricted to Diagnosis    | RS Restricted to Specialist                     |
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| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>DIURETICS Cont.</b>  |              |      |
| indapamide tab (LOZOL equiv)  | -            | 1    |
| metolazone tab (ZAROXOLYN equiv)                                    | -            | 1    |
| DIURIL SUSP   | -            | 2    |
| THALITONE TAB   | -            | NC   |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>                       |              |      |
| <b>ADRENAL STEROID INHIBITORS</b>                                   |              |      |
| ISTURISA TAB 10MG (QL= 6 tabs/day)                                  | PA-QL-SP     | 4    |
| ISTURISA TAB 1MG (QL= 8 tabs/day)                                   | PA-QL-SP     | 4    |
| ISTURISA TAB 5MG (QL= 2 tabs/day)                                   | PA-QL-SP     | 4    |
| RECORLEV TAB  | -            | NC   |
| <b>BONE DENSITY REGULATORS</b>                                      |              |      |
| alendronate tab (FOSAMAX equiv)                                     | -            | 1    |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)            | QL           | 1    |
| ALENDRONATE TAB 40MG  | -            | 2    |
| calcitonin nasal spray (MIACALCIN equiv)                            | -            | 2    |
| risedronate tab (ACTONEL equiv)                                     | -            | 2    |
| alendronate sodium oral soln (FOSAMAX equiv)                        | -            | 3    |
| risedronate DR tab (ATELVIA equiv)                                  | -            | 3    |
| NATPARA INJ   | PA-SP        | 4    |
| TERIPARATIDE INJ 620MCG/2.48ML                                      | PA-SP        | 4    |
| TYMLOS INJ  | SP           | 4    |
| ACTONEL TAB   | -            | NC   |
| ATELVIA TAB   | -            | NC   |
| BINOSTO TAB   | -            | NC   |
| BONIVA TAB 150MG  | -            | NC   |
| calcitonin inj (MIACALCIN equiv)                                    | -            | NC   |
| FORTEO INJ  | -            | NC   |
| FOSAMAX TAB   | -            | NC   |
| FOSAMAX+D TAB   | -            | NC   |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) | -            | NC   |
| <b>CORTICOTROPIN</b>  |              |      |
| ACTHAR GEL AUTO-INJECTOR  | -            | NC   |
| ACTHAR GEL INJ  | -            | NC   |
| CORTROPHIN INJ GEL  | -            | NC   |
| <b>FERTILITY REGULATORS</b>   |              |      |
| CLOMID TAB  | INF          | EXC  |
| CLOMIPHENE TAB  | INF          | EXC  |
| OVIDREL INJ   | INF          | EXC  |
| <b>GNRH/LHRH ANTAGONISTS</b>  |              |      |
| ORLISSA TAB 150MG (QL= 1 tab/day)                                   | PA-QL        | 2    |
| ORLISSA TAB 200MG (QL= 2 tabs/day)                                  | PA-QL        | 2    |
| cetorelix acetate for inj kit (CETROTIDE equiv)                     | INF          | EXC  |
| CETROTIDE KIT   | INF          | EXC  |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>                          |              |      |

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|     |  |      |                         |    |  |
|-----|--|------|-------------------------|----|--|
| INF | NC = Not Covered   | OTC  | generic = small letters | PA | BRANDS = CAPITAL LETTERS                     |
| QL  | NC/3P = Not Covered, Third Party Reviewer                | RDX  | Over-the-Counter        | RS | Prior Authorization                          |
| SF  | Infertility  | SMKG | Restricted to Diagnosis | SP | Restricted to Specialist                     |
| ST  | Quantity Limit   | VAC  | Smoking Cessation       | ¢  | Available through Specialty Pharmacy Program |
|     | Limited to two 15 day fills per month for first 3 months |      | Vaccine Program         |    | RxCENTS                                      |
|     | Step Therapy   |      |                         |    |  |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>  |              |      |
| SOMAVERT INJ   | PA-SP        | 4    |
| <b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>  |              |      |
| EGRIFTA INJ  | -            | EXC  |
| <b>GROWTH HORMONES</b>   |              |      |
| GENOTROPIN INJ   | PA-SP        | 4    |
| GENOTROPIN INJ 12mg  | 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   |
| <b>HORMONE RECEPTOR MODULATORS</b>   |              |      |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | -            | \$0  |
| EVISTA TAB   | -            | NC   |
| OSPHENA TAB  | -            | NC   |
| <b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>  |              |      |
| INCRELEX INJ   | SP           | 4    |
| <b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>   |              |      |
| SYNAREL NASAL SOLN   | -            | 2    |
| LUPRON DEPOT INJ PED   | SP           | 4    |
| LUPRON DEPOT PED INJ   | SP           | 4    |
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANTS</b>  |              |      |
| VEOZAH TAB   | -            | NC   |
| <b>METABOLIC MODIFIERS</b>   |              |      |
| 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 (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        | 3    |
| betaine powder for oral solution (CYSTADANE equiv)   | SP           | 4    |
| 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    |
| STRENSIQ INJ   | PA-SP        | 4    |
| BUPHENYL POWDER  | -            | NC   |

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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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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**State of Arkansas Formulary**  
**Category/Class**  
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| DrugName  | Special Code | Tier |
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| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b> |              |      |
| BUPHENYL TAB  | -            | NC   |
| CALCITRIOL INJ                                      | -            | NC   |
| CARBAGLU TAB  | -            | NC   |
| CARNITOR SOLN                                       | -            | NC   |
| CARNITOR TAB  | -            | NC   |
| CITRULLINE EASY TAB                                 | -            | NC   |
| CYSTADANE POWDER                                    | -            | NC   |
| HECTOROL CAP  | -            | NC   |
| KUVAN POWDER PACK                                   | -            | NC   |
| KUVAN TAB   | -            | 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   |
| ROCALTROL CAP                                       | -            | NC   |
| ROCALTROL SOLN                                      | -            | NC   |
| SENSIPAR TAB  | -            | NC   |
| XURIDEN POWDER                                      | -            | NC   |
| YORVIPATH INJ                                       | -            | NC   |
| ZEMPLAR CAP   | -            | NC   |

**MINERALOCORTICOID RECEPTOR ANTAGONISTS**

|                              |       |   |
|------------------------------|-------|---|
| KERENDIA TAB (QL= 1 tab/day) | PA-QL | 3 |
|------------------------------|-------|---|

**NATRIURETIC PEPTIDES**

|                              |          |   |
|------------------------------|----------|---|
| VOXZOGO INJ (QL= 1 vial/day) | PA-QL-SP | 4 |
|------------------------------|----------|---|

**POSTERIOR PITUITARY HORMONES**

|  |   |    |
|--|---|----|
| desmopressin acetate tab (DDAVP equiv) | - | 2  |
| STIMATE NASAL SOLN                     | - | 2  |
| DDAVP NASAL SOLN                       | - | 3  |
| DDAVP NASAL SPRAY                      | - | NC |
| DDAVP TAB                              | - | 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 |
|----------------------------------|---|---|

**SOMATOSTATIC AGENTS**

|                                    |          |   |
|------------------------------------|----------|---|
| octreotide inj (SANDOSTATIN equiv) | SP       | 1 |
| OCTREOTIDE INJ 100MCG              | SP       | 4 |
| SIGNIFOR INJ (QL= 2 vials/day)     | PA-QL-SP | 4 |

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| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b> |              |      |
| BYNFEZIA PEN INJ                                    | -            | NC   |
| MYCAPSSA CAP  | -            | NC   |
| SANDOSTATIN LAR INJ KIT                             | -            | NC   |

**VASOPRESSIN RECEPTOR ANTAGONISTS**

|                               |          |    |
|-------------------------------|----------|----|
| JYNARQUE PAK (QL= 2 tabs/day) | PA-QL-SP | 4  |
| JYNARQUE TAB (QL= 2 tabs/day) | PA-QL-SP | 4  |
| TOLVAPTAN TAB                 | -        | NC |
| tolvaptan tab (SAMSCA equiv)  | -        | NC |

**ESTROGENS**

**ESTROGEN COMBINATIONS**

|   |       |    |
|---|-------|----|
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | -     | 1  |
| estradiol/norethindrone tab (ACTIVELLA equiv)                 | -     | 1  |
| jjinteli 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  |
| ACTIVELLA TAB   | -     | NC |
| ANGELIQ TAB   | -     | NC |
| BIJUVA CAP  | -     | NC |
| CLIMARA PRO PATCH   | -     | NC |
| COMBIPATCH  | -     | NC |
| DUAVEE TAB  | -     | NC |
| FEMHRT TAB  | -     | NC |
| PREFEST TAB   | -     | NC |

**ESTROGENS**

|   |    |    |
|---|----|----|
| estradiol patch (CLIMARA equiv)                           | -  | 1  |
| estradiol patch (VIVELLE-DOT equiv)                       | -  | 1  |
| estradiol tab (ESTRACE equiv)                             | -  | 1  |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 2  |
| PREMARIN TAB  | -  | 2  |
| ALORA PATCH   | -  | 3  |
| MENEST TAB  | -  | 3  |
| CLIMARA PATCH   | -  | NC |
| DELESTROGEN INJ   | -  | 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 PATCH   | -  | NC |

**FLUOROQUINOLONES**

**FLUOROQUINOLONES**

|                                    |   |   |
|------------------------------------|---|---|
| ciprofloxacin tab (CIPRO equiv)    | - | 1 |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |

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| <b>FLUOROQUINOLONES Cont.</b>     |              |      |
| levofloxacin tab (LEVAQUIN equiv) | -            | 1    |
| ofloxacin tab (FLOXIN equiv)      | -            | 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 |
|--------------------------------|-------|---|

**AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

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

**BILE ACID SYNTHESIS DISORDER AGENTS**

|             |       |   |
|-------------|-------|---|
| CHOLBAM CAP | PA-SP | 4 |
|-------------|-------|---|

**FARNESOID X RECEPTOR (FXR) AGONISTS**

|             |   |    |
|-------------|---|----|
| OCALIVA TAB | - | NC |
|-------------|---|----|

**GALLSTONE SOLUBILIZING AGENTS**

|                                   |   |    |
|-----------------------------------|---|----|
| ursodiol cap (ACTIGALL equiv)     | - | 1  |
| ursodiol tab (URSO (FORTE) equiv) | - | 1  |
| ACTIGALL CAP                      | - | 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) | PA-QL | 2  |
| AMITIZA CAP                                       | -     | NC |

**GASTROINTESTINAL STIMULANTS**

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

**HEPATOTROPICS**

|               |   |    |
|---------------|---|----|
| REZDIFFRA TAB | - | NC |
|---------------|---|----|

**ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS**

|                                     |          |   |
|-------------------------------------|----------|---|
| BYLVAY CAP 1200MCG (QL= 5 caps/day) | PA-QL-SP | 4 |
|-------------------------------------|----------|---|

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| <b>GASTROINTESTINAL AGENTS - MISC. Cont.</b> |              |      |
| 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                        | -            | NC   |
| <b>INFLAMMATORY BOWEL AGENTS</b>             |              |      |
| balsalazide cap (COLAZAL equiv)              | -            | 1    |
| sulfasalazine EC tab (AZULFIDINE equiv)      | -            | 1    |
| sulfasalazine tab (AZULFIDINE equiv)         | -            | 1    |
| 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    |
| 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    |
| 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 250MG                         | -            | NC   |
| ROWASA KIT                                   | -            | NC   |
| VELSIPITY TAB                                | -            | NC   |
| ZYMFENTRA INJ                                | -            | NC   |
| <b>INTESTINAL ACIDIFIERS</b>                 |              |      |
| lactulose soln                               | -            | 1    |
| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b> |              |      |
| alosetron tab (LOTRONEX equiv)               | -            | 3    |
| LINZESS CAP (QL= 1 cap/day)                  | PA-QL        | 3    |
| IBSRELA TAB                                  | -            | NC   |
| LOTRONEX TAB                                 | -            | NC   |
| VIBERZI TAB                                  | -            | NC   |
| ZELNORM TAB                                  | -            | NC   |
| <b>LIVE FECAL MICROBIOTA</b>                 |              |      |

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| <b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>  |  |  |   |  |  |
| VOWST CAP (QL= 12 caps/fill)  | PA-QL-SP   | 4  |   |  |  |
| <b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>   |  |  |   |  |  |
| MOVANTIK TAB  | PA   | 2  |   |  |  |
| SYMPROIC TAB  | PA   | 2  |   |  |  |
| alvimopan cap (ENTEREG equiv)   | -  | NC   |   |  |  |
| ENTEREG CAP   | -  | NC   |   |  |  |
| RELISTOR INJ  | -  | NC   |   |  |  |
| RELISTOR INJ KIT  | -  | NC   |   |  |  |
| RELISTOR TAB  | -  | NC   |   |  |  |
| <b>PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS</b>  |  |  |   |  |  |
| IQIRVO TAB  | -  | NC   |   |  |  |
| LIVDELZI CAP  | -  | NC   |   |  |  |
| <b>PHOSPHATE BINDER AGENTS</b>  |  |  |   |  |  |
| calcium acetate cap (PHOSLO equiv)  | -  | 1  |   |  |  |
| FOSRENOL POWDER PACK  | -  | 2  |   |  |  |
| lanthanum carbonate chew tab (FOSRENOL equiv)   | -  | 2  |   |  |  |
| PHOSLYRA SOLN   | -  | 2  |   |  |  |
| sevelamer powder pak (RENVELA equiv)  | -  | 2  |   |  |  |
| sevelamer tab (RENVELA TAB equiv)   | -  | 2  |   |  |  |
| AURYXIA 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   |   |  |  |
| <b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>  |  |  |   |  |  |
| GATTEX KIT  | -  | NC   |   |  |  |
| <b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>  |  |  |   |  |  |
| XERMELO TAB   | -  | NC   |   |  |  |
| <b>GENERAL ANESTHETICS</b>  |  |  |   |  |  |
| <b>ANESTHETICS - MISC.</b>  |  |  |   |  |  |
| KETAMINE HCL TROCHES  | -  | NC   |   |  |  |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS</b>   |  |  |   |  |  |
| <b>ALKALINIZERS</b>   |  |  |   |  |  |
| CYTRA K CRYSTALS  | -  | 1  |   |  |  |
| CYTRA-3 SYRUP   | -  | 1  |   |  |  |
| ORACIT SOLN   | -  | 1  |   |  |  |
| potassium citrate/citric acid powder pack (POLYCITRA equiv)   | -  | 1  |   |  |  |
| potassium citrate/citric acid soln (POLYCITRA-K equiv)  | -  | 1  |   |  |  |
| sodium citrate/citric acid soln (BICITRA equiv)   | -  | 1  |   |  |  |
| tricitrates soln (POLYCITRA-LC equiv)   | -  | 1  |   |  |  |
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| <b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b> |              |      |
| potassium citrate CR tab (UROCIT-K TAB equiv)     | -            | 2    |
| UROCIT-K TAB                                      | -            | NC   |
| <b>CYSTINOSIS AGENTS</b>                          |              |      |
| CYSTAGON CAP                                      | SP           | 4    |
| PROCYSBI CAP                                      | -            | NC   |
| PROCYSBI GRANULES PACKET                          | -            | NC   |
| <b>HYPEROXALURIA AGENTS</b>                       |              |      |
| RIFLOZA INJ 160MG                                 | -            | NC   |
| RIVFLOZA INJ                                      | -            | NC   |
| RIVFLOZA VIAL                                     | -            | NC   |
| <b>IGA NEPHROPATHY (IGAN) AGENTS</b>              |              |      |
| FILSPARI TAB                                      | -            | NC   |
| <b>INTERSTITIAL CYSTITIS AGENTS</b>               |              |      |
| ELMIRON CAP                                       | -            | 2    |
| PENTOSAN CAP                                      | -            | NC   |
| <b>PROSTATIC HYPERTROPHY AGENTS</b>               |              |      |
| 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   |
| <b>URINARY ANALGESICS</b>                         |              |      |
| phenazopyridine tab (PYRIDIDIUM equiv)            | -            | 1    |
| phenazopyridine tab 95mg (AZO equiv)              | OTC          | EXC  |
| phenazopyridine tab 97.5mg (AZO equiv)            | OTC          | EXC  |
| phenazopyridine tab 99.5mg (AZO equiv)            | OTC          | EXC  |
| PYRIDIDIUM TAB                                    | -            | NC   |
| <b>URINARY STONE AGENTS</b>                       |              |      |
| tiopronin tab (THIOLA equiv)                      | PA-SP        | 1    |
| LITHOSTAT TAB                                     | -            | 3    |
| THIOLA EC TAB                                     | -            | NC   |
| tiopronin tab delayed release (THIOLA EC equiv)   | -            | NC   |
| <b>GOUT AGENTS</b>                                |              |      |
| <b>GOUT AGENT COMBINATIONS</b>                    |              |      |
| colchicine/probenecid tab (COL-BENEMID equiv)     | -            | 1    |
| DUZALLO TAB                                       | -            | NC   |

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| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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| <b>DrugName</b> | <b>Special Code</b> | <b>Tier</b> |
|-----------------|---------------------|-------------|
|-----------------|---------------------|-------------|

**GOUT AGENTS Cont.**

**GOUT AGENTS**

|   |    |    |
|---|----|----|
| allopurinol tab (ZYLOPRIM equiv)  | -  | 1  |
| colchicine tab (COLCRYS equiv)  | -  | 2  |
| febuxostat tab (ULORIC equiv)   | -  | 2  |
| GLOPERBA SOLN (Prior Authorization required for members age 9 or 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**

|              |       |   |
|--------------|-------|---|
| HEMLIBRA INJ | PA-SP | 4 |
|--------------|-------|---|

**BRADYKININ B2 RECEPTOR ANTAGONISTS**

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

**COMPLEMENT INHIBITORS**

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

**HEMATAOLOGIC - TYROSINE KINASE INHIBITORS**

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

**HEMATORHEOLOGIC AGENTS**

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

**PLASMA KALLIKREIN INHIBITORS**

|                       |   |    |
|-----------------------|---|----|
| ORLADEYO CAP          | - | 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 |

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| <b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>  |              |      |
| dipyridamole tab (PERSANTINE equiv)  | -            | 1    |
| prasugrel tab (EFFIENT equiv)  | -            | 1    |
| aspirin/dipyridamole cap (AGGRENOX equiv)  | -            | 2    |
| BRILINTA TAB   | -            | 2    |
| ZONTIVITY TAB (Restricted to Cardiology Specialist)  | RS           | 3    |
| AGRYLIN CAP  | -            | NC   |
| ASPIRIN/OMEPRAZOLE ER TAB  | -            | NC   |
| CLOPIDOGREL THERAPY PACK   | -            | NC   |
| EFFIENT TAB  | -            | NC   |
| PLAVIX TAB 300MG   | -            | NC   |
| PLAVIX TAB 75MG  | -            | NC   |
| YOSPRALA TAB   | -            | NC   |
| <b>PYRUVATE KINASE ACTIVATORS</b>  |              |      |
| PYRUKYND TAB (QL= 2 tabs/day)  | PA-QL-SP     | 4    |
| PYRUKYND TAPER PACK (QL= 1 tab/day)  | PA-QL-SP     | 4    |
| <b>HEMATOPOIETIC AGENTS</b>  |              |      |
| <b>AGENTS FOR GAUCHER DISEASE</b>  |              |      |
| miglustat cap (ZAVESCA equiv)  | PA-SP        | 1    |
| CERDELGA CAP   | PA-SP        | 4    |
| ZAVESCA CAP  | -            | NC   |
| <b>AGENTS FOR SICKLE CELL ANEMIA</b>   |              |      |
| DROXIA CAP   | -            | 2    |
| OXBRYTA TAB (QL= 3 tabs/day)   | PA-QL-SP     | 4    |
| SIKLOS TAB   | -            | NC   |
| <b>AGENTS FOR SICKLE CELL DISEASE</b>  |              |      |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)                                     | PA-QL-SP     | 1    |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day)   | PA-QL-SP     | 4    |
| ENDARI POWDER PACKET   | -            | NC   |
| <b>COBALAMINS</b>  |              |      |
| cyanocobalamin inj   | -            | 1    |
| cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)  | -            | 3    |
| NASCOBAL SPRAY   | -            | NC   |
| <b>FOLIC ACID/FOLATES</b>  |              |      |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | -            | \$0  |
| folic acid tab 400mcg (Covered for females only)   | OTC          | \$0  |
| folic acid tab 800mcg (Covered for females only)   | OTC          | \$0  |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>  |              |      |
| RETACRIT INJ   | -            | 2    |
| DOPTELET TAB (QL= 2 tabs/day)  | PA-QL-SP     | 4    |
| FULPHILA INJ   | SP           | 4    |
| NIVESTYM INJ   | SP           | 4    |
| NYVEPRIA INJ   | SP           | 4    |
| PROMACTA POWDER (QL= 1 packet/day)   | PA-QL-SP     | 4    |
| PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day)  | PA-QL-SP     | 4    |

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| DrugName                           | Special Code | Tier |
|------------------------------------|--------------|------|
| <b>HEMATOPOIETIC AGENTS Cont.</b>  |              |      |
| PROMACTA TAB 50MG (QL= 2 tabs/day) | PA-QL-SP     | 4    |
| PROMACTA TAB 75MG (QL= 2 tabs/day) | PA-QL-SP     | 4    |
| ZARXIO INJ                         | SP           | 4    |
| ALVAIZ TAB                         | -            | NC   |
| ARANESP INJ                        | -            | NC   |
| FYLNETRA INJ                       | -            | NC   |
| GRANIX INJ                         | -            | NC   |
| JESDUVROQ TAB                      | -            | NC   |
| MULPLETA TAB                       | -            | NC   |
| NEULASTA INJ                       | -            | NC   |
| PROCRIT INJ                        | -            | NC   |
| RELEUKO INJ                        | -            | NC   |
| RELEUKO PREFILLED SYRINGE INJ      | -            | NC   |
| STIMUFEND INJ                      | -            | NC   |
| UDENYCA INJ                        | -            | NC   |
| VAFSEO TAB                         | -            | NC   |
| ZIEXTENZO INJ                      | -            | NC   |
| <b>HEMATOPOIETIC MIXTURES</b>      |              |      |
| ferrex 150 forte cap               | -            | 1    |
| folbee tab                         | -            | 1    |
| MULTIGEN FOLIC TAB                 | -            | 1    |
| MULTIGEN PLUS TAB                  | -            | 1    |
| MULTIGEN TAB                       | -            | 1    |
| tricon cap (TRINSICON equiv)       | -            | 1    |
| NEPHRON FA TAB                     | -            | 2    |
| BENTIVITE TAB                      | -            | NC   |
| BIFERARX TAB                       | -            | NC   |
| B-SERENE PAD                       | -            | NC   |
| CYFOLEX CAP                        | -            | NC   |
| FEONYX TAB                         | -            | NC   |
| FERRO-PLEX TAB                     | -            | NC   |
| FOLITE TAB                         | -            | NC   |
| FOLVITE-FE TAB                     | -            | NC   |
| MULTIVITAMIN TAB                   | -            | NC   |
| OVEEZA CAP                         | -            | NC   |
| PUREFOLIX TAB                      | -            | NC   |
| <b>IRON</b>                        |              |      |
| ACCRUFER CAP                       | -            | NC   |
| ferrous sulfate elixir             | OTC          | NC   |
| FERROUS SULFATE LIQUID             | OTC          | NC   |
| ferrous sulfate soln               | OTC          | NC   |
| <b>STEM CELL MOBILIZERS</b>        |              |      |
| XOLREMDI CAP                       | -            | NC   |

**HEMOSTATICS**

**HEMOSTATICS - SYSTEMIC**

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|--|--------------|------|
| <b>HEMOSTATICS Cont.</b>   |              |      |
| aminocaproic acid soln (AMICAR equiv)                                | -            | 2    |
| aminocaproic acid tab (AMICAR equiv)                                 | -            | 2    |
| tranexamic acid tab (LYSTEDA equiv)                                  | -            | 2    |
| AMICAR SOLN  | -            | NC   |
| AMICAR TAB   | -            | NC   |
| LYSTEDA TAB  | -            | NC   |
| <b>HYPNOTICS</b>   |              |      |
| <b>NON-BARBITURATE HYPNOTICS</b>                                     |              |      |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)                          | QL           | 1    |
| <b>OREXIN RECEPTOR ANTAGONISTS</b>                                   |              |      |
| BELSOMRA TAB   | -            | NC   |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>                     |              |      |
| <b>ANTIHISTAMINE HYPNOTICS</b>                                       |              |      |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)        | -            | 1    |
| <b>BARBITURATE HYPNOTICS</b>   |              |      |
| phenobarbital elixir   | -            | 1    |
| phenobarbital tab  | -            | 1    |
| SECONAL CAP  | -            | 2    |
| <b>HYPNOTICS - TRICYCLIC AGENTS</b>                                  |              |      |
| doxepin tab (SILENOR equiv)  | -            | NC   |
| <b>NON-BARBITURATE HYPNOTICS</b>                                     |              |      |
| 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    |
| 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           | 2    |
| 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   |

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| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>   |              |      |
| zolpidem tartrate SL tab (INTERMEZZO equiv)  | -            | NC   |
| ZOLPIDEM TARTRATE SL TAB 1.75MG  | -            | NC   |
| ZOLPIDEM TARTRATE SL TAB 3.5MG   | -            | NC   |
| ZOLPIMIST SPRAY  | -            | NC   |
| <b>OREXIN RECEPTOR ANTAGONISTS</b>   |              |      |
| DAYVIGO TAB (QL= 1 tab/day)  | PA-QL        | 3    |
| QUVIVIQ TAB  | -            | NC   |
| <b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>   |              |      |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)  | QL           | 2    |
| HETLIOZ CAP  | -            | NC   |
| HETLIOZ SUSP   | -            | NC   |
| ROZEREM TAB  | -            | NC   |
| tasimelteon cap (HETLIOZ equiv)  | -            | NC   |
| <b>LAXATIVES</b>   |              |      |
| <b>LAXATIVE COMBINATIONS</b>   |              |      |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)                              | QL           | \$0  |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)               | QL           | \$0  |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)    | QL           | \$0  |
| peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL           | \$0  |
| sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay)                | QL           | \$0  |
| CLENPIQ SOLN   | -            | NC   |
| GOLYTELY SOLN  | -            | NC   |
| MOVIPREP SOLN  | -            | NC   |
| NULYTELY SOLN  | -            | NC   |
| PEG-PREP KIT   | -            | NC   |
| PLENVU SOLN  | -            | NC   |
| SUFLAVE SOLN   | -            | NC   |
| SUPREP BOWEL PREP PACK   | -            | NC   |
| SUTAB TAB  | -            | NC   |
| <b>LAXATIVES - MISCELLANEOUS</b>   |              |      |
| lactulose soln   | -            | 1    |
| MIRALAX PACKET   | OTC          | EXC  |
| MIRALAX POWDER   | OTC          | EXC  |
| polyethylene glycol 3350 powder (MIRALAX equiv)  | OTC          | EXC  |
| GIALAX KIT   | -            | NC   |
| KRISTALOSE PACK, LACTULOSE PACK  | -            | NC   |
| KRISTALOSE PACKET  | -            | NC   |
| <b>SALINE LAXATIVES</b>  |              |      |
| OSMOPREP TAB   | -            | NC   |

**LOCAL ANESTHETICS-PARENTERAL**

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**LOCAL ANESTHETICS-PARENTERAL Cont.**

**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  |
| ERYTHROMYCIN ETHYLSUCCINATE TAB                              | - | 3  |
| erythromycin tab (ERY-TAB equiv)                             | - | 3  |
| PCE TAB  | - | 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 |

**MEDICAL DEVICES AND SUPPLIES**

**CONTRACEPTIVES**

|                |     |     |
|----------------|-----|-----|
| DIAPHRAGM      | -   | \$0 |
| CERVICAL CAP   | -   | EXC |
| FEMALE CONDOMS | OTC | EXC |
| MALE CONDOMS   | OTC | EXC |

**DIABETIC SUPPLIES**

|  |       |     |
|--|-------|-----|
| ACCU-CHEK AVIVA PLUS METER   | OTC   | \$0 |
| ACCU-CHEK GUIDE CARE METER   | OTC   | \$0 |
| ACCU-CHEK GUIDE ME KIT   | OTC   | \$0 |
| ACCU-CHEK NANO METER   | 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 |

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|   |  |  |
|---|--|--|
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|---|--|--|

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**State of Arkansas Formulary**  
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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>MEDICAL DEVICES AND SUPPLIES Cont.</b>   |              |      |
| 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  |
| LANCET KIT  | OTC          | \$0  |
| LANCETS   | OTC          | \$0  |
| ONETOUCH METER  | OTC          | \$0  |
| ONETOUCH VERIO FLEX METER   | OTC          | \$0  |
| ONETOUCH VERIO IQ METER   | OTC          | \$0  |
| ONETOUCH VERIO METER  | OTC          | \$0  |
| ONETOUCH VERIO REFLECT 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    |
| 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 G6 INTRO KIT (QL= 1 kit/year)   | QL           | 2    |
| OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days)  | 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 INTRO KIT (QL= 1 kit/year)  | QL           | 2    |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month)   | QL           | 2    |
| 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   |
| FREESTYLE FREEDOM LITE METER  | OTC          | NC   |
| FREESTYLE INSULINX METER  | OTC          | NC   |
| FREESTYLE LITE METER  | OTC          | NC   |
| FREESTYLE PRECISION NEO METER   | OTC          | NC   |
| OMNIPOD DASH PDM KIT  | -            | NC   |
| PRECISION XTRA METER  | OTC          | NC   |
| <b>MISC. DEVICES</b>  |              |      |

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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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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**State of Arkansas Formulary  
Category/Class**

Last Updated\* 11/7/2024

| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>MEDICAL DEVICES AND SUPPLIES Cont.</b>                    |              |      |
| ALCOHOL SWABS  | OTC          | EXC  |
| <b>ORAL HYGIENE PRODUCTS</b>                                 |              |      |
| HURRISEAL MIS SNAP   | -            | NC   |
| <b>PARENTERAL THERAPY SUPPLIES</b>                           |              |      |
| B-D PEN NEEDLE   | -            | \$0  |
| NOVOFINE PEN NEEDLE  | -            | \$0  |
| NOVOTWIST PEN NEEDLE   | -            | \$0  |
| NOVOTWIST/NOVOFINE PEN NEEDLE                                | -            | \$0  |
| B-D INSULIN SYRINGE  | --OTC        | 1    |
| CARETOUCH MIS  | OTC          | 1    |
| CEQR SIMPLICITY  | -            | NC   |
| INPEN INSULIN INJECTION DEVICE                               | -            | NC   |
| INSULIN SYRINGE  | OTC          | NC   |
| PEN NEEDLE   | OTC          | NC   |
| <b>RESPIRATORY THERAPY SUPPLIES</b>                          |              |      |
| PEAK FLOW METER  | OTC          | 1    |
| AEROCHAMBER  | OTC          | 2    |
| <b>MIGRAINE PRODUCTS</b>                                     |              |      |
| <b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b> |              |      |
| 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    |
| NURTEC ODT   | -            | NC   |
| QULIPTA TAB  | -            | NC   |
| <b>MIGRAINE COMBINATIONS</b>                                 |              |      |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB                     | -            | 2    |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)     | -            | 2    |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP                    | -            | NC   |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)     | -            | NC   |
| ERGOTAMINE/CAFFEINE TAB                                      | -            | NC   |
| ergotamine/caffeine tab (CAFERGOT equiv)                     | -            | NC   |
| MIGERGOT SUPP  | -            | NC   |
| PRODRIN TAB  | -            | NC   |
| SUMANSETRON PAK  | -            | NC   |
| sumatriptan/naproxen tab (TREXIMET equiv)                    | -            | NC   |
| TREXIMET TAB   | -            | NC   |
| <b>MIGRAINE PRODUCTS</b>                                     |              |      |
| dihydroergotamine mesylate inj (D.H.E. equiv)                | -            | NC   |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv)      | -            | NC   |
| MIGRANAL SPRAY   | -            | NC   |
| TRUDHESA NASAL SPRAY   | -            | NC   |
| <b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>             |              |      |
| AIMOVIG INJ (QL= 1 pack/28 days)                             | PA-QL        | 2    |
| AJOVY INJ (QL= 1 pack/28 days)                               | PA-QL        | 2    |
| EMGALITY INJ (QL= 1 inj/28 days)                             | PA-QL        | 2    |

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|--|--|--|

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>MIGRAINE PRODUCTS Cont.</b>  |              |      |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)                                      | PA-QL        | 2    |
| <b>MIGRAINE PRODUCTS - NSAIDS</b>   |              |      |
| CAMBIA POWDER   | -            | NC   |
| diclofenac potassium (migraine) packet (CAMBIA equiv)                                     | -            | NC   |
| ELYXYB SOLN   | -            | NC   |
| <b>SEROTONIN AGONISTS</b>   |              |      |
| eletriptan tab (RELPAE 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 INJ 6MG/0.5ML (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   |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ   | -            | NC   |
| AMERGE TAB  | -            | NC   |
| AXERT TAB   | -            | NC   |
| FROVA TAB   | -            | NC   |
| frovatriptan tab (FROVA equiv)  | -            | NC   |
| IMITREX INJ   | -            | NC   |
| IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY  | -            | NC   |
| IMITREX TAB   | -            | NC   |
| IMITREX VIAL INJ  | -            | NC   |
| MAXALT MLT TAB  | -            | NC   |
| MAXALT TAB  | -            | NC   |
| ONZETRA XSAIL   | -            | NC   |
| RELPAE TAB  | -            | NC   |
| SUMAVEL DOSEPRO INJ   | -            | NC   |
| TOSYMRA SOLN  | -            | NC   |
| ZECUITY PAD   | -            | NC   |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY   | -            | NC   |
| ZOMIG TAB   | -            | NC   |
| ZOMIG ZMT   | -            | NC   |

**MINERALS & ELECTROLYTES**

**FLUORIDE**

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| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>MINERALS &amp; ELECTROLYTES Cont.</b>  |              |      |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)                  | -            | \$0  |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | -            | \$0  |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)     | -            | \$0  |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)                     | -            | \$0  |
| <b>PHOSPHATE</b>  |              |      |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv)  | -            | 1    |
| potassium phosphate monobasic tab (K-PHOS equiv)  | -            | 2    |
| K-PHOS NEUTRAL TAB  | -            | NC   |
| K-PHOS TAB  | -            | NC   |
| <b>POTASSIUM</b>  |              |      |
| K-TAB   | -            | 1    |
| POT/CHLORIDE EFFER TAB  | -            | 1    |
| potassium bicarbonate effer tab (K-LYTE equiv)  | -            | 1    |
| potassium chloride effer tab (K-LYTE/CL 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 POWDER  | -            | NC   |
| <b>ZINC</b>   |              |      |
| GALZIN CAP  | -            | 2    |

**MISCELLANEOUS THERAPEUTIC CLASSES**

|  |          |    |
|--|----------|----|
| <b>CHELATING AGENTS</b>  |          |    |
| trientine cap (SYPRINE equiv)  | PA-SP    | 1  |
| penicillamine tab (DEPEN TITRATAB equiv)   | -        | 2  |
| CUVRIOR TAB  | -        | NC |
| DEPEN TITRATAB   | -        | NC |
| penicillamine cap (CUPRIMINE equiv)  | -        | NC |
| TRIENTINE CAP  | -        | NC |
| <b>IMMUNOMODULATORS</b>  |          |    |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist) | QL-RS-SP | 1  |
| REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)                      | QL-RS-SP | 4  |
| REZUROCK TAB (QL= 1 tab/day)   | PA-QL-SP | 4  |
| JOENJA TAB   | -        | NC |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>  |          |    |
| 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 |

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|--|--------------|------|
| <b>MISCELLANEOUS THERAPEUTIC CLASSES Cont.</b>   |              |      |
| azathioprine tab 100mg (AZASAN equiv)  | -            | NC   |
| azathioprine tab 75mg (AZASAN equiv)   | -            | NC   |
| MYHIBBIN SUSP  | -            | NC   |
| PROGRAF PACKET   | -            | NC   |
| RAPAMUNE SOLN  | -            | NC   |
| ZORTRESS TAB   | -            | NC   |
| <b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>  |              |      |
| 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   |
| <b>POTASSIUM REMOVING AGENTS</b>   |              |      |
| SPS  | -            | 1    |
| LOKELMA PAK  | PA           | 2    |
| LOKELMA PAK 5GM  | PA           | 2    |
| LOKELMA PAK 10GM   | -            | NC   |
| LOKELMA PAK 5GM  | -            | NC   |
| <b>PROGERIA TREATMENT AGENTS</b>   |              |      |
| ZOKINVY CAP (QL= 4 caps/day)   | PA-QL-SP     | 4    |
| <b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>   |              |      |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)  | PA-QL-SP     | 4    |
| BENLYSTA INJ (QL= 4 inj/28 day)  | PA-QL-SP     | 4    |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>  |              |      |
| <b>ANESTHETICS TOPICAL ORAL</b>  |              |      |
| lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)  | -            | 1    |
| FIRST MOUTHWASH BLM  | -            | 3    |
| LIDOCAINE ORAL SOLN 4%   | -            | NC   |
| <b>ANTI-INFECTIVES - THROAT</b>  |              |      |
| clotrimazole troches (MYCELEX TROCHES equiv)   | -            | 1    |
| nystatin susp  | -            | 1    |
| NYSTATIN SUSP  | -            | NC   |
| ORAVIG TAB   | -            | NC   |
| <b>ANTISEPTICS - MOUTH/THROAT</b>  |              |      |
| chlorhexidine gluconate soln (PERIDEX equiv)   | -            | 1    |
| PERIDEX SOLN   | -            | NC   |
| <b>DENTAL PRODUCTS</b>   |              |      |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copy) | -            | \$0  |
| FLUORIDEX SENSITIVITY PASTE  | -            | 1    |
| sodium fluoride gel (PREVIDENT equiv)  | -            | 1    |
| sodium fluoride paste (PREVIDENT equiv)  | -            | 1    |
| sodium fluoride rinse (PREVIDENT equiv)  | -            | 1    |
| FRAICHE 5000 SENSITIVE GEL   | -            | NC   |
| PREVIDENT 5000 PLUS CREAM  | -            | NC   |
| PREVIDENT GEL  | -            | NC   |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>                |              |      |
| PREVIDENT PASTE  | -            | NC   |
| PREVIDENT SOLN   | -            | NC   |
| <b>STERIODS - MOUTH/THROAT</b>                         |              |      |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | -            | 1    |
| <b>THROAT PRODUCTS - MISC.</b>                         |              |      |
| 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   |
| <b>MULTIVITAMINS</b>                                   |              |      |
| <b>B-COMPLEX VITAMINS</b>                              |              |      |
| EB-N3 DR CAP   | -            | NC   |
| <b>B-COMPLEX W/ FOLIC ACID</b>                         |              |      |
| DIALYVITE TAB  | -            | 1    |
| dialyvite tab (NEPHRO-VITE equiv)                      | -            | 1    |
| DIALYVITE/ZINC TAB                                     | -            | 1    |
| FOLBEE PLUS CZ TAB                                     | -            | 1    |
| renaphro cap (NEPHROCAP equiv)                         | -            | 1    |
| FIBRIK CAP   | -            | NC   |
| NEPHROCAP  | -            | NC   |
| <b>MULTIPLE VITAMINS W/ MINERALS</b>                   |              |      |
| multivitamin/minerals tab (STROVITE equiv)             | -            | 1    |
| v-c forte cap (V-C FORTE equiv)                        | -            | 3    |
| DEXATRAN CAP   | -            | NC   |
| FOLAGENT DHA CAP                                       | -            | NC   |
| FOLAMED DHA CAP  | -            | NC   |
| REMEDIENT CAP  | -            | NC   |
| VITRECYL IRON TAB                                      | -            | NC   |
| VITRECYL TAB   | -            | NC   |
| <b>MULTIVITAMINS</b>                                   |              |      |
| FOLIKA-V TAB   | -            | NC   |
| <b>PED MULTI VITAMINS W/FL &amp; FE</b>                |              |      |
| pediatric multiple vitamins/fluoride/iron soln         | -            | 1    |
| POLY-VI-FLOR CHEW W/IRON                               | -            | NC   |
| <b>PED MV W/ FLUORIDE</b>                              |              |      |
| MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML                  | -            | 1    |
| MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML                   | -            | 1    |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG                      | -            | 1    |
| MULTIVITAMIN/FLOURIDE CHEW 1MG                         | -            | 1    |
| MULTIVITAMIN/FLUORIDE CHEW 0.25MG                      | -            | 1    |
| MULTIVITAMIN/FLUORIDE CHEW 0.5MG                       | -            | 1    |

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|---|---------------------|-------------|
| <b>MULTIVITAMINS Cont.</b>                                    |                     |             |
| MULTIVITAMIN/FLUORIDE CHEW 1MG                                | -                   | 1           |
| MULTIVITAMIN/FLUORIDE CHEW TAB                                | -                   | 1           |
| MULTI-VIT-FLOR CHEW 0.25MG                                    | -                   | 1           |
| MULTI-VIT-FLOR CHEW 0.5MG                                     | -                   | 1           |
| MULTI-VIT-FLOR CHEW 1MG                                       | -                   | 1           |
| pediatric multiple vitamins/fluoride soln                     | -                   | 1           |
| POLY-VI-FLOR CHEW 0.25MG                                      | -                   | 1           |
| POLY-VI-FLOR CHEW 0.5MG                                       | -                   | 1           |
| POLY-VI-FLOR CHEW 1MG   | -                   | 1           |
| QUFLORA PEDIATRIC CHEW 0.25MG                                 | -                   | 1           |
| QUFLORA PEDIATRIC CHEW 0.5MG                                  | -                   | 1           |
| QUFLORA PEDIATRIC CHEW 1MG                                    | -                   | 1           |
| TRI-VITAMIN FLUORIDE DROPS                                    | -                   | 1           |
| FLORIVA PLUS DROPS  | -                   | 2           |
| DAVIMET/FLUORIDE CHEW 0.75MG                                  | -                   | NC          |
| FLORAFOL CHEW TAB   | -                   | NC          |
| FLORAFOL PED CHEW TAB   | -                   | NC          |
| POLY-VI-FLOR CHEW 0.25MG                                      | -                   | NC          |
| POLY-VI-FLOR CHEW 0.5MG                                       | -                   | NC          |
| POLY-VI-FLOR CHEW 1MG   | -                   | NC          |
| POLY-VI-FLOR SUSP   | -                   | NC          |
| QUFLORA PEDIATRIC CHEW TAB                                    | -                   | NC          |
| <b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b> |                     |             |
| FLORIVA CHEW TAB  | -                   | NC          |
| <b>PRENATAL VITAMINS</b>                                      |                     |             |
| 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          |
| MULTI-MAC TAB   | -                   | NC          |
| PREGEN DHA CAP  | -                   | NC          |
| PREGENNA TAB  | -                   | NC          |
| PRENARA CAP   | -                   | NC          |
| PRENATOL-M TAB 27-1.2MG                                       | -                   | NC          |

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|----------------------------|---------------------|-------------|
| <b>MULTIVITAMINS Cont.</b> |                     |             |
| PRENATRIX TAB              | -                   | NC          |
| PRENATRYL TAB              | -                   | NC          |

**MUSCULOSKELETAL THERAPY AGENTS**

**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 10 MG/5ML (Prior Authorization Required for members age 9 and older)  | PA | 3  |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older)   | PA | 3  |
| baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older) | PA | 3  |
| cyclobenzaprine tab 7.5mg (FEXMID equiv)   | -  | 3  |
| FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)                  | PA | 3  |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)             | PA | 3  |
| metaxalone tab (SKELAXIN equiv)  | -  | 3  |
| METAXALONE TAB 400MG   | -  | 3  |
| BACLOFEN SUSP  | -  | NC |
| baclofen tab 15mg  | -  | NC |
| BACLOFEN TAB 5MG   | -  | 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 |
| METHOCARBAMOL TAB  | -  | NC |
| ROBAXIN TAB  | -  | NC |
| SKELAXIN TAB   | -  | NC |
| SOMA TAB   | -  | NC |
| SOMA TAB 250MG   | -  | NC |
| TANLOR TAB   | -  | 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 |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>                    |              |      |
| SOHONOS CAP 5MG  | -            | NC   |
| <b>MUSCLE RELAXANT COMBINATIONS</b>                            |              |      |
| CARISOPRODOL/ASPIRIN TAB                                       | -            | NC   |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv)                 | -            | NC   |
| CARISOPRODOL/ASPIRIN/CODEINE TAB                               | -            | NC   |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | -            | NC   |
| LORVATUS PHARMAPAK KIT   | -            | NC   |
| NORGESIC TAB FORTE   | -            | NC   |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)       | -            | NC   |
| TIZANIDINE COMFORT KIT   | -            | NC   |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>                     |              |      |
| <b>NASAL AGENT COMBINATIONS</b>                                |              |      |
| azelastine/fluticasone nasal spray (DYMISTA equiv)             | -            | NC   |
| AZENASE PAK  | -            | NC   |
| RYALTRIS SPRAY   | -            | NC   |
| <b>NASAL AGENTS - MISC.</b>                                    |              |      |
| ALCOHOL SWABS  | OTC          | EXC  |
| ALZAIR NASAL SPRAY   | -            | NC   |
| TICANASE PAK   | -            | NC   |
| <b>NASAL ANESTHETICS</b>                                       |              |      |
| COCAINE HCL SOLN   | -            | NC   |
| <b>NASAL ANTIALLERGY</b>                                       |              |      |
| 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   |
| <b>NASAL ANTICHOLINERGICS</b>                                  |              |      |
| ipratropium nasal spray (ATROVENT equiv)                       | -            | 1    |
| <b>NASAL STEROIDS</b>  |              |      |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)   | QL           | 1    |
| flunisolide nasal soln (QL= 2 bottles/fill)                    | QL           | 3    |
| 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   |
| mometasone nasal spray (NASONEX equiv)                         | -            | NC   |
| OMNARIS NASAL SPRAY  | -            | NC   |
| QNASL NASAL SPRAY  | -            | NC   |
| RHINOCORT AQUA NASAL SPRAY                                     | -            | NC   |
| XHANCE NASAL EXHALER   | -            | NC   |
| ZETONNA NASAL SPRAY  | -            | NC   |
| <b>SYMPATHOMIMETIC DECONGESTANTS</b>                           |              |      |

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|--|--------------|------|
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b> |              |      |
| ADRENALIN NASAL SOLN                             | -            | NC   |
| epinephrine hcl nasal soln (ADRENALIN equiv)     | -            | NC   |

**NEUROMUSCULAR AGENTS**

| <b>ALS AGENTS</b>                            |          |    |
|--|----------|----|
| riluzole tab (RILUTEK equiv)                 | -        | 2  |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days) | PA-QL-SP | 4  |
| RADICAVA ORS SUSP (QL= 50mL/28 days)         | PA-QL-SP | 4  |
| EXSERVAN FILM                                | -        | NC |
| RILUTEK TAB                                  | -        | NC |
| TIGLUTIK SUSP                                | -        | NC |

| <b>FRIEDRICH'S ATAXIA AGENTS</b> |   |    |
|----------------------------------|---|----|
| SKYCLARYS CAP                    | - | NC |

| <b>MUSCULAR DYSTROPHY AGENTS</b> |   |    |
|----------------------------------|---|----|
| DUVYZAT ORAL SUSP                | - | NC |

| <b>RETT SYNDROME AGENTS</b> |   |    |
|-----------------------------|---|----|
| DAYBUE SOLN                 | - | NC |

| <b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b> |          |   |
|---|----------|---|
| EVRYSDI SOLN (QL= 6.67ml/day)               | PA-QL-SP | 4 |

**NUTRIENTS**

| <b>LIPIDS</b>       |   |    |
|---------------------|---|----|
| DOJOLVI ORAL LIQUID | - | NC |

**OPHTHALMIC AGENTS**

| <b>ARTIFICIAL TEARS AND LUBRICANTS</b> |   |    |
|--|---|----|
| LACRISERT OPHTH INSERT                 | - | NC |

| <b>BETA-BLOCKERS - OPHTHALMIC</b>                                   |   |    |
|---|---|----|
| 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  | - | 2  |
| BETOPTIC-S OPHTH SOLN   | - | 2  |
| brimonidine/timolol ophth soln (COMBIGAN equiv)                     | - | 2  |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN                                      | - | 2  |
| ISTALOL OPHTH SOLN  | - | 2  |
| METIPRANOLOL OPHTH SOLN   | - | 2  |
| timolol maleate ophth gel (TIMOPTIC-XE equiv)                       | - | 2  |
| timolol maleate ophth soln 0.5% (ISTALOL 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 |

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| <b>OPHTHALMIC AGENTS Cont.</b>                               |              |      |
| 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   |
| <b>CHOLINERGIC AGONISTS</b>                                  |              |      |
| TYRVAYA NASAL SPRAY  | -            | NC   |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                |              |      |
| 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   |
| <b>MIOTICS</b>   |              |      |
| pilocarpine ophth soln (ISOPTO CARPINE equiv)                | -            | 1    |
| ISOPTO CARBACHOL OPHTH SOLN                                  | -            | 2    |
| ISOPTO CARPINE OPHTH SOLN                                    | -            | NC   |
| PHOSPHOLINE OPHTH SOLN                                       | -            | NC   |
| VUITY OPHTH SOLN   | -            | NC   |
| <b>OPHTHALMIC ADRENERGIC AGENTS</b>                          |              |      |
| 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   |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>                            |              |      |
| 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    |

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Category/Class**

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| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>OPHTHALMIC AGENTS Cont.</b>   |                     |             |
| GENTAK OPHTH OINT  | -                   | 1           |
| gentamicin ophth soln (GARAMYCIN equiv)  | -                   | 1           |
| levofloxacin ophth soln (QUIXIN equiv)   | -                   | 1           |
| LEVOFLOXACIN OPHTH SOLN 0.5%   | -                   | 1           |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)   | -                   | 1           |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN   | -                   | 1           |
| ofloxacin ophth soln (OCUFLOX equiv)   | -                   | 1           |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)   | -                   | 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           |
| 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          |
| XDEMVI DROP  | -                   | NC          |
| ZYMAXID OPHTH SOLN   | -                   | NC          |
| <b>OPHTHALMIC IMMUNOMODULATORS</b>   |                     |             |
| 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 MULTI-DOSE  | -                   | NC          |
| RESTASIS OPHTH EMULSION  | -                   | NC          |
| VEVYE OPHTH SOLN   | -                   | NC          |
| <b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>   |                     |             |
| XIIDRA OPHTH SOLN  | -                   | NC          |
| <b>OPHTHALMIC KINASE INHIBITORS</b>  |                     |             |

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|---|--------------|------|
| <b>OPHTHALMIC AGENTS Cont.</b>  |              |      |
| RHOPRESSA OPHTH SOLN  | -            | NC   |
| ROCKLATAN OPHTH SOLN  | -            | NC   |
| <b>OPHTHALMIC LOCAL ANESTHETICS</b>   |              |      |
| proparacaine ophth soln (ALCAINE equiv)                                     | -            | 1    |
| ALCAINE OPHTH SOLN  | -            | NC   |
| IHEEZO GEL  | -            | NC   |
| <b>OPHTHALMIC NERVE GROWTH FACTORS</b>                                      |              |      |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime)                      | PA-QL-SP     | 4    |
| <b>OPHTHALMIC PHOTOENHANCERS</b>  |              |      |
| PHOTREXA OP KIT   | -            | NC   |
| <b>OPHTHALMIC STEROIDS</b>  |              |      |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | -            | 1    |
| fluorometholone ophth soln (FML LIQUIFILM equiv)                            | -            | 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    |
| BLEPHAMIDE OPHTH SOLN   | -            | 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    |
| PRED-G OPHTH SOLN   | -            | 2    |
| TOBRADEX OPHTH OINT   | -            | 2    |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))                | QL           | 2    |
| BLEPHAMIDE S.O.P. OPHTH OINT  | -            | 3    |
| FLAREX OPHTH SUSP   | -            | 3    |
| FML FORTE OPHTH SUSP  | -            | 3    |
| FML S.O.P. OPHTH OINT   | -            | 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 LIQUIFLIM OPHTH SUSP  | -            | NC   |
| INVELTYS OPHTH SUSP   | -            | NC   |

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|--|---------------------|-------------|
| <b>OPHTHALMIC AGENTS Cont.</b>   |                     |             |
| KLARITY-B DROPS  | -                   | NC          |
| KLARITY-L DROPS  | -                   | NC          |
| LOTEMAX GEL  | -                   | NC          |
| LOTEMAX SM GEL 0.38%   | -                   | 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          |
| <b>OPHTHALMIC SURGICAL AIDS</b>  |                     |             |
| DUOVISC KIT  | -                   | NC          |
| <b>OPHTHALMICS - MISC.</b>   |                     |             |
| 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           |
| ALOCRIAL OPHTH SOLN  | -                   | 2           |
| ALOMIDE OPHTH SOLN   | -                   | 2           |
| brinzolamide ophth susp (AZOPT equiv)  | -                   | 2           |
| bromfenac ophth soln (BROMDAY equiv)   | -                   | 2           |
| bromfenac sodium ophth soln 0.07% (PROLENSA equiv)   | -                   | 2           |
| FLURBIPROFEN OPHTH SOLN  | -                   | 2           |
| ILEVRO OPHTH SUSP  | -                   | 2           |
| NEVANAC OPHTH SUSP   | -                   | 2           |
| ACUVAIL OPHTH SOLN   | -                   | 3           |
| bepotastine ophth soln (BEPREVE equiv)   | -                   | 3           |
| EMADINE OPHTH SOLN   | -                   | 3           |
| epinastine ophth soln (ELESTAT equiv)  | -                   | 3           |
| LASTACFT OPHTH SOLN (QL= 3ml/30 days)  | QL                  | 3           |
| CYSTADROPS 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           |
| ketotifen ophth soln (ZADITOR equiv)   | OTC                 | EXC         |
| UPNEEQ SOLN  | -                   | EXC         |
| ACULAR (LS) OPHTH SOLN   | -                   | NC          |
| AZOPT OPHTH SUSP   | -                   | NC          |
| BEPREVE OPHTH SOLN   | -                   | NC          |
| bromfenac sodium ophth soln 0.075% (BROMSITE equiv)  | -                   | NC          |

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| BROMSITE DROP 0.075%  | -            | NC   |
| ELESTAT OPHTH SOLN  | -            | NC   |
| MIEBO OPHTH SOLN  | -            | NC   |
| olopatadine ophth soln 0.1% (PATANOL equiv)                             | OTC          | NC   |
| olopatadine ophth soln 0.2% (PATADAY equiv)                             | OTC          | NC   |
| PATADAY OPHTH SOLN  | -            | NC   |
| PAZEO OPHTH SOLN 0.7%   | -            | NC   |
| PROLENSA OPHTH SOLN   | -            | NC   |
| TRUSOPT OPHTH SOLN  | -            | NC   |
| ZADITOR OPHTH SOLN  | OTC          | NC   |
| ZERVIATE OPHTH SOLN   | -            | NC   |
| <b>PROSTAGLANDINS - OPHTHALMIC</b>                                      |              |      |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)              | QL           | 1    |
| bimatoprost ophth soln (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**

|   |   |    |
|---|---|----|
| <b>OTIC AGENTS - MISCELLANEOUS</b>                              |   |    |
| acetic acid otic soln (VOSOL equiv)                             | - | 1  |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN                          | - | 1  |
| <b>OTIC ANTI-INFECTIVES</b>                                     |   |    |
| ofloxacin otic soln (FLOXIN equiv)                              | - | 1  |
| CIPROFLOXACIN OTIC SOLN   | - | 2  |
| <b>OTIC COMBINATIONS</b>  |   |    |
| 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  |
| 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 |
| <b>OTIC STEROIDS</b>  |   |    |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv)           | - | 1  |
| fluocinolone otic oil (DERMOTIC equiv)                          | - | 2  |

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| <b>OTIC AGENTS Cont.</b>  |              |      |
| DERMOTIC OIL  | -            | NC   |
| <b>OXYTOCICS</b>  |              |      |
| <b>ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING</b>                          |              |      |
| MPM PAK   | -            | EXC  |
| <b>OXYTOCICS</b>  |              |      |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL           | 2    |
| <b>PASSIVE IMMUNIZING AGENTS</b>  |              |      |
| <b>IMMUNE SERUMS</b>  |              |      |
| HIZENTRA INJ  | PA-SP        | 4    |
| <b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>                             |              |      |
| HYQVIA INJ  | PA-SP        | 4    |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>                              |              |      |
| <b>IMMUNE SERUMS</b>  |              |      |
| HIZENTRA INJ  | PA-SP        | 4    |
| XEMBIFY INJ   | PA-SP        | 4    |
| CUTAQUIG INJ  | -            | NC   |
| <b>MONOCLONAL ANTIBODIES</b>  |              |      |
| BEYFORTUS INJ   | VAC          | \$0  |
| <b>PENICILLINS</b>  |              |      |
| <b>AMINOPENICILLINS</b>   |              |      |
| 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   |
| <b>NATURAL PENICILLINS</b>  |              |      |
| penicillin vk tab (VEETIDS equiv)   | -            | 1    |
| <b>PENICILLIN COMBINATIONS</b>  |              |      |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv)                           | -            | 1    |
| amoxicillin/clavulanate tab (AUGMENTIN equiv)                               | -            | 1    |
| AMOXICILLIN/CLAVULANATE ER TAB  | -            | 3    |
| AUGMENTIN ES-600 SUSP   | -            | NC   |
| AUGMENTIN TAB   | -            | NC   |
| <b>PENICILLINASE-RESISTANT PENICILLINS</b>                                  |              |      |
| dicloxacillin cap (DYNAPEN equiv)   | -            | 1    |
| <b>PHARMACEUTICAL ADJUVANTS</b>   |              |      |
| <b>LIQUID VEHICLES</b>  |              |      |
| TRICHOSOL SOLN  | -            | NC   |
| <b>SEMI SOLID VEHICLES</b>  |              |      |
| POLYETHYLENE GLYCOL 8000 GRANULES   | -            | 2    |

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| <b>PHARMACEUTICAL ADJUVANTS Cont.</b> |              |      |
| VERSAPENN AL GEL ANHYDROU             | -            | NC   |

**PROGESTINS**

**PROGESTINS**

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

**ANTI-CATAPLECTIC AGENTS**

|   |          |    |
|---|----------|----|
| 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  |
| 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 PACK                          | -  | 2  |
| rivastigmine patch (EXELON equiv)                  | -  | 2  |
| ADLARITY PATCH                                     | -  | NC |
| ARICEPT TAB  | -  | NC |
| ARICEPT TAB 23MG                                   | -  | NC |
| EXELON PATCH                                       | -  | NC |
| NAMENDA TAB  | -  | NC |
| NAMENDA XR CAP                                     | -  | NC |
| NAMZARIC CAP                                       | -  | NC |

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|   |  |  |
|---|--|--|
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|---|--|--|

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>   |              |      |
| NAMZARIC STARTER PACK  | -            | NC   |
| RAZADYNE ER CAP  | -            | NC   |
| RAZADYNE SOLN  | -            | NC   |
| RAZADYNE TAB   | -            | NC   |
| <b>COMBINATION PSYCHOTHERAPEUTICS</b>                            |              |      |
| PERPHENAZINE/ AMITRIPTYLINE TAB                                  | -            | 1    |
| olanzapine/fluoxetine cap (SYMBYAX equiv)                        | -            | 2    |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB                               | -            | NC   |
| DULOXICAINE PACK   | -            | NC   |
| LYBALVI TAB  | -            | NC   |
| SYMBYAX CAP  | -            | NC   |
| <b>FIBROMYALGIA AGENTS</b>                                       |              |      |
| SAVELLA PAK  | -            | 2    |
| SAVELLA TAB (QL= 2 tabs/day)                                     | QL           | 2    |
| <b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>           |              |      |
| ADDYI TAB  | -            | NC   |
| VYLEESI INJ  | -            | NC   |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>                            |              |      |
| tetrabenazine tab (XENAZINE equiv)                               | SP           | 1    |
| AUSTEDO TAB  | -            | NC   |
| AUSTEDO TITRATION PACK   | -            | NC   |
| AUSTEDO XR TAB   | -            | NC   |
| AUSTEDO XR TAB 18MG  | -            | NC   |
| AUSTEDO XR TAB 30MG  | -            | NC   |
| AUSTEDO XR TAB 36MG  | -            | NC   |
| AUSTEDO XR TAB 42MG  | -            | NC   |
| AUSTEDO XR TAB 48MG  | -            | NC   |
| AUSTEDO XR TAB 6MG   | -            | 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   |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                 |              |      |
| 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    |

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| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>  |              |      |
| MAVENCLAD PAK   | SP           | 4    |
| MAYZENT TAB   | SP           | 4    |
| MAYZENT TAB STARTER PACK  | SP           | 4    |
| 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   |
| <b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>                      |              |      |
| GRALISE TAB   | -            | NC   |
| <b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>     |              |      |
| gabapentin (once-daily) tab (GRALISE equiv)                     | -            | NC   |
| GRALISE STARTER PACK  | -            | NC   |
| GRALISE TAB   | -            | NC   |
| LIDOTIN PAK   | -            | NC   |
| pregabalin ER tab (LYRICA CR equiv)                             | -            | NC   |
| <b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>            |              |      |
| FLUOXETINE CAP (PMDD)   | -            | NC   |
| SARAFEM TAB   | -            | NC   |
| <b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>                         |              |      |
| NUEDEXTA CAP (QL= 2 caps/day)                                   | PA-QL        | 2    |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>        |              |      |
| PIMOZIDE TAB  | -            | 2    |
| AQNEURSA POWDER   | -            | NC   |
| ERGOLOID MESYLATES TAB  | -            | NC   |
| MIPLYFFA CAP  | -            | NC   |
| ORAP TAB  | -            | NC   |
| <b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>                       |              |      |
| HORIZANT TAB  | -            | NC   |
| <b>SMOKING DETERRENTS</b>                                       |              |      |
| 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  |

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**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.**

|   |          |     |
|---|----------|-----|
| 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 |
| NICODERM PATCH  | OTC-SMKG | NC  |
| NICORETTE GUM   | OTC-SMKG | NC  |
| NICORETTE LOZENGE   | OTC-SMKG | NC  |
| 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**

|   |          |    |
|---|----------|----|
| 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 267MG                                      | -           | NC |
| ESBRIET TAB 801MG                                      | -           | NC |
| PIRFENIDONE 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 |
|--|---|---|

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|---|---------------------|-------------|
| <b>TETRACYCLINES Cont.</b>                            |                     |             |
| doxycycline hyclate tab (VIBRATAB equiv)              | -                   | 1           |
| doxycycline monohydrate cap 100mg (MONODOX equiv)     | -                   | 1           |
| doxycycline monohydrate cap 50mg (MONODOX equiv)      | -                   | 1           |
| 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           |
| VIBRAMYCIN SYRUP                                      | -                   | 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  |
| THYROLAR TAB  | -     | 2  |
| TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older) | PA-QL | 3  |
| CYTOMEL TAB   | -     | NC |
| ERMEZA SOLN 150 MCG/5ML   | -     | NC |

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| <b>THYROID AGENTS Cont.</b> |              |      |
| LEVOTHYROXINE INJ           | -            | NC   |
| LEVOTHYROXINE INJ 100MCG/ML | -            | NC   |
| THYQUIDITY SOLN             | -            | NC   |
| TIROSINT CAP                | -            | NC   |

**TOXOIDS**

| <b>TOXOID COMBINATIONS</b>                  |     |     |
|---|-----|-----|
| 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 PREF SYRINGE, QUADRACEL PREF SYRINGE | VAC | \$0 |
| PEDIARIX INJ                                | VAC | \$0 |
| PENTACEL INJ                                | VAC | \$0 |
| TETANUS/DIPHTHERIA TOXOID INJ               | VAC | \$0 |
| VAXELIS INJ                                 | VAC | \$0 |

**ULCER DRUGS**

| <b>ANTISPASMODICS</b>                         |   |    |
|---|---|----|
| dicyclomine cap (BENTYL equiv)                | - | 1  |
| dicyclomine tab (BENTYL equiv)                | - | 1  |
| hyoscyamine sulfate CR tab (LEVBIID equiv)    | - | 1  |
| hyoscyamine sulfate elixir (LEVSIN equiv)     | - | 1  |
| hyoscyamine sulfate ODT (ANASPAZ equiv)       | - | 1  |
| hyoscyamine sulfate SL tab (LEVSIN equiv)     | - | 1  |
| hyoscyamine sulfate soln (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  |
| PROPANTHELINE TAB                             | - | 2  |
| methscopolamine tab (PAMINE equiv)            | - | 3  |
| SYMAX DUOTAB                                  | - | 3  |
| ANASPAZ ODT                                   | - | NC |
| b-donna tab (DONNATAL equiv)                  | - | NC |
| BENTYL CAP                                    | - | NC |
| BENTYL SYRUP                                  | - | NC |
| DONNATAL TAB                                  | - | NC |
| GLYCATE TAB, GLYCOPYRROLATE TAB               | - | NC |
| LEVBIID TAB                                   | - | NC |
| LEVSIN SL TAB                                 | - | NC |
| LEVSIN TAB                                    | - | NC |
| LIBRAX CAP                                    | - | NC |
| pb-belladonna elixir (DONNATAL equiv)         | - | NC |
| ROBINUL TAB                                   | - | NC |

**H-2 ANTAGONISTS**

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|---|---------------------|-------------|
| <b>ULCER DRUGS Cont.</b>                                  |                     |             |
| 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          |
| ranitidine cap (ZANTAC equiv)                             | -                   | NC          |
| ranitidine syrup (ZANTAC equiv)                           | -                   | NC          |
| ranitidine tab (Rx Only) (ZANTAC equiv)                   | -                   | NC          |
| TAGAMET TAB   | -                   | NC          |
| ZANTAC EFFER TAB  | -                   | NC          |
| <b>MISC. ANTI-ULCER</b>                                   |                     |             |
| sucralfate tab (CARAFATE equiv)                           | -                   | 1           |
| CARAFATE TAB  | -                   | NC          |
| <b>PROTON PUMP INHIBITORS</b>                             |                     |             |
| esomeprazole cap (NEXIUM equiv) (Rx Only)                 | -                   | 1           |
| lansoprazole cap (PREVACID equiv) (Rx Only)               | -                   | 1           |
| omeprazole DR cap (PRILOSEC equiv)                        | -                   | 1           |
| pantoprazole EC tab (PROTONIX equiv)                      | -                   | 1           |
| rabeprazole EC tab (ACIPHEX equiv)                        | -                   | 1           |
| FIRST OMEPRAZOLE SUSP                                     | -                   | 3           |
| LANSOPRAZOLE SUSP   | -                   | 3           |
| ACIPHEX SPRINKLE CAP                                      | -                   | NC          |
| ACIPHEX TAB   | -                   | NC          |
| NEXIUM CAP  | -                   | NC          |
| NEXIUM GRANULE PACK                                       | -                   | NC          |
| PREVACID CAP  | -                   | NC          |
| PRILOSEC CAP  | -                   | NC          |
| PRILOSEC OTC DR TAB                                       | OTC                 | NC          |
| PROTONIX EC TAB   | -                   | NC          |
| <b>ULCER DRUGS - PROSTAGLANDINS</b>                       |                     |             |
| misoprostol tab (CYTOTEC equiv)                           | -                   | 1           |
| CYTOTEC TAB   | -                   | NC          |
| <b>ULCER THERAPY COMBINATIONS</b>                         |                     |             |
| ZEGERID CAP OTC   | OTC                 | EXC         |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv)         | -                   | NC          |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | -                   | NC          |
| ZEGERID POWDER PACK                                       | -                   | NC          |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>        |                     |             |
| <b>ANTISPASMODICS</b>                                     |                     |             |
| glycopyrrolate oral soln (CUVPOSA equiv)                  | -                   | 3           |
| CUVPOSA SOLN  | -                   | NC          |
| DARTISLA ODT TAB  | -                   | NC          |

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|   |                                |   |
|---|--------------------------------|---|
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| <b>NC/3P</b> = Not Covered, Third Party Reviewer            |                                |   |
| 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 |
| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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**State of Arkansas Formulary  
Category/Class**

Last Updated\* 11/7/2024

| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.</b>    |              |      |
| GLYCATE TAB   | -            | NC   |
| HYOSCYAMINE INJ   | -            | NC   |
| <b>H-2 ANTAGONISTS</b>                                      |              |      |
| NIZATIDINE CAP  | -            | 1    |
| CIMETIDINE SOLN   | -            | NC   |
| <b>MISC. ANTI-ULCER</b>                                     |              |      |
| sucralfate susp (CARAFATE equiv)                            | -            | 2    |
| CARAFATE SUSP   | -            | NC   |
| <b>PROTON PUMP INHIBITORS</b>                               |              |      |
| NEXIUM 24HR TAB   | OTC          | EXC  |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv)           | OTC          | EXC  |
| omeprazole tab  | OTC          | EXC  |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG    | -            | NC   |
| 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   |
| <b>ULCER THERAPY COMBINATIONS</b>                           |              |      |
| bismuth/metro/tetra cap (PYLERA equiv)                      | -            | NC   |
| HELIDAC PACK  | -            | NC   |
| KONVOMEK 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)**

|                                       |   |   |
|---------------------------------------|---|---|
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
| oxybutynin syrup                      | - | 1 |
| oxybutynin tab (DITROPAN equiv)       | - | 1 |
| solifenacin tab (VESICARE equiv)      | - | 1 |
| tolterodine tab (DETROL equiv)        | - | 1 |
| tropium tab (SANCTURA equiv)          | - | 1 |
| darifenacin SR tab (ENABLEX equiv)    | - | 2 |

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| INF Infertility   | OTC Over-the-Counter           | PA Prior Authorization                          |
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| ST Step Therapy   | VAC Vaccine Program            | ¢ RxCENTS                                       |

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**Category/Class**  
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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>URINARY ANTISPASMODICS Cont.</b>                           |              |      |
| fesoterodine fumarate ER tab (TOVIAZ equiv)                   | -            | 2    |
| tolterodine SR cap (DETROL LA equiv)                          | -            | 2    |
| OXYTROL PATCH (OTC)   | OTC          | EXC  |
| DETROL LA CAP   | -            | NC   |
| DETROL TAB  | -            | NC   |
| DITROPAN XL TAB   | -            | NC   |
| ENABLEX TAB   | -            | NC   |
| GELNIQUE  | -            | NC   |
| OXYBUTYNIN TAB  | -            | NC   |
| TOVIAZ TAB  | -            | NC   |
| VESICARE LS SUSP  | -            | NC   |
| VESICARE TAB  | -            | NC   |
| <b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>    |              |      |
| MYRBETRIQ TAB   | -            | 2    |
| GEMTESA TAB   | -            | NC   |
| mirabegron tab er (MYRBETRIQ equiv)                           | -            | NC   |
| MYRBETRIQ SUSP  | -            | NC   |
| <b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>          |              |      |
| bethanechol tab (URECHOLINE equiv)                            | -            | 1    |
| URECHOLINE TAB  | -            | NC   |
| <b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)</b> |              |      |
| flavoxate tab (URISPAS equiv)                                 | -            | NC   |

**VACCINES**

**BACTERIAL VACCINES**

|  |     |     |
|--|-----|-----|
| ACTHIB INJ, HIBERIX INJ                                    | VAC | \$0 |
| BCG INJ  | VAC | \$0 |
| BEXSERO INJ  | VAC | \$0 |
| MENACTRA INJ   | VAC | \$0 |
| MENQUADFI INJ  | VAC | \$0 |
| MENVEO INJ   | VAC | \$0 |
| PEDVAXHIB INJ  | VAC | \$0 |
| PNEUMOVAX INJ  | VAC | \$0 |
| PREVNAR 13 INJ   | VAC | \$0 |
| PREVNAR 20 INJ (Covered for members age 19 years or older) | VAC | \$0 |
| TRUMENBA INJ   | VAC | \$0 |
| VAXNEUVANCE INJ  | VAC | \$0 |
| CAPVAXIVE INJ  | VAC | NC  |

**VIRAL VACCINES**

|   |        |     |
|---|--------|-----|
| ABRYVO 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; Covered at \$0 for members 50 years of age and older)   | 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 |

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**State of Arkansas Formulary  
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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>VACCINES Cont.</b>                                      |              |      |
| 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  |
| DENG VAXIA 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  |
| HEPLISAV-B INJ   | VAC          | \$0  |
| IMOVAX INJ   | VAC          | \$0  |
| IPOL INJ   | VAC          | \$0  |
| M-M-R II INJ   | 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 or 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  |

**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 PRODUCTS**

**MISCELLANEOUS VAGINAL PRODUCTS**

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

**SPERMICIDES**

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

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**State of Arkansas Formulary**  
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| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

**VAGINAL PRODUCTS Cont.**

**VAGINAL ANTI-INFECTIVES**

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

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|--|---|---|

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| DrugName                         | Special Code | Tier |
|----------------------------------|--------------|------|
| <b>VITAMINS Cont.</b>            |              |      |
| vitamin D cap 400unit            | OTC          | NC   |
| VITAMIN D TAB 400UNIT            | OTC          | NC   |
| <b>WATER SOLUBLE VITAMINS</b>    |              |      |
| POTABA POWDER PACKET             | -            | 2    |
| niacin cap                       | OTC          | EXC  |
| niacin CR tab (SLO-NIACIN equiv) | OTC          | EXC  |
| niacin tab                       | OTC          | EXC  |
| NIACIN TR CAP                    | OTC          | EXC  |
| NIACIN TR TAB                    | OTC          | EXC  |
| niacinamide tab                  | OTC          | EXC  |

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|     | <b>NC/3P</b> = Not Covered, Third Party Reviewer         |      |                                |    |  |
| 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 |
| ST  | Step Therapy   | VAC  | Vaccine Program                | ¢  | RxCENTS                                      |

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**State of Arkansas Formulary  
Prior Authorization Drug List  
Last Updated\* 11/7/2024**

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.

| <b>Drug Name</b>                                 | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|--|--|
| ABSTRAL SL TAB                                   | 3  |
| ACTEMRA ACTPEN INJ                               | 4  |
| ACTEMRA SC INJ                                   | 4  |
| 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-ADAZ INJ                              | 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                                    | 2  |
| ADBRY INJ  | 4  |
| ADEMPAS TAB                                      | 4  |
| AIMOVIG INJ                                      | 2  |
| AJOVY INJ  | 2  |
| ALECENSA CAP                                     | 4  |
| ALINIA SUSP                                      | 2  |
| ALKINDI SPRINKLE CAP 0.5MG                       | 3  |
| ALKINDI SPRINKLE CAP 1MG                         | 3  |
| ALUNBRIG TAB 30MG                                | 4  |
| ALUNBRIG TAB 90MG, 180MG                         | 4  |
| ambrisentan tab                                  | 1  |
| ANDRODERM PATCH                                  | 2  |
| ARIKAYCE SUSP                                    | 4  |
| ATORVALIQ SUSP                                   | 3  |
| AYVAKIT TAB                                      | 4  |
| BACLOFEN ORAL SOLN 10 MG/5ML                     | 3  |
| BACLOFEN ORAL SOLN 5 MG/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  |

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**State of Arkansas Formulary cont.  
Prior Authorization Drug List  
Last Updated\* 11/7/2024**

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|----------------------------|--|
| BENLYSTA INJ               | 4  |
| BERINERT INJ               | 4  |
| bexarotene cap             | 1  |
| bosentan tab               | 1  |
| BOSULIF CAP                | 4  |
| BOSULIF TAB                | 4  |
| BRAFTOVI CAP 75MG          | 4  |
| BRUKINSA CAP               | 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 CAP              | 4  |
| CALQUENCE TAB              | 4  |
| CAMZYOS CAP                | 4  |
| CAPRELSA TAB               | 4  |
| CAPRELSA TAB 300MG         | 4  |
| carglumic acid tab         | 1  |
| CERDELGA CAP               | 4  |
| CHOLBAM CAP                | 4  |
| CIBINQO TAB                | 4  |
| CIMZIA INJ                 | 4  |
| clobazam susp              | 2  |
| COMETRIQ KIT               | 4  |
| COPIKTRA CAP               | 4  |
| CORLANOR SOLN              | 3  |
| CORLANOR TAB               | 3  |
| COTELLIC TAB               | 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 TAB               | 4  |
| dronabinol cap             | 2  |

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**State of Arkansas Formulary cont.  
Prior Authorization Drug List  
Last Updated\* 11/7/2024**

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| <b>Drug Name</b>                | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---------------------------------|--|
| DUPIXENT INJ                    | 4  |
| DUPIXENT PEN INJ                | 4  |
| EMGALITY INJ                    | 2  |
| EMGALITY INJ 100MG/ML           | 2  |
| 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  |
| ENSPRYNG INJ                    | 4  |
| ENTYVIO SC INJ                  | 4  |
| EPIDIOLEX SOLN                  | 4  |
| EPRONTIA SOLN                   | 3  |
| ERLEADA TAB                     | 4  |
| ERLEADA TAB 240MG               | 4  |
| erlotinib tab                   | 4  |
| erlotinib tab 25mg              | 1  |
| everolimus tab                  | 1  |
| everolimus tab (ZORTRESS equiv) | 2  |
| everolimus tab for oral susp    | 1  |
| EVRYSDI SOLN                    | 4  |
| EZALLOR SPRINKLE CAP            | 3  |
| FANAPT TAB                      | 3  |
| FANAPT TITRATION PACK           | 3  |
| FASENRA PEN INJ                 | 4  |
| FENTANYL BUCCAL TAB             | 3  |
| FENTANYL CITRATE LOLLIPOP       | 2  |
| FENTORA TAB                     | 3  |
| FERRIPROX SOLN                  | 4  |
| FINTEPLA SOLN                   | 4  |
| FIRDAPSE TAB                    | 4  |
| FLEQSUVY SUSP                   | 3  |
| 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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| <b>Drug Name</b>                              | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---|--|
| GENOTROPIN INJ 12mg                           | 4  |
| GILOTRIF TAB                                  | 4  |
| GLOPERBA SOLN                                 | 3  |
| HADLIMA INJ (adalimumab-bwwd)                 | 4  |
| HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd)      | 4  |
| HADLIMA PUSH INJ (adalimumab-bwwd)            | 4  |
| HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) | 4  |
| HEMLIBRA INJ                                  | 4  |
| heparin inj                                   | 1  |
| HIZENTRA INJ                                  | 4  |
| HYFTOR GEL                                    | 4  |
| HYQVIA INJ                                    | 4  |
| icatibant inj                                 | 4  |
| ICLUSIG TAB                                   | 4  |
| IDHIFA TAB                                    | 4  |
| IMBRUVICA CAP 140MG                           | 4  |
| IMBRUVICA CAP 70MG                            | 4  |
| IMBRUVICA SUSP                                | 4  |
| IMBRUVICA TAB 420MG, 560MG                    | 4  |
| INBRIJA INH POWDER                            | 3  |
| INLYTA TAB                                    | 4  |
| INQOVI TAB                                    | 4  |
| ISTURISA TAB 10MG                             | 4  |
| ISTURISA TAB 1MG                              | 4  |
| ISTURISA TAB 5MG                              | 4  |
| itraconazole soln                             | 3  |
| ivabradine hcl tab                            | 1  |
| JAKAFI TAB                                    | 4  |
| JYLAMVO SOLN, XATMEP SOLN                     | 3  |
| JYNARQUE PAK                                  | 4  |
| JYNARQUE TAB                                  | 4  |
| KALYDECO PAK                                  | 4  |
| KALYDECO TAB                                  | 4  |
| KATERZIA SUSP                                 | 3  |
| KERENDIA TAB                                  | 3  |
| KEVZARA INJ                                   | 4  |
| KINERET INJ                                   | 4  |
| KISQALI PAK                                   | 4  |
| KISQALI TAB                                   | 4  |
| KOSELUGO CAP                                  | 4  |
| KOSELUGO CAP 10MG                             | 4  |

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Prior Authorization Drug List  
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| <b>Drug Name</b>          | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---------------------------|--|
| KRAZATI TAB               | 4  |
| LAMPIT TAB                | 2  |
| lapatinib ditosylate tab  | 1  |
| LAZANDA NASAL SPRAY       | 3  |
| LEDIPASVIR/SOFOSBUVIR TAB | 4  |
| LENVIMA CAP               | 4  |
| l-glutamine powder packet | 1  |
| LIKMEZ SUSP               | 3  |
| LINZESS CAP               | 3  |
| lisdexamfetamine chew tab | 1  |
| lithium oral solution     | 1  |
| LIVMARLI SOLN             | 4  |
| LIVTENCITY TAB            | 4  |
| lofexidine hcl tab        | 3  |
| LOKELMA PAK               | 2  |
| LOKELMA PAK 5GM           | 2  |
| LONSURF TAB               | 4  |
| lubiprostone cap          | 2  |
| LUMAKRAS TAB              | 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  |
| METHITEST TAB             | 3  |
| methylphenidate chew tab  | 1  |
| methylphenidate soln      | 1  |
| mifepristone tab          | 1  |
| miglustat cap             | 1  |
| MOTEGRITY TAB             | 3  |
| MOVANTIK TAB              | 2  |
| MYFEMBREE TAB             | 2  |
| NATPARA INJ               | 4  |
| NERLYNX TAB               | 4  |
| NINLARO CAP               | 4  |
| NITAZOXANIDE TAB          | 2  |
| nitrofurantoin susp       | 3  |

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| <b>Drug Name</b>            | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|-----------------------------|--|
| NORLIQVA ORAL SOLN          | 3  |
| NUBEQA TAB                  | 4  |
| NUCALA INJ                  | 4  |
| NUEDEXTA CAP                | 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  |
| ORLISSA TAB 150MG           | 2  |
| ORLISSA TAB 200MG           | 2  |
| ORKAMBI GRANULES PACKET     | 4  |
| ORKAMBI TAB                 | 4  |
| OTEZLA STARTER PACK         | 4  |
| OTEZLA TAB                  | 4  |
| OXBRYTA TAB                 | 4  |
| OXBRYTA TAB FOR ORAL SUSP   | 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  |
| pirfenidone tab 267mg       | 1  |
| pirfenidone tab 801mg       | 1  |
| POMALYST CAP                | 4  |
| PRETOMANID TAB              | 2  |
| PREVYMIS TAB                | 4  |
| PROGESTERONE SUPP           | 3  |
| PROMACTA POWDER             | 4  |

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| <b>Drug Name</b>                          | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---|--|
| PROMACTA TAB 12.5MG, 25MG                 | 4  |
| PROMACTA TAB 50MG                         | 4  |
| PROMACTA TAB 75MG                         | 4  |
| PURIXAN SUSP                              | 3  |
| PYRUKYND TAB                              | 4  |
| PYRUKYND TAPER PACK                       | 4  |
| QBRELIS SOLN                              | 3  |
| QINLOCK TAB                               | 4  |
| RADICAVA ORS STARTER KIT                  | 4  |
| RADICAVA ORS SUSP                         | 4  |
| RETEVMO CAP                               | 4  |
| RETEVMO CAP 40MG                          | 4  |
| RETEVMO TAB                               | 4  |
| RETEVMO TAB 40MG                          | 4  |
| REYVOW 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  |
| SIGNIFOR INJ                              | 4  |
| sildenafil susp                           | 2  |
| SIMLANDI INJ (adalimumab-ryvk)            | 4  |
| SIMPONI AUTO-INJECTOR 100MG               | 4  |
| 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 SOLN                       | 4  |
| SOFOSBUVIR/VELPATASVIR TAB                | 4  |
| SOGROYA INJ                               | 4  |

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| <b>Drug Name</b>                | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---------------------------------|--|
| SOLOSEC GRANULES PACKET         | 3  |
| SOMAVERT INJ                    | 4  |
| sorafenib tosylate tab          | 1  |
| SOTYLIZE SOLN 5MG/ML            | 3  |
| spironolactone susp             | 3  |
| STELARA INJ                     | 4  |
| STIVARGA TAB                    | 4  |
| STRENSIQ INJ                    | 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  |
| TALZENNA CAP 0.25MG             | 4  |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | 4  |
| TASIGNA CAP                     | 4  |
| TAVNEOS CAP                     | 4  |
| TAZVERIK TAB                    | 4  |
| TERIPARATIDE INJ 620MCG/2.48ML  | 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 PUMP 1%        | 2  |
| testosterone gel pump 1.62%     | 2  |
| testosterone soln               | 2  |
| TIBSOVO TAB                     | 4  |
| tiopronin tab                   | 1  |
| TIROSINT-SOL                    | 3  |
| TOBI PODHALER                   | 4  |
| TRACLEER TAB 32MG               | 4  |
| TREMFYA INJ                     | 4  |
| tretinoin cream                 | 2  |
| tretinoin gel                   | 2  |
| tretinoin gel 0.08%             | 2  |
| trientine cap                   | 1  |

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| <b>Drug Name</b>                            | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---|--|
| TRIKAFTA TAB                                | 4  |
| TRIKAFTA THERAPY PACK                       | 4  |
| TRINTELLIX TAB                              | 3  |
| TRULANCE TAB                                | 2  |
| TRUQAP TAB                                  | 4  |
| TRUQAP THERAPY PACK                         | 4  |
| TUKYSA TAB                                  | 4  |
| TURALIO CAP                                 | 4  |
| TYVASO DPI POWDER                           | 4  |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG  | 4  |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | 4  |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG    | 4  |
| TYVASO INH SOLN 0.6 MG/ML                   | 4  |
| UBRELVY TAB                                 | 2  |
| UPTRAVI TAB                                 | 4  |
| UPTRAVI THERAPY PACK                        | 4  |
| VALCHLOR GEL                                | 4  |
| VELTASSA POWDER                             | 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  |
| 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  |
| VYNDAMAX CAP                                | 4  |
| VYNDAQEL CAP                                | 4  |
| VYVANSE CHEW TAB                            | 2  |
| WAKIX TAB                                   | 4  |
| WELIREG TAB                                 | 4  |
| XADAGO TAB                                  | 3  |

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| <b>Drug Name</b>         | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|--------------------------|--|
| 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  |
| ZAVZPRET NASAL SPRAY     | 2  |
| ZEJULA CAP               | 4  |
| ZEJULA TAB               | 4  |
| ZELBORAF TAB             | 4  |
| ZEPOSIA CAP              | 4  |
| ZEPOSIA STARTER PACK     | 4  |
| ZOKINVY CAP              | 4  |
| ZOLINZA CAP              | 4  |
| ZONISADE SUSP            | 3  |
| ZORYVE CREAM             | 2  |
| ZTALMY SUSP              | 4  |
| ZURZUVAE CAP 20MG, 25MG  | 4  |
| ZURZUVAE CAP 30MG        | 4  |
| ZYDELIG TAB              | 4  |
| ZYKADIA CAP              | 4  |
| ZYKADIA TAB              | 4  |

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**State of Arkansas Formulary**  
**Last Updated\* 11/7/2024**  
**RxCents (Cost Savings Enabled by Tablet Splitting)**

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

An example of the savings that can be realized through this program is illustrated below:

|                          | Product & Strength | Quantity | Member Copay | Member Annual Savings |
|--------------------------|--------------------|----------|--------------|-----------------------|
| Without Tablet Splitting | Drug A 40 mg tab   | 30       | \$15.00      |                       |
| With Tablet Splitting    | Drug A 80 mg tab   | 15       | \$7.50       | \$90                  |

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall

**RxCents Program Medications**

rasagiline tab

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**State of Arkansas Formulary  
Last Updated\* 11/7/2024  
Over-the-Counter (OTC)**

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

**Over-the-Counter (OTC) Medications**

|                               |                                    |                                   |                          |
|-------------------------------|------------------------------------|-----------------------------------|--------------------------|
| ACCU-CHEK AVIVA PLUS<br>METER | ACCU-CHEK AVIVA PLUS<br>TEST STRIP | ACCU-CHEK GUIDE CARE<br>METER     | ACCU-CHEK GUIDE ME KIT   |
| ACCU-CHEK GUIDE TEST<br>STRIP | ACCU-CHEK NANO METER               | ACCU-CHEK SMARTVIEW<br>TEST STRIP | ACCU-CHEK TEST STRIP     |
| AEROCHAMBER                   | aspirin chew tab 81mg              | aspirin ec tab 81mg               | aspirin tab 325mg        |
| B-D INSULIN SYRINGE           | CALIBRATION LIQUID                 | CARETOUCH MIS                     | CLINISTIX TEST STRIP     |
| folic acid tab 400mcg         | folic acid tab 800mcg              | 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                     | ONETOUCH METER                    | ONETOUCH TEST STRIP      |
| ONETOUCH VERIO FLEX<br>METER  | ONETOUCH VERIO IQ<br>METER         | ONETOUCH VERIO METER              | ONETOUCH VERIO           |
| ONETOUCH VERIO TEST<br>STRIP  | OPILL TAB                          | PEAK FLOW METER                   | REFLECT METER            |
|                               |                                    |                                   | RIVIVE, REXTOVY SPRAY    |

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**State of Arkansas Formulary**  
**Last Updated\* 11/7/2024**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

| <b>Drug Name</b>                         | <b>Step Therapy Requirements</b>  |
|--|---|
| 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 |
| 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   |
| 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 |
| 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  |
| 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  |

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**State of Arkansas Formulary Cont.  
Last Updated\* 11/7/2024  
Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

| <b>Drug Name</b>                        | <b>Step Therapy Requirements</b>   |
|---|--|
| REPATHA INJ                             | QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin   |
| REPATHA PUSHTRONEX INJ                  | QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin   |
| SPIRIVA RESPIMAT INHALER<br>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) |

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**State of Arkansas Formulary  
Smoking Cessation Agents  
Last Updated\* 11/7/2024**

| <b>Drug Name</b>  | <b>Tier # for Drug Copay</b> |
|---|------------------------------|
| bupropion SR tab( Limited to 180 days/plan year)                      | \$0                          |
| 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\* 11/7/2024**

| <b>Drug Name</b>              | <b>Tier # for Drug Copay</b> |
|-------------------------------|------------------------------|
| cetorelix acetate for inj kit | EXC                          |
| CETROTIDE KIT                 | EXC                          |
| CLOMID TAB                    | EXC                          |
| CLOMIPHENE TAB                | EXC                          |
| OVIDREL INJ                   | EXC                          |

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**State of Arkansas Formulary**  
**Last Updated\* 11/7/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                                 | <b>Quantity Limit</b>  |
|--|--|
| 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 |
| ABSTRAL SL TAB                                   | QL= 120 tabs/30 days   |
| ACCU-CHEK AVIVA PLUS TEST STRIP                  | QL= 153 strips/30 days   |
| ACCU-CHEK GUIDE TEST STRIP                       | QL= 153 strips/30 days   |
| ACCU-CHEK SMARTVIEW TEST STRIP                   | QL= 153 strips/30 days   |
| ACCU-CHEK TEST STRIP                             | QL= 153 strips/30 days   |
| ACTEMRA ACTPEN INJ                               | QL= 2 inj/28 days  |
| ACTEMRA SC INJ                                   | QL= 2 inj/28 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-ADAZ INJ                              | 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   |
| ALINIA SUSP                                      | QL= 60ml/3 days  |
| ALKINDI SPRINKLE CAP 0.5MG                       | QL= 3 caps/day; Members age 9 or older require Prior Authorization   |
| ALKINDI SPRINKLE CAP 1MG                         | QL= 3 caps/day; Members age 9 or older require Prior Authorization   |
| ALUNBRIG TAB 30MG                                | QL= 4 tabs/day   |

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**State of Arkansas Formulary Cont.**  
**Last Updated\* 11/7/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>           | <b>Quantity Limit</b>  |
|----------------------------|--|
| ALUNBRIG TAB 90MG, 180MG   | QL= 1 tab/day  |
| ambrisentan tab            | QL= 1 tab/day  |
| ANDRODERM PATCH            | QL= 1 patch/day  |
| ANNOVERA RING              | QL= 1 ring/year  |
| ANZEMET TAB                | QL= 9 tabs/fill  |
| aprepitant cap             | QL= 3 caps/fill  |
| aprepitant pak             | QL= 3 caps/fill  |
| AREXVY INJ                 | QL=1 dose/lifetime; Covered at \$0 for members 50 years of age and older |
| 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   |
| bimatoprost ophth soln     | QL= 2.5ml/30 days  |
| bosentan tab               | QL= 2 tabs/day   |
| BRAFTOVI CAP 75MG          | QL= 6 caps/day   |
| BRUKINSA CAP               | QL= 4 caps/day   |
| budesonide ER tab          | QL=1 tab/day   |
| buprenorphine patch        | QL= 4 patches/28 days  |
| bupropion SR tab           | Limited to 180 days/plan year  |
| butorphanol nasal spray    | QL= 1 bottle/fill, 2 fills/30 days                                       |
| BYDUREON BCISE AUTO INJ    | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)          |
| BYDUREON INJ               | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)          |
| BYDUREON PEN INJ           | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)          |
| BYETTA INJ                 | QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)          |
| 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   |
| CABOMETYX TAB              | QL= 1 tab/day  |
| CALQUENCE CAP              | QL= 2 caps/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   |

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**State of Arkansas Formulary Cont.**  
**Last Updated\* 11/7/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                      | <b>Quantity Limit</b>   |
|---------------------------------------|---|
| CAVERJECT INJ                         | QL= 6 inj/30 days   |
| CIBINQO TAB                           | QL= 1 tab/day   |
| CIMZIA INJ                            | QL= 1 kit/plan year   |
| 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  |
| 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 |
| DIAZEPAM GEL                          | QL= 2 packs/fill  |
| diazepam rectal gel                   | QL= 2 packs/fill  |
| diclofenac gel                        | QL= 300gm/30 days   |
| diclofenac gel 1%                     | QL= 5 tubes/fill  |
| 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   |
| DOPTELET TAB                          | QL= 2 tabs/day  |

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**State of Arkansas Formulary Cont.**  
**Last Updated\* 11/7/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                           | <b>Quantity Limit</b>                     |
|--|---|
| DUPIXENT INJ                               | QL= 2 inj/28 days                         |
| DUPIXENT PEN INJ                           | QL= 2 inj/28 days                         |
| EDEX INJ                                   | QL= 6 inj/30 days                         |
| eletriptan tab                             | QL= 9 tabs/fill, 2 fills/30 days          |
| 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                             |
| ENTRESTO TAB                               | QL= 2 tabs/day                            |
| ENTYVIO SC INJ                             | QL= 2 inj/28 days                         |
| epinephrine pen inj 0.15mg, 0.3mg          | QL= 2 inj/fill                            |
| 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                             |
| everolimus tab for oral susp               | QL= 1 tab/day                             |
| EVRYSDI SOLN                               | QL= 6.67ml/day                            |
| ezetimibe/simvastatin tab                  | QL= 1 tab/day (10-80mg is Not Covered)    |
| FANAPT TAB                                 | QL= 2 tabs/day                            |
| FANAPT TITRATION PACK                      | QL= 1 pack/plan year                      |
| FARXIGA TAB                                | QL= 1 tab/day                             |
| FASENRA PEN INJ                            | QL= 1 inj/56 days                         |
| FENTANYL BUCCAL TAB                        | QL= 120 tabs/30 days                      |
| FENTANYL CITRATE LOLLIPOP                  | QL= 120 lozenges/30 days                  |
| FENTORA TAB                                | QL= 120 tabs/30 days                      |
| 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                         |
| FLUMIST NASAL                              | QL= 1 dose/28 days                        |
| flunisolide nasal soln                     | QL= 2 bottles/fill                        |
| fluticasone nasal spray                    | QL= 2 bottles/fill                        |
| FLUZONE HIGH DOSE PF INJ                   | QL= 1 inj/28 days                         |

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**State of Arkansas Formulary Cont.**  
**Last Updated\* 11/7/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                | <b>Quantity Limit</b>   |
|---------------------------------|---|
| 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 |
| FRUZAQLA CAP 1MG                | QL= 84 caps/28 days   |
| FRUZAQLA CAP 5MG                | QL= 21 caps/28 days   |
| FUROSCIX KIT                    | QL= 8 inj/fill  |
| 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                 | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay   |
| GAVRETO CAP                     | QL= 4 caps/day  |
| gefitinib tab                   | QL= 1 tab/day   |
| GILOTRIF TAB                    | QL= 1 tab/day   |
| GLUCAGEN HYPOKIT INJ            | QL= 2 inj/fill  |
| GLUCAGON EMR INJ                | QL= 2 inj/fill  |
| GLUCAGON KIT                    | QL= 2 inj/fill  |
| GLYXAMBI TAB                    | QL= 1 tab/day   |
| 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  |

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**State of Arkansas Formulary Cont.  
Last Updated\* 11/7/2024  
Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                                    | <b>Quantity Limit</b>           |
|---|---------------------------------|
| HADLIMA INJ (adalimumab-bwwd)                       | QL= 2 inj/28 days               |
| HADLIMA INJ 40MG/0.8ML<br>(adalimumab-bwwd)         | QL= 2 inj/28 days               |
| HADLIMA PUSH INJ (adalimumab-bwwd)                  | QL= 2 inj/28 days               |
| HADLIMA PUSH INJ 40MG/0.8ML<br>(adalimumab-bwwd)    | QL= 2 inj/28 days               |
| HYD POL/CPM SUSP                                    | QL= 120ml/fill; 2 fills/30 days |
| HYDROCODONE BITARTRATE ER CAP                       | QL= 2 caps/day                  |
| hydrocodone bitartrate er tab                       | QL= 1 tab/day                   |
| hydrocodone/chlorpheniramine CR susp                | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | QL= 120ml/fill, 2 fills/month   |
| hydrocortisone succinate inj 100mg                  | QL= 2 vials/fill                |
| HYFTOR GEL  | QL= 10 grams/30 days            |
| ibandronate tab 150mg                               | QL= 1 tab/30 days               |
| ICLUSIG TAB   | QL= 1 tab/day                   |
| icosapent ethyl cap                                 | QL= 4 cap/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, 560MG                          | QL= 1 tab/day                   |
| IMITREX INJ   | QL= 4 inj/fill, 2 fills/30 days |
| INBRIJA INH POWDER                                  | QL= 10 caps/day                 |
| INLYTA TAB  | QL= 8 tabs/day                  |
| INQOVI TAB  | QL= 5 tabs/28 days              |
| ISTURISA TAB 10MG                                   | QL= 6 tabs/day                  |
| ISTURISA TAB 1MG                                    | QL= 8 tabs/day                  |
| ISTURISA TAB 5MG                                    | QL= 2 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                  |
| JYNARQUE PAK  | QL= 2 tabs/day                  |
| JYNARQUE TAB  | QL= 2 tabs/day                  |
| KALYDECO PAK  | QL= 2 packets/day               |
| KALYDECO TAB  | QL= 2 tabs/day                  |
| KERENDIA TAB  | QL= 1 tab/day                   |
| ketorolac inj 15mg/ml                               | QL= 20ml/5 days                 |

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**State of Arkansas Formulary Cont.**  
**Last Updated\* 11/7/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                         | <b>Quantity Limit</b>   |
|--|---|
| 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  |
| KRAZATI TAB                              | QL= 6 tabs/day  |
| LAGEVRIO CAP (EUA)                       | QL= 40 caps/fill  |
| LAGEVRIO CAP 200MG                       | QL= 40 caps/fill  |
| LASTACAFT OPHTH SOLN                     | QL= 3ml/30 days   |
| latanoprost ophth soln                   | QL= 2.5ml/30 days   |
| LAZANDA NASAL SPRAY                      | QL= 15 bottles/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   |
| LIVMARLI SOLN                            | QL= 90ml/30 days  |
| LIVTENCITY TAB                           | QL= 4 tabs/day  |
| lofexidine hcl tab                       | QL= 96 tabs/7 days  |
| lubiprostone cap                         | QL= 2 caps/day  |
| LUMAKRAS TAB                             | QL= 8 tabs/day  |
| 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  |

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**State of Arkansas Formulary Cont.**  
**Last Updated\* 11/7/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>          | <b>Quantity Limit</b>  |
|---------------------------|--|
| methylergonovine tab      | QL= 28 tabs/fill, 1 fill/365 days  |
| mifepristone tab          | QL= 4 tabs/day   |
| 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)  |
| MUSE SUPP                 | QL= 6 supp/30 days   |
| 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  |
| NAYZILAM SPRAY            | QL= 4 doses/fill   |
| 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  |
| NUCYNTA ER TAB            | QL= 2 tabs/day   |
| NUDEXTA CAP               | QL= 2 caps/day   |
| NUZYRA TAB                | QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist   |
| OFEV CAP                  | QL= 2 caps/day   |
| OLUMIANT TAB              | QL= 1 tab/day  |
| OMNIPOD 5 G6 INTRO KIT    | QL= 1 kit/year   |
| OMNIPOD 5 G6 PODS MISC    | QL= 10 pods/30 days  |
| OMNIPOD 5 G7 KIT INTRO    | QL= 1 kit/year   |
| OMNIPOD 5 G7 MIS PODS     | QL= 10 pods/30 days  |
| OMNIPOD 5 INTRO KIT       | QL= 1 kit/year   |
| 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   |
| ONETOUCH TEST STRIP       | QL= 153 strips/30 days   |
| ONETOUCH VERIO TEST STRIP | QL= 153 strips/30 days   |
| ONGENTYS CAP              | QL= 1 tab/day, 30 tabs per fill  |
| OPZELURA CREAM            | QL= 12 tubes/year  |

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**State of Arkansas Formulary Cont.**  
**Last Updated\* 11/7/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                        | <b>Quantity Limit</b>   |
|---|---|
| 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  |
| OXBRYTA TAB                             | QL= 3 tabs/day  |
| OXBRYTA TAB FOR ORAL SUSP               | QL= 5 tabs/day  |
| OXERVATE OPHTH SOLN                     | QL= 8 kits/affected eye/lifetime  |
| OXYCODONE ER TAB                        | QL= 2 tabs/day  |
| OZEMPIC INJ                             | QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)  |
| PAXLOVID TAB 150-100MG                  | QL= 20 tabs/fill  |
| PAXLOVID TAB 300-100MG                  | QL= 30 tabs/fill  |
| pazopanib tab                           | QL= 4 tabs/day  |
| peg 3350 soln (100 gram Moviprep equiv) | QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay                           |
| peg 3350/electrolytes soln              | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| PEMAZYRE TAB                            | QL= 1 tab/day   |
| PHEXXI GEL                              | QL= 1 box/fill  |
| PICATO 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  |
| POMALYST CAP                            | QL= 21 caps/28 days   |
| POTIGA TAB                              | QL= 3 tabs/day  |
| 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 TAB                            | QL= 1 tab/day; Limit 200 tabs/365 days  |
| PROMACTA POWDER                         | QL= 1 packet/day  |
| PROMACTA TAB 12.5MG, 25MG               | QL= 1 tab/day   |

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**State of Arkansas Formulary Cont.  
Last Updated\* 11/7/2024  
Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>               | <b>Quantity Limit</b>  |
|--------------------------------|--|
| PROMACTA TAB 50MG              | QL= 2 tabs/day   |
| PROMACTA TAB 75MG              | QL= 2 tabs/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   |
| RADICAVA ORS STARTER KIT       | QL= 70ml/365 days  |
| RADICAVA ORS SUSP              | QL= 50mL/28 days   |
| 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 |
| REPATHA PUSHTRONEX INJ         | QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| RETEVMO CAP                    | QL= 4 caps/day   |
| RETEVMO CAP 40MG               | QL= 4 caps/day   |
| RETEVMO TAB                    | QL= 2 tabs/day   |
| RETEVMO TAB 40MG               | QL= 3 tabs/day   |
| REVLIMID CAP                   | QL= 1 cap/day; Restricted to Oncology or Hematology Specialist   |
| REYVOW TAB                     | QL= 8 tabs/30 days, 6 fills/year   |
| 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   |
| 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)   |
| RYDAPT CAP                     | QL= 56 caps/28 days  |
| 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   |
| 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  |
| SIMPONI AUTO-INJECTOR 100MG    | QL=1 inj/28 days   |

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**State of Arkansas Formulary Cont.  
Last Updated\* 11/7/2024  
Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                         | <b>Quantity Limit</b>  |
|--|--|
| 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 SOLN                      | QL= 540ml/30 days  |
| sodium/magnesium/potassium soln          | QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay   |
| SOFOSBUVIR/VELPATASVIR TAB               | QL= 1 tab/day  |
| SOLIQUA 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<br>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) |
| STELARA INJ                              | QL= 1 inj/84 days  |
| STENDRA TAB                              | QL= 6 tabs/30 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 INJ 6MG/0.5ML                | 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  |
| SUNOSI TAB                               | QL= 1 tab/day  |
| SYMDEKO TAB                              | QL= 2 tabs/day   |
| SYMJEPI INJ                              | QL= 2 inj/fill   |
| SYNJARDY TAB                             | QL= 2 tabs/day   |
| SYNJARDY XR TAB 10-1000MG,<br>25-1000MG  | QL= 1 tab/day  |
| SYNJARDY XR TAB 5-1000MG,<br>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  |

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**State of Arkansas Formulary Cont.  
Last Updated\* 11/7/2024  
Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                                | <b>Quantity Limit</b>  |
|---|--|
| 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<br>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 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=1 ml/day; Prior Authorization required for members age 9 or older |
| TRACLEER TAB 32MG                               | QL= 4 tabs/day   |
| TRADJENTA TAB                                   | QL= 1 tab/day  |
| travoprost ophth soln                           | QL= 2.5ml/30 days  |
| TREMFYA INJ                                     | QL= 1 inj/56 days  |
| TRIJARDY XR TAB 10-5-1000MG,<br>25-5-1000MG     | QL= 1 tab/day  |
| TRIJARDY XR TAB 5-25-1000MG,<br>12.5-2.5-1000MG | QL= 2 tabs/day   |
| TRIKAFTA TAB                                    | QL= 84 tabs/28 days  |
| TRIKAFTA THERAPY PACK                           | QL= 2 packets/day  |
| TRINTELLIX TAB                                  | QL= 1 tab/day  |
| TRULANCE TAB                                    | QL= 1 tab/day  |
| TRULICITY INJ                                   | QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)     |
| 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   |
| TYVASO DPI POWDER                               | QL= 4 cartridges/day   |
| TYVASO DPI POWDER MAINTENANCE<br>KIT 32-48MCG   | QL= 224 cartridges/28 days   |
| TYVASO DPI POWDER TITRATION KIT<br>16-32-48MCG  | QL= 252 cartridges/28 days   |
| TYVASO DPI POWDER TITRATION KIT<br>16-32MCG     | QL= 196 cartridges/28 days   |
| TYVASO INH SOLN 0.6 MG/ML                       | QL= 1 ampule/day   |
| UBRELVY TAB                                     | QL= 10 tabs/30 days, 6 fills/year                                    |

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**State of Arkansas Formulary Cont.  
Last Updated\* 11/7/2024  
Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                      | <b>Quantity Limit</b>   |
|---------------------------------------|---|
| UPTRAVI TAB                           | QL= 2 tabs/day  |
| UPTRAVI THERAPY PACK                  | QL= 2 tabs/day  |
| VALCHLOR GEL                          | QL= 4 tubes/30 days   |
| VALTOCO NASAL SPRAY                   | QL= 4 doses/fill  |
| vancomycin cap                        | QL= 56 caps/fill  |
| vardenafil ODT                        | QL= 6 tabs/30 days  |
| vardenafil 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                                 |
| VENTAVIS INH SOLN                     | QL= 9 ampules/day   |
| VENTOLIN HFA INHALER                  | QL= 2 inhalers/30 days  |
| VERQUVO TAB                           | QL= 1 tab/day; Restricted to Cardiology Specialist            |
| VERZENIO TAB                          | QL= 2 tabs/day  |
| V-GO INJ KIT                          | QL= 1 kit/day   |
| VICTOZA INJ                           | QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| 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  |
| VYNDAMAX CAP                          | QL= 1 cap/day   |
| VYNDAQEL CAP                          | QL= 4 caps/day  |
| 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 PAK 50-200MG                   | 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   |

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**State of Arkansas Formulary Cont.**  
**Last Updated\* 11/7/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                           | <b>Quantity Limit</b>               |
|--|-------------------------------------|
| 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                      |
| 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                |
| XULTOPHY INJ                               | QL= 15ml/30 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 CAP                                 | QL= 3 caps/day                      |
| 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                       |
| 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                |
| ZTALMY SUSP                                | QL= 1100ml/30 days                  |
| ZURZUVAE CAP 20MG, 25MG                    | QL= 28 caps/365 days                |
| ZURZUVAE CAP 30MG                          | QL= 14 caps/365 days                |

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.

**State of Arkansas Formulary Cont.**  
**Last Updated\* 11/7/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b> | <b>Quantity Limit</b>                     |
|------------------|---|
| ZYKADIA CAP      | QL= 3 caps/day                            |
| ZYKADIA TAB      | QL= 3 tabs/day                            |
| ZYLET OPHTH SUSP | QL= 5ml/fill (10ml bottle is Not Covered) |

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