



Valley Health Plan Prescription Drug Formulary

Covered California and Individual & Family Plan (CC & IFP)

IFP & CC SOBM's:

<http://www.valleyhealthplan.org/members/member-materials>

Updated May 2024.

Notice is subject to change and all previous versions are no longer in effect.

**Member Services for
All Lines of Business:
1.888.421.8444 (toll-free)**

**Covered California and Individual &
Family Plan Call Center:**
Monday – Friday (8:00am to 6:00pm)
Closed Federal/State/County Holidays

General Disclosures

Valley Health Plan (VHP) Members have prescription drug coverage. VHP contracts with Navitus Health Solutions, a pharmacy benefit management (PBM) company to administer the prescription drug benefit and process claims. This document supplements your Combined Evidence of Coverage and Disclosure Form (EOC) handbook. Under this supplemental Outpatient Prescription Drug Benefit document, a member may receive the benefits described below, subject to all terms, conditions, exclusions, and limitations described in the EOC.

The presence of a prescription drug on the Formulary does not guarantee a member will be prescribed that particular drug by their prescriber for a particular medical condition. Except for certain mandatory specialty prescriptions, a member may get covered outpatient prescription drug benefits from any Plan Pharmacy. Only prescription(s) for emergent or urgent care services will be covered at an out-of-network pharmacy when a Plan Pharmacy is not available, and reimbursement will be subject to Plan approval.

Visit www.valleyhealthplan.org or call VHP Member Services at **1.888.421.8444** (toll-free) to find a list of Plan Pharmacies. Members should always present their VHP ID card to the Plan Pharmacy.

Ask the pharmacy staff to let you know if something is not covered. A copay/coinsurance may be charged for covered benefits as listed in your EOC. If the retail price for a prescription drug is less than your copayment, the retail price should be charged.

Pharmacy Member Portal

Members have access to an online portal to view important Outpatient Drug Benefit information.

Register at www.valleyhealthplan.org to get a User ID and password to access the following information:

- Claim Forms
- Drug History

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- Drug Search (Information about drugs)
- Formulary (List of covered drugs)
- Mail Order
- Pharmacy and Therapeutics (P&T) Committee Updates
- Prescription Benefits
- Specialty Pharmacy

If you have questions, please call VHP Member Services at **1.888.421.8444 (toll-free)**

Drug Formulary

VHP uses a drug formulary (list of covered drugs). Visit www.valleyhealthplan.org to view the VHP Drug Formulary or call VHP Member Services at **1.888.421.8444 (toll-free)** to ask for a printed copy.

- For Covered California Plan 0020members, select the "Covered California & Individual Family Plan Formulary (CC & IFP) Formulary"
- For Individual & Family Plan members, select the "Covered California & Individual Family Plan Formulary (CC & IFP) Formulary"

The VHP Drug Formulary is the list of prescription drugs that has been reviewed and selected by VHP Plan Providers on the VHP P&T Committee using professionally-recognized medical standards for medical, safety, and cost effectiveness. The formulary includes both FDA approved brand name and generic drugs. A generic drug is identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, route of administration, quality, performance characteristics, and intended use. Drugs listed in the Formulary are covered as long as the drug specific coverage criteria are met, the prescription is filled at a network pharmacy, and other plan rules are followed.

The Formulary is updated monthly with any changes and quarterly after each VHP Pharmacy & Therapeutics (P&T) Committee meeting (See P&T Covered California and Individual & Family Plan Formulary Updates: online Member portal Pharmacy

documents). The Committee members are actively practicing physicians, pharmacists from various specialties. The P&T Committee frequently consults with other physician subject matter experts to provide additional input to the Committee. A list of P&T formulary updates from the quarterly VHP P&T Committee meeting is available on the VHP website <http://www.valleyhealthplan.org> or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Definitions of Terms Used Here:

Brand Name Drug - is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

Coinsurance - is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Copayment - is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Deductible - is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

Drug Tier - is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

Enrollee - is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary shall also include subscriber as defined in this section below.

Exception Request - is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover

the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

Exigent Circumstances - are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

Formulary - is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

Generic Drug - is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

Non-Formulary Drug - is a prescription drug that is not listed on the health plan's formulary.

Out-of-Pocket Cost - are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

Prescribing Provider - a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

Prescription - is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

Prescription Drug - is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

Prior Authorization - is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

Step Therapy - is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met

Subscriber - means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

How Do I Use the Formulary?

Each prescription drug may be located by looking up the therapeutic category and class of the drug or the BRAND or **generic** name of the drug in the alphabetical index. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name.

There are two ways you can find your drug within the VHP Formulary by:

1. **Therapeutic Drug Category and Class:** Under the therapeutic category and drug class, each drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs. The generic name of a brand name drug is included after the brand name in parenthesis and in all **bold and italicized lowercase** letters. If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all **bold and italicized lowercase** letters; and in the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with first letter of each word capitalized.

Example: ANTICOAGULANTS
HEPARINS AND HEPARINOID-LIKE AGENTS

From the above example:

Generic Drug:

- *enoxaparin inj*

Brand Drug:

- FRAGMIN INJ (*dalteparin sodium*)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>Enoxaparin inj</i> 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML,30MG/0.3ML,40MG/0.4M, 60MG/0.6ML, 80MG/0.8ML	2	QL= 17 days supply
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML (dalteparin sodium)	4	-

2. **Alphabetical Index:** The covered brand or generic drug names are listed in alphabetical order. You can look at the index to find your drug, which will provide the page number where you will find current coverage information.

For more pharmacy information, visit www.valleyhealthplan.org > **I'm a Member > Covered California or Individual & Family Plan Group > Provider Network > Pharmacy** or call VHP Member Services at **1.888.421.8444 (toll-free)**.

Covered Outpatient Formulary Drugs Include:

Tier	Definition
1	Most generic and low-cost preferred brands.
2	Non-preferred generic drugs; Preferred brand name drugs; and any other drugs recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy and cost.
3	Non-preferred brand name drugs or; drugs that are recommended by P&T committee based on drug safety, efficacy and cost or; generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Specialty drugs that are biologics and drugs that the Food and Drug Administration (FDA) or drug manufacturer requires to be distributed through specialty pharmacies; drugs that require the enrollee to have special training or clinical monitoring; drugs that cost the health plan (net of rebates) more than six hundred dollars (\$600) net of rebates for a one-month supply.

How Much Will I Pay for My Drugs?

To find out how much you will pay for a drug, look for the abbreviations in the Drug Tier column on the formulary. In your Summary of Benefits you can find your copayment or coinsurance for each tier.

The cost-sharing will vary for each plan type. Please go to the following link for cost-sharing specific to your plan:

<https://www.valleyhealthplan.org/members/benefits-and-coverage-information-covered-california-and-ifp-members>

Oral Anticancer Drugs: The total amount of copayments and coinsurance an enrollee is required to pay shall not exceed two hundred and fifty dollars (\$250) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered under the Plan's formulary.

\$0 Copay: Healthcare reform drugs include but not limited to the following: birth control, vaccines, prenatal vitamins, fluoride preparations, aspirin 81-325 generic single ingredient products only, iron preparations generic immediate release single ingredient products, tobacco cessation products, tamoxifen/raloxifene, statins (lower strengths), bowel preparation, and medications recommended by USPSTF grade A or B.

Blood Glucose Supplies: Selected brands of blood glucose monitors, blood glucose and ketone testing strips, lancets, pen delivery systems for injecting insulin and insulin needles and syringes are covered under the prescription drug formulary. Insulin pump and all necessary supplies are covered under the medical benefit.

Tiers are subject to change throughout the year. To find the most up-to-date formulary status and utilization management edits for a specific drug visit the Valley Health Plan online formulary available at www.valleyhealthplan.org or Navitus Customer Care **1.866.333.2757**.

Key to Formulary Abbreviations and Symbols

Abbreviation	Description
NC	Not Covered
generic	Bold faced, italicized, lowercase letters
BRANDS	CAPITAL LETTERS
EXC	Plan Exclusion
MSP	Mandatory Specialty Pharmacy Program
PAD	Provider Administered Drug
SF	Limited to two 15-day fills per month for first 3 months
ST	Step Therapy
INF	Infertility
OTC	Over-the-Counter
QL	Quantity Limit
SMKG	Smoking Cessation
VAC	Vaccine Program
LD	Limited Distribution
PA	Prior Authorization
RS	Restricted to Specialist
¢	RxCENTS (Tablet Splitting Program)

M	Medical Benefit
ONC	Oral Anticancer medication <= \$250 up to 30-day supply/Rx

Formulary Changes

The formulary can change when a new drug, new generic, or new formulation is available. Formulary changes may result in changes to your prescription such as change in dispensed brand, cost-sharing tier, or restrictions governing use.

The FDA has strict standards for identity, strength, quality, purity, and potency before approving a generic drug. When available, the pharmacy is required to switch a brand name drug to the equal generic drug. A generic drug is identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, route of administration, quality, performance characteristics, and intended use.

If the prescriber believes a member needs the brand name drug, they must send the PBM a Prescription Drug Prior Authorization or Step Therapy Exception Request form as well as attestation the FDA MedWatch form was submitted to the FDA. If the brand name drug is determined to be medically necessary, the member will be able to get the drug.

If new adverse information about the safety or effectiveness of a drug is released, this can affect the formulary status. If VHP makes a negative change to the status of a formulary drug, including change in drug or dosage form, tier placement resulting in an increase in cost share, add utilization management restriction, the plan will notify affected members and providers. If VHP removes the drug from formulary, VHP will offer a formulary alternative(s) and will allow for at least 60 days of coverage before the change becomes effective. If the FDA recalls a drug on the formulary due to safety concern, VHP will remove the drug from the formulary and send notice to affected members and providers. To get updated information about the drugs that are covered by VHP, please visit our website www.valleyhealthplan.org or call VHP Member Services at **1.888.421.8444 (toll-free)**.

Prescription Drug Prior Authorization (PA) and Non-Formulary Drugs

When a drug is on the Formulary with PA abbreviated under the column Special Code or the drug is not on the Formulary, your provider must fill out a Prescription Drug Prior Authorization or Step Therapy Exception Request form.

A member can ask for a Prescription Drug Prior Authorization or Step Therapy Exception Request to be sent to the provider by:

- Contacting VHP Member Services, or its designee, at MemberServices@VHP.sccgov.org or **1.888.421.8444 (toll-free)**; or
- Logging on to the pharmacy member portal at www.valleyhealthplan.org and filling out an online request.

The prescriber must completely fill out the Prescription Drug Prior Authorization or Step Therapy Exception Request form with information that supports the request for a drug not on formulary and submit to the PBM. The form will be reviewed and approved based on established medical criteria and/or medical necessity and the member and provider will receive communication with the decision.

- If a drug had previously been approved for coverage for treatment of a member's medical condition, and the member's provider continues to prescribe the drug for the medical condition, provided the drug is appropriately prescribed, is safe, and effective therapy, the drug will continue to be covered. This does not preclude your prescriber from prescribing the alternative formulary drug.
- The Prescription Drug Prior Authorization or Step Therapy Exception Request form request will be turned around within 72 hours for nonurgent requests, and within 24 hours if exigent circumstances exist, upon receipt of a completed prior authorization request from a prescribing provider.
- If the Plan fails to respond to a completed Prescription Drug Prior Authorization or Step Therapy Exception Request within 72 hours of

receiving of a nonurgent request and 24 hours of receiving an exigent request, the request shall be granted for the duration of the prescription including refills.

- If the Plan approves the Non-formulary drug, the drug would be approved as follows:
 - **Non-formulary generic drugs are Tier 2**
 - **Non-formulary brand drugs are Tier 3**
 - **Non-formulary Specialty drugs are Tier 4**

Step Therapy (ST) Program

Selected formulary drugs require step therapy (ST). This means that a Member must try an alternative clinically equivalent formulary drug(s) first. VHP P&T Committee selects all drugs required for step therapy. There may be a situation where it may be medically necessary for a Member to receive certain medications without first trying an alternative drug. In these instances, your Provider may request a Prescription Drug Prior Authorization or Step Therapy Exception Request form by contacting Navitus Customer Service or prescribe another formulary drug that is medically appropriate. The list of formulary drugs with step therapy can be changed by Valley Health Plan's P&T Committee. An updated list of the formulary drugs with step therapy is available at www.valleyhealthplan.org or by calling VHP Member Services at **1.888.421.8444 (toll- free)**.

Quantity Limitation (QL) Program

Because of potential safety and utilization concerns, VHP has placed quantity limitations on some prescription drugs. Members are covered for up to the amount posted in the VHP Drug Formulary based on recognized standards of care and FDA-approved dosing guidelines. If a prescriber believes it is necessary to prescribe more than the QL amount posted on the list, he or she must submit a Prescription

Drug Prior Authorization or Step Therapy Exception Request form to VHP's PBM. A list of covered drugs with QL is available at www.valleyhealthplan.org or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

How to Dispute This Determination

If you believe that this determination is not correct you have the right to appeal the decision by filing a grievance with your health plan. Your health plan requests that you submit your grievance within 180 days from the postmark date of this notice. You or someone you designate (your authorized representative) may submit your grievance verbally or in writing. You also have a right to request an external exception request review. You can call your health plan at the numbers listed below to learn how to name your authorized representative.

There are two types of grievances: Standard and Expedited

1. **Standard Grievance Process:** A standard grievance will be resolved within 30 days. Your health plan will notify you in writing of the decision within 30 calendar days of receiving your grievance.
2. **Expedited 72 Hour Grievance Process:** Your health plan makes every effort to resolve your grievance as quickly as possible. You have the right to an expedited grievance when a delay in the decision making might pose an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, limb, major bodily function, or the normal time frame for the decision making process would be detrimental to your life, or health or could jeopardize your ability to regain maximum function. If you request an expedited grievance, your health plan will evaluate your grievance and health condition to determine if your grievance qualifies as expedited. If your grievance qualifies as expedited, it will be resolved within 72 hours. If not, your grievance will be resolved within the standard 30 days.

Submitting Your Grievance

Please submit a copy of your denial notice and a brief explanation of your situation, and/or other relevant information to your health plan. Your health plan will document and process your standard or expedited grievance and provide you with

written notification of the decision. You may write, call, or fax your grievance to your health plan or its website (see the health plan address, telephone, website, and fax numbers listed at the end of this letter). You may also file a grievance with the DMHC at the same time as you submit your grievance to the health plan.

External Exception Requests: The external exception request review process applies to a denial of a prior authorization or step therapy exception request. You have a right to request a review from an independent medical review organization. Please submit a copy of your denial notice and a brief explanation of your situation, and other relevant information to your health plan. Please indicate that you are requesting an External Exception Request. You will receive a determination within 24 hours upon receipt of your request for a request based on exigent circumstances and 72 hours for standard external exception requests. "Exigent circumstances" exist when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

DMHC Consumer Help-Line

If you feel Valley Health Plan has not addressed your issues, you may also contact the Department of Managed Health Care (DMHC).

Section 1368.02 of the California Health and Safety Code requires the following notice.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1.888.421.8444 (toll-free)** and use your Health Plan's grievance process before contacting the Department. For the hearing and speech impaired, call the California Relay Service (CRS) by simply dialing 711 or the 800 CRS number of your modality. Utilizing this Grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or

investigational in nature and payment disputes for emergency or urgent medical services.

The department also has a toll-free telephone number **1.888.466.2219** and a TDD line **1.877.688.9891** for the hearing and speech impaired. The Department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms, and instructions online.

Health Plan Grievance Contract Information		
Health Plan Name	Standard Grievance	Expedited Grievance
Valley Health Plan All Lines of Business	2480 North First Street, Ste 160, San Jose, CA 95131 Phone: 1.888.421.8444 Fax: 1.408.885.4425 or TTY 711 www.valleyhealthplan.org	2480 North First Street, Ste 160, San Jose, CA 95131 Phone: 1.888.421.8444 Fax: 1.408.885.4425 or TTY 711 www.valleyhealthplan.org
External Exception Request		
2480 North First Street, Ste 160, San Jose, CA 95131 Phone: 1.888.421.8444 Fax: 1.408.885.4425 or TTY 711 www.valleyhealthplan.org		

Drugs Covered under the Medical Benefit vs the Outpatient Prescription Drug Benefit

Drugs that are self-administered are covered under the enrollee's outpatient prescription drug benefit. These drugs can be found in the formulary. Drugs that are required to be given in a physician's office or outpatient infusion center, also known as Physician Administered Drugs (PADs), are covered under the enrollee's medical

benefit. Drugs covered under the medical benefit will follow guidelines approved by the Plan.

All prior authorization request must be submitted through the Plan's Authorization System.

In some instances, drugs given at the physician's office or outpatient infusion center, may be covered under the Outpatient Prescription Drug Benefit, refer to the Formulary for up to date coverage. In the case that the drugs given at the physician's office or outpatient infusion center, is covered under the Outpatient Prescription Drug Benefit, the drug can be obtained through the Mandatory Specialty Pharmacy and sent to the physician's office or outpatient infusion center directly. An out of pocket cost may apply as described by your Summary of Benefits and Coverage (SBC), for more details see Copays and Deductible section.

Copays and Deductibles

Copays apply to formulary drugs prescribed by an authorized prescriber and dispensed by a Plan Pharmacy. Please see your Summary of Benefits and Coverage (SBC) for the copay amount for each tier.

Plan Retail Pharmacy	1 to 30 Day Supply	31 to 60 Day Supply	61 to 90 Day Supply
Tier 1 Retail	1 Copay	2 Copays	3 Copays
Tier 2 Retail	1 Copay	2 Copays	3 Copays
Tier 3 Retail	1 Copay	2 Copays	3 Copays
Tier 4 Retail	1 Copay	2 Copays	3 Copays

Costco Mail Service Pharmacy	61 to 90 Day Supply
Tier 1 Retail	3 Copays
Tier 2 Retail	3 Copays
Tier 3 Retail	3 Copays
Tier 4 Retail	3 Copays

Some benefit plans have a deductible that applies to a covered prescription brand name or an overall deductible that is combined between medical care and covered prescription drugs. If the benefit plan includes a deductible, the member is responsible for paying all costs to meet the deductible each calendar year. Once the deductible is met, VHP will cover the prescription drugs at the applicable copayment.

The total amount of copayments and coinsurance an enrollee is required to pay shall not exceed two Hundred and fifty dollars (\$250) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered under the Plan's formulary as applicable under your Plan's copay and deductibles.

Maintenance Drug

A maintenance drug is prescribed for a serious chronic illness or condition. The pharmacy can dispense up to a 90-day supply for formulary drugs that are listed on the Maintenance Drug List. For members starting a new brand maintenance drug, for the first fill the member can get a 30-day supply. For additional refills, the member can get up to a 90-day supply. You can find the list at www.valleyhealthplan.org or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Not all drugs on the Maintenance Drug List may be covered on the Drug Formulary. Always refer to the formulary for a list of current covered drugs. Members can get the maintenance drug through the Plan Pharmacy or Plan mail service pharmacy administered by Costco.



Pharmacy Network

Members must get prescription drugs from a VHP Plan Pharmacy, including nationwide Walgreens, Safeway, Albertsons, local Valley Health Center Pharmacies (VHC), and independent pharmacies in California. For a complete list of contracted pharmacies, please visit www.valleyhealthplan.org or call VHP Member Services at **1.888.421.8444 (toll-free)**.

Mail Order Pharmacy Prescription Drug Program

Members have the choice to get maintenance drugs for serious chronic conditions or long term medical conditions through the mail service pharmacy administered by Costco. Tier 4 drugs are not available through this program.

To use this program you must get a new prescription for each drug that allows up to a 90-day supply.

How do I register with Costco Pharmacy?

To register for the Plan's mail order pharmacy program, visit our website at www.valleyhealthplan.org/shoppers/pharmacy/pharmacy/mail-order-pharmacy-prescription-drug-program

If you have any questions about Outpatient Prescription Drug Benefits, please call Navitus CustomerCare at **1.866.333.2757**. If you have questions about mail order, please call Costco Pharmacy at **1.800.607.6861**.

Mandatory Specialty Pharmacy (MSP) Drugs

Certain specialty formulary drugs are classified as MSP drugs by the VHP P&T Committee and must be provided exclusively through Santa Clara Valley Medical Center (SCVMC) Specialty Pharmacy or Lumicera Specialty Pharmacy. MSP drugs

may require specialized delivery and administration on an ongoing basis. They are often for chronic conditions and involve complex care issues that need to be managed.

VHP has partnered with SCVMC Specialty Pharmacy and Lumicera Specialty Pharmacy to supply MSP drugs for our members. These specialty pharmacies have a dedicated team of pharmacists, specialty technicians, patient care coordinators and/or nurses are available to answer all of your therapy and drug support needs. The SCVMC Specialty Pharmacy and Lumicera Specialty team work in cooperation with your prescribers to coordinate your care for optimal outcomes. At SCVMC Specialty Pharmacy, members have the option of walking in to SCVMC Pharmacy, its VHC affiliates, or have the drug delivered to the member's home, office, etc. At Lumicera, MSP drugs are dispensed through a mandatory mail order program, using free, discreet, delivery to the member's home, office, or other location. Specialty drugs are available for a maximum of a 30-day supply.

For a list of MSP drugs, please visit www.valleyhealthplan.org or call VHP Member Services at **1.888.421.8444 (toll-free)**.

Direct Member Reimbursement (DMR)

When preparing for travel, it is important to get any care, such as routine prescriptions for serious chronic conditions, before leaving the Network Service Area.

In an emergency, where a Plan Pharmacy cannot be reached, a reimbursement for prescriptions that have been filled and paid for can be requested. A claim form must be completed for review and approval under the guidelines of the EOC. Claim forms are available online at www.valleyhealthplan.org or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Specific information about the prescription, the reason for reimbursement request, and any proof of payment made by primary insurers is needed to submit a claim. Complete the appropriate claim form and mail it along with the original receipt to:

**Navitus Health Solutions Operations Division-Claims
P.O. Box 999 Appleton, WI 54912-0999**

Discrimination is Against the Law

Valley Health Plan (VHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws. VHP does not exclude people or treat them differently because of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws.

Valley Health Plan:

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

If you need these services, contact VHP Member Service Department.

If you believe that VHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws, you can file a grievance with:

Valley Health Plan Member Services
2480 North First Street, Ste 160 |
San Jose, CA 95131
1.888.421.8444 (toll-free)

California Relay Service (**CRS**) **711** or the **800 CSR** number from your modality
www.valleyhealthplan.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Valley Health Plan Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

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

Language Assistance

Valley Health Plan is required by federal law to provide the following information.

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call **1.888.421.8444** (California Relay Service (CRS) **711**).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.888.421.8444** (California Relay Service (CRS) **711**).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1.888.421.8444** (California Relay Service (CRS) **711**).

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1.888.421.8444** (California Relay Service (CRS) **711**).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1.888.421.8444 (California Relay Service (CRS) **711**)번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1.888.421.8444** (California Relay Service (CRS) **711**)。

Հայերեն (Armenian)

ՈՒՇ ԱԴԻ ՈՒԹՅ ՈՒՄ Եթե ե խոսում եք հայերեն, ապա ձեզ անվճար կարող եք օգտվել անվճար լեզվական օգնությունից:

ð wɪ ŋ n ɫ ɔj n ɫ ʊ ɫ ɪ ɪ ɪ : 2wɪ q uh ŋ ɪ ɪ ɪ 1.888.421.8444 (California Relay Service (CRS) 711):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1.888.421.8444** (California Relay Service (CRS) 711).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با
1.888.421.8444 (California Relay Service (CRS) 711) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1.888.421.8444 (California Relay Service (CRS) 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1.888.421.8444** (California Relay Service (CRS) 711).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1.888.421.8444 (California Relay Service (CRS) 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.421.8444 (رقم هاتف الصم والبكم): (California Relay Service (CRS) 711).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1.888.421.8444 (California Relay Service (CRS) 711) पर कॉल करें।

CC and IFP FORMULARY

Last Updated 5/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss		
AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss		
<i>amphetamine/dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 5MG</i> (ADDERALL XR Equiv)	2	-
<i>amphetamine/dextroamphetamine tab 10MG, 12.5MG, 15MG, 20MG, 30MG, 5MG, 7.5MG</i> (ADDERALL Equiv)	1	-
<i>dextroamphetamine ER cap 10MG, 15MG, 5MG</i> (DEXEDRINE Equiv)	2	-
<i>dextroamphetamine sulfate tab 15mg 15MG</i> (ZENZEDI Equiv)	1	-
<i>dextroamphetamine sulfate tab 20mg 20MG</i> (ZENZEDI Equiv)	1	-
<i>dextroamphetamine sulfate tab 30mg 30MG</i> (ZENZEDI Equiv)	1	-
<i>dextroamphetamine tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (DEXEDRINE Equiv)	1	-
<i>lisdexamfetamine dimesylate cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG</i> (VYVANSE Equiv)	3	-

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
ONC Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC Over-the-Counter	PA Prior Authorization
PAD Provider Administered Drug	OL 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
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

CC and IFP FORMULARY

Last Updated 5/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>lisdexamfetamine dimesylate chew tab 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (VYVANSE CHEW Equiv)	3	-
<i>methamphetamine tab 5MG</i> (DESOXYN Equiv)	1	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
<i>phentermine cap 15MG, 30MG, 37.5MG</i> (ADIPEX Equiv)	1	PA-QL QL= 1 cap/day
<i>phentermine tab 37.5MG</i> (ADIPEX Equiv)	1	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG (<i>phentermine hcl-topiramate</i>)	3	PA-QL QL= 1 cap/day
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	1	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	2	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	1	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>)	4	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders		

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ST	Step Therapy	VAC	Vaccine Program	∅	RxCENTS

CC and IFP FORMULARY

Last Updated 5/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
WAKIX TAB 17.8MG, 4.45MG (<i>pitolisant hcl</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	1	PA-QL QL= 1 tab/day
<i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv)	1	-
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	1	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	2	-
METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG (<i>methylphenidate hcl</i>)	3	-
<i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i>	3	-
<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	2	-
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	1	-
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	1	PA-QL QL= 2 tabs/day
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - Drugs to prevent allergic reactions		

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CC and IFP FORMULARY

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALLERGENIC EXTRACTS - Drugs to prevent allergic reactions		
PALFORZIA POWDER PACK 300MG (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>)	4	LD-PA Only available through Walgreens 888-347-3416
PALFORZIA SPRINKLE CAP 100MG, 1MG, 20MG (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>)	4	LD-PA Only available through Walgreens 888-347-3416
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
<i>amikacin inj 1GM/4ML, 500MG/2ML</i>	M	-
ARIKAYCE SUSP 590MG/8.4ML (<i>amikacin sulfate liposome</i>)	4	LD-PA-QL QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
KANAMYCIN INJ (<i>kanamycin sulfate</i>)	M	-
<i>neomycin tab 500MG</i>	1	-
<i>paromomycin cap 250MG</i> (HUMATIN Equiv)	1	-
STREPTOMYCIN INJ 1GM (<i>streptomycin sulfate</i>)	M	-
<i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv)	4	MSP-PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
OLUMIANT TAB 1MG, 2MG, 4MG (<i>baricitinib</i>)	4	MSP-PA-QL QL= 1 tab/day
RINVOQ ER TAB 15MG, 30MG, 45MG (<i>upadacitinib</i>)	4	MSP-PA-QL QL= 1 tab/day

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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L MSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XELJANZ SOLN 1MG/ML (<i>tofacitinib citrate</i>)	4	MSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG (<i>tofacitinib citrate</i>)	4	MSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG (<i>tofacitinib citrate</i>)	4	MSP-PA-QL QL= 1 tab/day
ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system		
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML (<i>methotrexate (antirheumatic)</i>)	3	MSP-PA
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
ADALIMU-ADBIM KIT 10/0.2ML (CYLTEZO Equiv) 10MG/0.2ML (<i>adalimumab-adbm</i>)	4	MSP-PA-QL QL= 2 inj/28 days
ADALIMU-ADBIM KIT 20/0.4ML (CYLTEZO Equiv) 20MG/0.4ML (<i>adalimumab-adbm</i>)	4	MSP-PA-QL QL= 2 inj/28 days
ADALIMU-ADBIM KIT 40/0.8ML (CYLTEZO Equiv) 40MG/0.8ML (<i>adalimumab-adbm</i>)	4	MSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ (HYRIMOZ Equiv) 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	MSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ Equiv) 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	MSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO Equiv) 40MG/0.8ML (<i>adalimumab-fkjp</i>)	4	MSP-PA-QL QL= 2 inj/28 days

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CC and IFP FORMULARY

Last Updated 5/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO Equiv) 20MG/0.4ML (<i>adalimumab-fkjp</i>)	4	MSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO Equiv) 40MG/0.8ML (<i>adalimumab-fkjp</i>)	4	MSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.4ML (<i>adalimumab-bwwd</i>)	4	MSP-PA-QL QL= 2 inj/28days
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML (<i>adalimumab-bwwd</i>)	4	MSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.4ML (<i>adalimumab-bwwd</i>)	4	MSP-PA-QL QL= 2 inj/28days
HADLIMA PUSH INJ 40MG/0.8ML 40MG/0.8ML (<i>adalimumab-bwwd</i>)	4	MSP-PA-QL QL= 2 inj/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML (<i>golimumab</i>)	4	MSP-PA-QL QL= 1 inj/28 days
SIMPONI INJ 100MG 100MG/ML (<i>golimumab</i>)	4	MSP-PA-QL QL= 1 inj/28 days
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML (<i>tocilizumab</i>)	4	MSP-PA-QL QL= 2 inj/28 days
ACTEMRA IV INJ 200MG/10ML, 400MG/20ML, 80MG/4ML (<i>tocilizumab</i>)	M	M
ACTEMRA SC INJ 162MG/0.9ML (<i>tocilizumab</i>)	4	MSP-PA-QL QL= 2 inj/28 days

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CC and IFP FORMULARY

Last Updated 5/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (sarilumab)	4	MSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	1	QL QL= 2 caps/day
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	1	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	1	-
<i>etodolac tab 400MG, 500MG</i>	1	-
FLURBIPROFEN TAB 50MG (<i>flurbiprofen</i>)	1	-
<i>flurbiprofen tab 100MG, 50MG</i>	1	-
<i>ibuprofen tab 400MG, 600MG</i>	1	-
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	1	-
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	1	-
<i>naproxen DR tab 500mg 500MG</i>	1	-
<i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv)	1	-
<i>naproxen sodium tab 220MG, 275MG, 550MG</i> (ANAPROX Equiv)	1	-
NAPROXEN SUSP (NAPROSYN Equiv) (<i>naproxen</i>)	1	-
<i>naproxen susp 125MG/5ML</i> (NAPROSYN Equiv)	1	-

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CC and IFP FORMULARY

Last Updated 5/1/2024

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<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	1	-
<i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv)	1	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
OTEZLA STARTER PACK (<i>apremilast</i>)	4	MSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG (<i>apremilast</i>)	4	MSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	2	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
ORENCIA CLICK INJ 125MG/ML (<i>abatacept</i>)	4	MSP-PA-QL QL= 4 inj/28 days
ORENCIA INJ 250MG (<i>abatacept</i>)	M	-
ORENCIA SC INJ 125MG/ML 125MG/ML (<i>abatacept</i>)	4	MSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML (<i>abatacept</i>)	4	MSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML (<i>abatacept</i>)	4	MSP-PA-QL QL= 4 inj/28 days
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		
ENBREL INJ 25MG 25MG/0.5ML (<i>etanercept</i>)	4	MSP-PA-QL QL= 8 inj/28 days

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CC and IFP FORMULARY

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ENBREL INJ 50MG 50MG/ML (<i>etanercept</i>)	4	MSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	4	MSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML (<i>etanercept</i>)	4	MSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
ANALGESIC COMBINATIONS - Drugs to treat pain		
<i>butalbital/acetaminophen/caffeine tab 40MG-50MG-325MG</i> (FIORICET Equiv)	1	QL QL= 6 tabs/day
SALICYLATES - Drugs to treat pain		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
<i>aspirin ec tab 325mg 325MG</i>	\$0	OTC Covered for males age 45-79 and females age 55-79
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
<i>aspirin tab 325mg 325MG</i>	\$0	OTC Covered for males age 45-79 and females age 55-79
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	1	-

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
CODEINE SULFATE TAB 15MG, 60MG (<i>codeine sulfate</i>)	1	-
<i>codeine sulfate tab 30MG</i>	1	-
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	2	-
<i>hydromorphone tab 2MG, 4MG, 8MG</i> (DILAUDID Equiv)	1	-
METHADONE SOLN 10MG/5ML, 5MG/5ML (<i>methadone hcl</i>)	1	-
<i>methadone soln 10MG/ML</i>	1	-
<i>methadone tab 10MG, 5MG</i> (DOLOPHINE Equiv)	1	-
<i>methadose tab 40MG</i>	1	-
MORPHINE SULF SOLN 10MG/5ML (<i>morphine sulfate</i>)	1	-
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	-
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i>	1	-
MORPHINE SULFATE SOLN 20MG/5ML 20MG/5ML (<i>morphine sulfate</i>)	1	-
<i>morphine sulfate tab 15MG, 30MG</i>	1	-

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OXYCODONE ER TAB, OXYCONTIN CR TAB 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG <i>(oxycodone hcl)</i>	2	QL QL= 60 tabs/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	-
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	1	-
<i>tramadol hcl tab 100mg 100MG</i>	1	-
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	1	-
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG <i>(oxycodone)</i>	2	QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	1	-
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	1	-
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML <i>(acetaminophen w/ codeine)</i>	1	-
<i>butalbital/aspirin/caffeine/codeine cap 30MG-40MG-50MG-325MG</i> (FIORINAL/CODEINE Equiv)	2	QL QL= 6 caps/day

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<i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv)	1	-
<i>hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML</i> (HYCET Equiv)	1	-
<i>hydrocodone/acetaminophen tab</i> (LORTAB Equiv)	1	-
<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv)	1	-
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	3	QL QL= 4 patches/28 days
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	1	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE Equiv)	1	-
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv)	1	-
<i>nalbuphine inj 10MG/ML, 20MG/ML</i>	M	-
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANDROGENS - Drugs to treat low testosterone level		

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ANDRODERM PATCH 2MG/24HR, 4MG/24HR (<i>testosterone</i>)	3	PA-QL QL= 1 patch/day
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	2	-
METHITEST TAB 10MG (<i>methyltestosterone</i>)	3	-
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	1	-
TESTOSTERONE GEL 1% 25MG (ANDROGEL Equiv) (<i>testosterone</i>)	3	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	3	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	3	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	3	PA-QL QL= 4 bottles/30 days
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	3	PA-QL QL= 1 packet/day
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	3	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP (<i>testosterone</i>)	3	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	3	PA-QL QL= 2 bottles/30 days

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<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	4	QL-ST QL= 6ml/day; Step Therapy requires trial of Androgel
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	3	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	2	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<i>hydrocortisone supp 25MG, 30MG</i> (ANUSOL HC Equiv)	3	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
<i>albendazole tab 200MG</i> (ALBENZA Equiv)	4	-
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	1	PA
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	3	-
NITRATES - Drugs to treat chest pain		

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<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	1	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG <i>(isosorbide mononitrate)</i>	1	-
<i>isosorbide mononitrate tab 10MG, 20MG</i>	1	-
NITRO-BID OINT 2% <i>(nitroglycerin)</i>	2	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR <i>(nitroglycerin)</i>	2	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	1	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	1	-
ANTI-ANXIETY AGENTS - Drugs to treat anxiety		
ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
<i>buspirone tab 10MG, 15MG, 30MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	1	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	1	-
<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	1	-
BENZODIAZEPINES - Drugs to treat anxiety		
<i>diazepam tab 10MG, 2MG, 5MG</i> (VALIUM Equiv)	1	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	1	-

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ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-
NORPACE CR CAP 100MG, 150MG (<i>disopyramide phosphate</i>)	3	-
<i>quinidine gluconate CR tab 324MG</i>	4	-
QUINIDINE SULFATE TAB 200MG, 300MG (<i>quinidine sulfate</i>)	2	-
<i>quinidine sulfate tab 200MG, 300MG</i>	1	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	1	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	1	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	3	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	1	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	1	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	3	-
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	3	-

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	4	MSP-PA-QL QL= 1 inj/28 days
XOLAIR INJ 75MG/0.5ML (<i>omalizumab</i>)	4	MSP-PA-QL QL= 2 inj/28 days
XOLAIR INJ 150MG/ML 150MG/ML (<i>omalizumab</i>)	4	MSP-PA-QL QL= 2 inj/28 days
XOLAIR INJ 300MG/2ML 300MG/2ML (<i>omalizumab</i>)	4	MSP-PA-QL QL= 1 inj/28 days
XOLAIR SYRINGE 75MG/0.5ML (<i>omalizumab</i>)	4	MSP-PA-QL QL=2 inj/28 days
XOLAIR SYRINGE 150MG/ML 150MG/ML (<i>omalizumab</i>)	4	MSP-PA-QL QL=2 inj/28 days
XOLAIR SYRINGE 300MG/2ML 300MG/2ML (<i>omalizumab</i>)	4	MSP-PA-QL QL= 1 inj/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	2	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
ATROVENT HFA INHALER 17MCG/ACT (<i>ipratropium bromide hfa</i>)	3	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH (<i>umeclidinium bromide</i>)	2	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	1	-

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SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT (<i>tiotropium bromide monohydrate</i>)	3	-
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT 2.5MCG/ACT (<i>tiotropium bromide monohydrate</i>)	3	-
<i>tiotropium bromide cap inhaler 18MCG</i> (SPIRIVA HANDIHALER Equiv)	3	-
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	2	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	1	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	2	-

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<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)</i>	3	-
FLUTICASONE DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT (<i>fluticasone propionate hfa</i>)	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT 100MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT 250MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT 50MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	2	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
<i>albuterol HFA inhaler 108MCG/ACT (PROAIR Equiv)</i>	1	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	1	-
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-
<i>albuterol sulfate tab 2MG, 4MG</i>	3	-

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<i>albuterol/ipratropium neb soln</i> <i>.5MG/3ML-2.5MG/3ML (DUONEB Equiv)</i>	1	-
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT <i>(umeclidinium-vilanterol)</i>	3	-
BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH <i>(fluticasone furoate-vilanterol)</i>	3	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH <i>(fluticasone furoate-vilanterol)</i>	3	-
<i>budesonide/formoterol inhaler</i> <i>4.5MCG/ACT-160MCG/ACT,</i> <i>4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)</i>	3	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT <i>(mometasone furoate-formoterol fumarate dihydrate)</i>	3	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT <i>(mometasone furoate-formoterol fumarate dihydrate)</i>	3	-

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<i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv)	2	-
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT (fluticasone-salmeterol)	1	-
FLUTICASONE-SALMETEROL INHALER 115-21MCG/ACT 21MCG/ACT-115MCG/ACT (fluticasone-salmeterol)	3	-
FLUTICASONE-SALMETEROL INHALER 230-21MCG/ACT 21MCG/ACT-230MCG/ACT (fluticasone-salmeterol)	3	-
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT (fluticasone-salmeterol)	1	-
FLUTICASONE-SALMETEROL INHALER 45-21MCG/ACT 21MCG/ACT-45MCG/ACT (fluticasone-salmeterol)	3	-
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT 14MCG/ACT-55MCG/ACT (fluticasone-salmeterol)	1	-
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML,</i> 1.25MG/0.5ML, 1.25MG/3ML (XOPENEX Equiv)	1	-

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SEREVENT DISKUS INHALER 50MCG/DOSE <i>(salmeterol xinafoate)</i>	3	-
STIOLTO INHALER 2.5MCG/ACT <i>(tiotropium bromide-olodaterol hcl)</i>	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT <i>(olodaterol hcl)</i>	3	QL QL= 1 inhaler/30 days
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	1	-
TRELEGY ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH <i>(fluticasone-umeclidinium-vilanterol)</i>	2	-
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR <i>(theophylline)</i>	2	-
<i>theophylline ER tab 100MG, 200MG, 300MG, 450MG</i> <i>300MG, 450MG</i> (THEOCHRON Equiv)	2	-
<i>theophylline soln 80MG/15ML</i>	1	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG <i>(theophylline)</i>	1	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	1	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		

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ELIQUIS TAB, ELIQUIS STARTER PACK 5MG (<i>apixaban</i>)	2	-
XARELTO STARTER PACK (<i>rivaroxaban</i>)	3	-
XARELTO SUSP 1MG/ML (<i>rivaroxaban</i>)	3	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG (<i>rivaroxaban</i>)	3	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv)	2	-
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML (<i>dalteparin sodium</i>)	4	-
<i>heparin porcine inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML</i>	1	-
THROMBIN INHIBITORS - Drugs to thin the blood		
<i>dabigatran etexilate mesylate cap 110MG, 150MG, 75MG</i> (PRADAXA Equiv)	3	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-

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ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	1	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	2	-
<i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv)	2	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	1	-
DIACOMIT CAP 250MG, 500MG (<i>stiripentol</i>)	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG (<i>stiripentol</i>)	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML (<i>cannabidiol</i>)	4	LD-PA Only available through Lumicera 855-847-3553
FINTEPLA SOLN 2.2MG/ML (<i>fenfluramine hcl (anticonvulsant)</i>)	4	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	1	-

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<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	1	-
<i>gabapentin tab 600MG, 800MG</i> (NEURONTIN Equiv)	1	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine ODT kit</i> (LAMICTAL Equiv)	EXC	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	1	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	1	-
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	1	-
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	2	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG</i> (LYRICA Equiv)	2	-
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	3	-
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	1	-

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<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	1	-
ZONISADE SUSP 100MG/5ML (<i>zonisamide</i>)	3	Covered for members age 12 or younger
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	1	-
CARBAMATES - Drugs to treat seizures		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	4	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	4	-
XCOPRI PAK 100-150MG (<i>cenobamate</i>)	4	PA-QL QL= 2 tabs/day
XCOPRI PAK 150-200MG (<i>cenobamate</i>)	4	PA-QL QL= 2 tabs/day
XCOPRI PAK 50-200MG (<i>cenobamate</i>)	4	PA-QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG (<i>cenobamate</i>)	4	PA-QL QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG (<i>cenobamate</i>)	4	PA-QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG (<i>cenobamate</i>)	4	PA-QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG (<i>cenobamate</i>)	4	PA-QL QL= 1 tab/day

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XCOPRI TITRATION PAK 50-100MG (<i>cenobamate</i>)	4	PA-QL QL= 1 tab/day
GABA MODULATORS - Drugs to treat seizures		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	3	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
<i>vigadrone powder pack 500MG</i>	4	LD-PA Only available through PantheRx 855-726-8479
HYDANTOINS - Drugs to treat seizures		
DILANTIN CAP 30MG 30MG (<i>phenytoin sodium extended</i>)	1	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	1	-
SUCCINIMIDES - Drugs to treat seizures		
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	1	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	1	-
VALPROIC ACID - Drugs to treat seizures		

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<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	1	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	1	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	2	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	1	-
<i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv)	1	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	1	-
MAPROTILINE TAB 25MG, 50MG, 75MG (<i>maprotiline hcl</i>)	3	-
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	3	-

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PHENELZINE SULFATE TAB 15MG (<i>phenelzine sulfate</i>)	2	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	3	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	1	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	1	-
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	2	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	1	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	1	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	1	-
<i>fluoxetine tab 10MG, 20MG, 60MG</i> (PROZAC Equiv)	1	-
<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	3	-
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	1	-
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	2	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	1	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	1	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	1	-
SEROTONIN MODULATORS - Drugs to treat depression		

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NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG (<i>nefazodone hcl</i>)	1	-
<i>nefazodone tab 50mg, 250mg</i>	1	-
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	1	-
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	1	-
<i>duloxetine EC cap 20mg, 30mg, 60mg 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	1	-
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	1	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	1	-
TRICYCLIC AGENTS - Drugs to treat depression		
<i>amitriptyline tab</i> (ELAVIL Equiv)	1	-
<i>amoxapine tab 100MG, 150MG, 25MG, 50MG</i>	2	-
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	3	-
<i>desipramine tab</i> (NORPRAMIN Equiv)	1	-
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	1	-
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	1	-

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<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	1	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	1	-
<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	1	-
<i>protriptyline tab 10MG, 5MG</i> (VIVACTIL Equiv)	2	-
<i>trimipramine cap 100MG, 25MG, 50MG</i> (SURMONTIL Equiv)	2	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	1	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		
ALOGLIPTIN/METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG (<i>alogliptin-metformin hcl</i>)	2	QL QL= 2 tabs/day
ALOGLIPTIN/PIOGLITAZONE TAB 12.5MG-15MG (<i>alogliptin-pioglitazone</i>)	2	QL QL= 1 tab/day
ALOGLIPTIN/PIOGLITAZONE TAB 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG (<i>alogliptin-pioglitazone</i>)	2	QL QL= 1 tab/day
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv)	1	-

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JANUMET TAB 50MG-1000MG, 50MG-500MG <i>(sitagliptin-metformin hcl)</i>	3	QL-ST QL= 2 tabs/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG <i>(sitagliptin-metformin hcl)</i>	3	QL-ST QL= 2 tabs/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone
JENTADUETO TAB 2.5MG-1000MG, 2.5MG-500MG, 2.5MG-850MG <i>(linagliptin-metformin hcl)</i>	3	QL-ST QL= 2 tabs/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone
JENTADUETO XR TAB 2.5MG-1000MG, 5MG-1000MG <i>(linagliptin-metformin hcl)</i>	3	QL-ST QL= 2 tabs/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG, 10MG-1000MG, 25MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG, 12.5MG-1000MG, 5MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day

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TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG 5MG-10MG-1000MG, 5MG-25MG-1000MG <i>(empagliflozin-linagliptin-metformin)</i>	2	QL QL= 1 tab/day
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG 2.5MG-12.5MG-1000MG, 2.5MG-5MG-1000MG <i>(empagliflozin-linagliptin-metformin)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG 10MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG <i>(dapagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
XULTOPHY INJ 3.6MG/ML-100UNIT/ML <i>(insulin degludec-liraglutide)</i>	2	QL QL= 15ml/30 days
BIGUANIDES - Drugs to regulate blood sugar		
<i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv)	1	-
<i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv)	1	-
DIABETIC OTHER - Drugs to regulate blood sugar		

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BAQSIMI NASAL POWDER 3MG/DOSE (<i>glucagon</i>)	2	QL QL= 2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG (<i>glucagon hcl (rdna)</i>)	3	-
GLUCAGON KIT 1MG (<i>glucagon (rdna)</i>)	3	-
GVOKE INJ 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
GVOKE PFS INJ 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
ZEGALOGUE INJ .6MG/0.6ML (<i>dasiglucagon hcl</i>)	2	QL QL= 2 inj/fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG (<i>alogliptin benzoate</i>)	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG (<i>sitagliptin phosphate</i>)	3	QL-ST- ϕ QL= 1 tab/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone
TRADJENTA TAB 5MG (<i>linagliptin</i>)	3	QL-ST QL= 1 tab/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone

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INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar		
OZEMPIC INJ 2MG/3ML 2MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML 2MG/1.5ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 4MG/3ML 4MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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OZEMPIC INJ 8MG/3ML 8MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>)	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>)	2	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INSULIN - Drugs to regulate blood sugar		
ADMELOG INJ, INSULIN LISPRO INJ (<i>insulin lispro (human)</i>)	2	-
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 100UNIT/ML (<i>insulin lispro</i>)	2	-
APIDRA INJ 100UNIT/ML (<i>insulin glulisine</i>)	3	ST Step Therapy requires trial of INSULIN ASPART
APIDRA SOLOSTAR INJ 100UNIT/ML (<i>insulin glulisine</i>)	3	ST Step Therapy requires trial of INSULIN ASPART

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HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>)	2	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>)	2	-
INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	2	-
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	2	-
INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>)	2	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>)	2	-
INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	2	-
INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL) 300UNIT/ML (<i>insulin glargine</i>)	2	-
INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL) 300UNIT/ML (<i>insulin glargine</i>)	2	-
INSULIN GLARGINE-YFGN (SINGLE PEN) 100UNIT/ML (<i>insulin glargine-yfgn</i>)	2	-

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INSULIN GLARGINE-YFGN INJ (SEMGLEE Equiv) 100UNIT/ML (<i>insulin glargine-yfgn</i>)	2	-
LANTUS INJ, INSULIN GLARGINE INJ 100UNIT/ML (<i>insulin glargine</i>)	2	-
LEVEMIR FLEXTOUCH INJ 100UNIT/ML (<i>insulin detemir</i>)	2	-
LEVEMIR INJ 100UNIT/ML (<i>insulin detemir</i>)	2	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC
NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC
NOVOLIN N FLEXPEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC
NOVOLIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC
NOVOLIN R FLEXPEN INJ 100UNIT/ML (<i>insulin regular (human)</i>)	2	OTC
NOVOLIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	2	OTC
REZVOGLAR INJ 100UNIT/ML (<i>insulin glargine-aglr</i>)	2	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML (<i>insulin glargine-yfgn</i>)	2	-

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TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML (<i>insulin degludec</i>)	2	-
TRESIBA INJ 100UNIT/ML (<i>insulin degludec</i>)	2	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		
FARXIGA TAB 10MG, 5MG (<i>dapagliflozin propanediol</i>)	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG (<i>empagliflozin</i>)	2	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	1	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>)	1	-

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ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	1	-
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG (<i>succimer</i>)	3	-
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	\$0	-
<i>naltrexone tab 50MG</i> (REVIA Equiv)	1	-
VIVITROL INJ 380MG (<i>naltrexone</i>)	\$0	LMSP-PAD
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>deferasirox tab 125MG, 250MG, 500MG</i> (EXJADE Equiv)	4	MSP
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>)	\$0	QL QL= 2 sprays/fill
<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	\$0	OTC-QL QL= 2 sprays/fill
NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>)	\$0	--QL QL= 2 inj/fill
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	--QL QL= 2 inj/fill

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NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>)	\$0	OTC-QL QL= 2 sprays/fill
RIVIVE SPRAY 3MG/0.1ML (<i>naloxone hcl</i>)	\$0	OTC-QL
ZIMHI SOLN 5MG/0.5ML (<i>naloxone hcl</i>)	\$0	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	1	QL QL= 14 tabs/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFTRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	1	-
ONDANSETRON TAB 24MG (ZOFTRAN Equiv) (<i>ondansetron hcl</i>)	1	-
<i>ondansetron tab 4MG, 8MG</i> (ZOFTRAN Equiv)	1	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<i>meclizine hcl tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	1	OTC
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	1	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
<i>doxylamine/pyridoxine dr tab 10MG</i> (DICLEGIS Equiv)	3	PA-QL QL= 4 tabs/day
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	3	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		

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<i>aprepitant pak</i> (EMEND Equiv)	3	QL QL = 3 caps/fill
ANTIFUNGALS - Drugs to treat fungal infection		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) - Drugs to treat fungal infections		
BREXAFEMME TAB 150MG (<i>ibrexafungerp citrate</i>)	3	PA-QL QL= 4 tabs/course
ANTIFUNGALS - Drugs to treat fungal infection		
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	1	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	2	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	1	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	2	-
<i>nystatin powder</i>	1	-
<i>nystatin tab 500000UNIT</i>	1	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	1	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	1	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	1	-
<i>itraconazole cap 100MG</i> (SPORANOX Equiv)	3	-
<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	1	-
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		

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<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv)	1	-
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
ALLEGRA ODT 30MG (<i>fexofenadine hcl</i>)	EXC	OTC
CLARINEX SYRUP (<i>desloratadine</i>)	EXC	-
CLARINEX TAB 5MG (<i>desloratadine</i>)	EXC	-
CLARITIN CHEW TAB 10MG (<i>loratadine</i>)	EXC	OTC
DESLORATADINE ODT 2.5MG, 5MG (<i>desloratadine</i>)	EXC	-
<i>desloratadine tab 5MG</i> (CLARINEX Equiv)	EXC	-
<i>loratadine cap 10MG</i> (CLARITIN Equiv)	EXC	OTC
ZYRTEC CHILD CHEW TAB 10MG (<i>cetirizine hcl</i>)	EXC	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
<i>promethazine supp 12.5MG, 25MG</i> (PHENERGAN Equiv)	2	-
<i>promethazine syrup 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	2	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-
<i>cyproheptadine tab 4MG</i>	1	-
ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol		

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NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	3	PA-QL QL=1 tab/day
ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol		
NEXLIZET TAB 10MG-180MG (<i>bempedoic acid-ezetimibe</i>)	3	PA-QL QL=1 tab/day
ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol		
<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	1	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	1	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	2	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	1	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	1	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	1	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
<i>atorvastatin tab 40MG, 80MG</i> (LIPITOR Equiv)	\$0	-

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<i>atorvastatin tab 10mg 10MG</i> (LIPITOR Equiv)	\$0	-
<i>atorvastatin tab 20mg 20MG</i> (LIPITOR Equiv)	\$0	-
<i>fluvastatin cap 20MG, 40MG</i> (LESCOL Equiv)	\$0	-
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	\$0	-
<i>rosuvastatin tab 10MG, 20MG, 40MG, 5MG</i> (CRESTOR Equiv)	\$0	-
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	\$0	80mg is Not Covered
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	1	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	1	-
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
PRALUENT INJ 150MG/ML, 75MG/ML (<i>alirocumab</i>)	3	PA-QL QL= 2 inj/28 days
REPATHA INJ 140MG/ML (<i>evolocumab</i>)	3	PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML (<i>evolocumab</i>)	3	PA-QL QL= 1 inj/28 days

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ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
ACE INHIBITORS - Drugs to treat high blood pressure		
<i>benazepril tab</i> (LOTENSIN Equiv)	1	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	2	-
<i>enalapril maleate oral soln 1MG/ML</i> (EPANED Equiv)	3	Covered for members age 12 or younger
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	1	-
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	1	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	1	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	4	-
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	1	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	1	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	1	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	2	-

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<i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv)	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
METHYLDOPA TAB 250MG, 500MG (ALDOMET Equiv) (<i>methyldopa</i>)	1	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	1	-
<i>prazosin cap</i> (MINIPRESS Equiv)	1	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	1	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	1	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv)	1	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv)	1	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	1	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv)	1	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv)	1	-

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<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	1	-
VASODILATORS - Drugs to treat high blood pressure		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	1	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	1	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
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FIRST METRONIDAZOLE SUSP 50MG/ML <i>(metronidazole benzoate)</i>	3	-
<i>metronidazole cap 375MG</i> (FLAGYL Equiv)	2	-
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	1	-
PENTAMIDINE ISETHIONATE INJ <i>(pentamidine isethionate)</i>	M	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	3	-
<i>trimethoprim tab</i> (PROLOPRIM Equiv)	1	-
VIBATIV INJ <i>(telavancin hcl)</i>	M	-
XIFAXAN TAB 200MG 200MG <i>(rifaximin)</i>	4	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG <i>(rifaximin)</i>	4	PA-QL QL= 2 tabs/day
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		

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<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	1	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	1	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML (<i>nitazoxanide</i>)	3	-
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	3	-
LAMPIT TAB 120MG, 30MG (<i>nifurtimox</i>)	4	PA
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	4	-
CARBAPENEMS - Drugs to treat bacterial infections		
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	-
IMIPENEM/CILASTATIN INJ 250MG (PRIMAXIN Equiv) (<i>imipenem-cilastatin</i>)	M	-
<i>imipenem/cilastatin inj 500MG</i> (PRIMAXIN Equiv)	M	-
INVANZ INJ (<i>ertapenem sodium</i>)	M	-
<i>meropenem inj 1GM, 500MG</i> (MERREM Equiv)	M	-
GLYCOPEPTIDES - Drugs to treat bacterial infections		
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	2	QL QL= 56 caps/fill
<i>vancomycin hcl soln 250MG/5ML, 25MG/ML, 50MG/ML</i> (FIRVANQ Equiv)	2	-
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		
<i>dapsone tab 100MG, 25MG</i>	1	-
LINCOSAMIDES - Drugs to treat bacterial infections		

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<i>clindamycin cap 150MG, 75MG</i> (CLEOCIN Equiv)	1	-
<i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv)	2	QL Limited to 14 days supply per fill.
<i>lincomycin inj 300MG/ML</i> (LINCOCIN Equiv)	M	-
MONOBACTAMS - Drugs to treat bacterial infections		
<i>aztreonam inj 1GM, 2GM</i> (AZACTAM Equiv)	M	-
CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>)	4	LD-PA Only available through Walgreens 888-347-3416
OXAZOLIDINONES - Drugs to treat bacterial infections		
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	3	PA
SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>)	4	PA-QL QL= 6 tabs/fill
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
<i>methenamine mandelate tab .5GM, 1GM, 500MG</i>	2	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	1	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	1	-
<i>nitrofurantoin susp 25MG/5ML</i> (FURADANTIN Equiv)	3	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		

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<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	2	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
<i>chloroquine tab 250MG, 500MG</i> (ARALEN Equiv)	1	-
<i>hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG</i> (PLAQUENIL Equiv)	1	-
KRINTAFEL TAB 150MG (<i>tafenoquine succinate</i>)	2	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	1	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	2	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	4	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
<i>quinine sulfate cap 324MG</i> (QUALAQUIN Equiv)	3	-
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
FIRDAPSE TAB 10MG (<i>amifampridine phosphate</i>)	4	LD-PA Only available through Anovo Specialty Pharmacy 844-288-5007
GUANIDINE TAB 125MG (<i>guanidine hcl</i>)	3	-
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	3	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	1	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		

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RIFAMATE CAP 150MG-300MG (<i>isoniazid & rifampin</i>)	3	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
<i>cycloserine cap 250MG</i> (CYCLOSERINE Equiv)	2	PA
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	1	-
<i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv)	3	-
ISONIAZID TAB 100MG (<i>isoniazid</i>)	1	-
<i>isoniazid tab 100MG, 300MG</i>	1	-
PRIFTIN TAB 150MG (<i>rifapentine</i>)	2	-
<i>pyrazinamide tab 500MG</i>	3	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	3	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	1	-
TRECTOR TAB 250MG (<i>ethionamide</i>)	3	-
ANTINEOPLASTICS - Drugs to treat cancer		
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	4	MSP-ONC
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCANTIN CAP .25MG, 1MG (<i>topotecan hcl</i>)	4	MSP-ONC-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
<i>busulfan inj 6MG/ML</i>	M	-
BUSULFEX INJ 6MG/ML (<i>busulfan</i>)	M	-

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PAD	Provider Administered Drug	OL	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
ST	Step Therapy	VAC	Vaccine Program	∅	RxCENTS

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>cyclophosphamide cap 25MG, 50MG</i>	3	ONC
CYCLOPHOSPHAMIDE TAB 25MG, 50MG (<i>cyclophosphamide</i>)	4	ONC
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG (<i>lomustine</i>)	4	ONC
HEXALEN CAP (<i>altretamine</i>)	4	ONC
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	4	ONC
<i>melfalan inj 50MG</i> (ALKERAN Equiv)	M	M
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	1	MSP-ONC-PA
ZANOSAR INJ 1GM (<i>streptozocin</i>)	M	-
ANTIMETABOLITES - Drugs to treat cancer		
<i>capecitabine tab 150mg 150MG</i> (XELODA Equiv)	2	MSP-ONC
<i>capecitabine tab 500mg 500MG</i> (XELODA Equiv)	3	MSP-ONC
<i>fludarabine inj 50MG/2ML</i>	M	M
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	1	ONC
METHOTREXATE INJ 250MG/10ML (<i>methotrexate sodium</i>)	1	-
<i>methotrexate inj 1GM</i>	1	-
<i>methotrexate tab 2.5MG</i> (Trexall Equiv)	1	ONC
ONUREG TAB 200MG, 300MG (<i>azacitidine</i>)	4	ONC-PA-QL QL= 14 tabs/28 days
TABLOID TAB 40MG (<i>thioguanine</i>)	4	ONC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INLYTA TAB 1MG, 5MG (<i>axitinib</i>)	4	MSP-ONC-PA-QL-SF QL= 8 tabs/day
LENVIMA CAP 10MG, 4MG (<i>lenvatinib mesylate</i>)	4	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Optum 877-445-6874
MVASI INJ 100MG/4ML, 400MG/16ML (<i>bevacizumab-awwb</i>)	M	-
ZIRABEV INJ 100MG/4ML, 400MG/16ML (<i>bevacizumab-bvzr</i>)	M	-
ANTINEOPLASTIC - ANTIBODIES - Drugs to treat cancer		
RITUXAN INJ 100MG/10ML, 500MG/50ML (<i>rituximab</i>)	M	M
ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer		
HERZUMA INJ 150MG, 420MG (<i>trastuzumab-pkrb</i>)	M	-
KANJINTI INJ 150MG, 420MG (<i>trastuzumab-anns</i>)	M	-
OGIVRI INJ 1.1%-420MG, 150MG, 420MG (<i>trastuzumab-dkst</i>)	M	-
ONTRUZANT INJ 150MG, 420MG (<i>trastuzumab-dttb</i>)	M	-
TRAZIMERA INJ 150MG, 420MG (<i>trastuzumab-qyyp</i>)	M	-
TUKYSA TAB 150MG, 50MG (<i>tucatinib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VENCLEXTA STARTER PACK (<i>venetoclax</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
<i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv)	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	4	MSP-ONC-PA-QL-SF QL= 3 tabs/day
<i>gefitinib tab 250MG</i> (IRESSA Equiv)	4	LD-ONC-PA-QL QL= 1 tab/day
GILOTRIF TAB 20MG, 30MG, 40MG (<i>afatinib dimaleate</i>)	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TAGRISSE TAB 40MG, 80MG (<i>osimertinib mesylate</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>)	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
<i>abiraterone acetate tab 500mg 500MG</i> (ZYTIGA Equiv)	3	MSP-ONC-QL QL= 2 tabs/day

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<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	3	MSP-ONC-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	1	ONC
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	3	ONC
EULEXIN CAP 125MG (<i>flutamide</i>)	2	ONC
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
FLUTAMIDE CAP 125MG (<i>flutamide</i>)	2	ONC
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	1	ONC
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	1	ONC
LYSODREN TAB 500MG (<i>mitotane</i>)	4	LD-ONC Only available through Walgreens 888-347-3416
<i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv)	1	ONC
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	1	ONC

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NUBEQA TAB 300MG (<i>darolutamide</i>)	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG (<i>relugolix</i>)	4	LD-ONC-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306
ORSERDU TAB 86MG (<i>elacestrant hydrochloride</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Onco360 877-662-6633
ORSERDU TAB 345MG 345MG (<i>elacestrant hydrochloride</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Onco360 877-662-6633
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		
WELIREG TAB 40MG (<i>belzutifan</i>)	4	LD-ONC-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>)	4	ONC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		

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AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG (<i>avapritinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>)	4	LD-ONC-PA-QL-SF QL= 32 tabs/day; Only available through Onco360 877-662-6633
ANTINEOPLASTIC ANTIBIOTICS - Drugs to treat cancer		
<i>mitoxantrone inj 2MG/ML</i>	M	-
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG (<i>decitabine-cedazuridine</i>)	4	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG (<i>ribociclib succinate-letrozole</i>)	4	MSP-ONC-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG (<i>trifluridine-tipiracil</i>)	4	MSP-ONC-PA
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	4	MSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306

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ALUNBRIG TAB 90MG, 180MG 180MG, 90MG <i>(brigatinib)</i>	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG <i>(erdafitinib)</i>	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG <i>(erdafitinib)</i>	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG <i>(erdafitinib)</i>	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG <i>(bortezomib)</i>	M	-
BOSULIF CAP 100MG, 50MG <i>(bosutinib)</i>	4	MSP-ONC-PA
BOSULIF TAB 100MG, 400MG, 500MG <i>(bosutinib)</i>	4	MSP-ONC-PA-SF
BRAFTOVI CAP 75MG 75MG <i>(encorafenib)</i>	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG <i>(zanubrutinib)</i>	4	LD-ONC-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
CALQUENCE CAP 100MG <i>(acalabrutinib)</i>	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306

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CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA 300MG TAB 300MG (<i>vandetanib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 100MG (<i>vandetanib</i>)	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
COPIKTRA CAP 15MG, 25MG (<i>duvelisib</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>)	4	MSP-ONC-PA-QL QL= 3 tabs/day
<i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	4	MSP-ONC-PA-QL QL= 1 tab/day
<i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR Equiv)	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
GAVRETO CAP 100MG (<i>pralsetinib</i>)	4	LD-ONC-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
IBRANCE CAP 100MG, 125MG, 75MG (<i>palbociclib</i>)	4	MSP-ONC-PA-QL QL= 21 caps/28 days
IBRANCE TAB 100MG, 125MG, 75MG (<i>palbociclib</i>)	4	MSP-ONC-PA-QL QL= 21 caps/28 days

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ICLUSIG TAB 10MG, 15MG, 30MG, 45MG <i>(ponatinib hcl)</i>	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG <i>(enasidenib mesylate)</i>	4	MSP-ONC-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	3	MSP-ONC-PA
IMBRUVICA CAP 140MG 140MG <i>(ibrutinib)</i>	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG <i>(ibrutinib)</i>	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP 70MG/ML <i>(ibrutinib)</i>	4	LD-ONC-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG <i>(ibrutinib)</i>	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG <i>(ruxolitinib phosphate)</i>	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day
JAYPIRCA TAB 100MG, 50MG <i>(pirtobrutinib)</i>	4	MSP-PA-QL QL= 2 tabs/day
KISQALI TAB 200MG <i>(ribociclib succinate)</i>	4	MSP-ONC-PA-QL QL= 63 tabs/28 days

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KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	4	LD-ONC-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG 10MG (<i>selumetinib sulfate</i>)	4	LD-ONC-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
KRAZATI TAB 200MG (<i>adagrasib</i>)	4	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	4	MSP-ONC-PA
LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>)	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>)	4	MSP-ONC-PA-QL-SF QL= 3 tabs/day
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	4	LD-ONC-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 230MG 320MG (<i>sotorasib</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI THERAPY PACK 4MG (<i>futibatinib</i>)	4	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633
MEKINIST SOLN .05MG/ML (<i>trametinib dimethyl sulfoxide</i>)	4	MSP-ONC-PA

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MEKINIST TAB 0.5MG .5MG (<i>trametinib dimethyl sulfoxide</i>)	4	MSP-ONC-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG (<i>trametinib dimethyl sulfoxide</i>)	4	MSP-ONC-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG (<i>binimetinib</i>)	4	MSP-ONC-PA-QL QL= 6 tabs/day
NERLYNX TAB 40MG (<i>neratinib maleate</i>)	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NINLARO CAP 2.3MG, 3MG, 4MG (<i>ixazomib citrate</i>)	4	LD-ONC-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
<i>pazopanib hcl tab 200MG</i> (VOTRIENT Equiv)	4	MSP-ONC-PA-SF
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG (<i>pemigatinib</i>)	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG (<i>alpelisib</i>)	4	MSP-ONC-PA-SF
QINLOCK TAB 50MG (<i>ripretinib</i>)	4	LD-ONC-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG (<i>selpercatinib</i>)	4	MSP-ONC-PA-QL-SF QL= 4 caps/day

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
REZLIDHIA CAP 150MG (<i>olutasidenib</i>)	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306
ROZLYTREK CAP 100MG, 200MG (<i>entrectinib</i>)	4	MSP-ONC-PA-QL QL= 3 caps/day
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	4	MSP-ONC-PA-QL QL= 6 packs/day
RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG (<i>midostaurin</i>)	4	MSP-ONC-PA
SCEMBLIX TAB 20MG, 40MG (<i>asciminib hcl</i>)	4	MSP-PA-QL QL= 60 tabs/30 days; 300 tabs/30 days (T315I mutation only)
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	4	MSP-ONC-PA-SF
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG (<i>dasatinib</i>)	4	MSP-ONC-PA-SF
STIVARGA TAB 40MG (<i>regorafenib</i>)	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	4	MSP-ONC-PA-SF
TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>)	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>)	4	MSP-ONC-PA-QL QL= 4 caps/day

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TAFINLAR TAB 10MG (<i>dabrafenib mesylate</i>)	4	MSP-ONC-PA-QL QL=4 tabs/day
TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>)	4	MSP-ONC-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG (<i>talazoparib tosylate</i>)	4	MSP-ONC-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>)	4	MSP-ONC-PA-SF
TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>)	4	LD-ONC-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG (<i>tepotinib hcl</i>)	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG (<i>ivosidenib</i>)	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP 125MG, 200MG (<i>pexidartinib hcl</i>)	4	LD-ONC-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VANFLYTA TAB 17.7MG (<i>quizartinib dihydrochloride</i>)	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306

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VANFLYTA TAB 26.5MG 26.5MG (<i>quizartinib dihydrochloride</i>)	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>)	4	MSP-ONC-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP 100MG (<i>pacritinib citrate</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	4	MSP-ONC-PA-QL-SF QL= 2 caps/day
XALKORI SPRINKLE CAP 150MG, 20MG, 50MG (<i>crizotinib</i>)	4	MSP-ONC-PA-QL-SF QL= 4 caps/day
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306

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ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	4	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG (<i>niraparib tosylate</i>)	4	LD-ONC-PA-QL QL=1 tab/ day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	4	MSP-ONC-PA-QL QL= 8 tabs/day
ZOLINZA CAP 100MG (<i>vorinostat</i>)	4	MSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>)	4	LD-ONC-PA-SF Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP (<i>ceritinib</i>)	4	MSP-ONC-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG (<i>ceritinib</i>)	4	MSP-ONC-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 100MCG/0.5ML (<i>interferon gamma-1b</i>)	4	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
BESREMI INJ 500MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	MSP-PA-QL QL= 2 inj/28 days
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	4	MSP-ONC-PA-SF

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<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ 10000000UNIT/ML, 60000000UNIT/ML (<i>interferon alfa-2b</i>)	4	MSP
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	4	ONC
PROLEUKIN INJ (<i>aldesleukin for iv soln</i>)	M	-
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<i>amifostine inj</i>	M	-
<i>leucovorin calcium inj 100MG, 200MG, 350MG, 500MG, 50MG</i>	M	-
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	2	ONC
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG (<i>etoposide</i>)	3	MSP-ONC
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	2	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
<i>entacapone tab 200MG</i> (COMTAN Equiv)	2	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	1	-
<i>amantadine syrup</i> (SYMMETREL Equiv)	1	-

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<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	1	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	1	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	1	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	2	-
<i>carbidopa/levodopa tab 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (SINEMET Equiv)	1	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	1	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	1	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	3	∅
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	1	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	1	-
XADAGO TAB 100MG, 50MG (<i>safinamide mesylate</i>)	3	PA-QL QL= 1 tab/day
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
ONGENTYS CAP 25MG, 50MG (<i>opicapone</i>)	3	PA-QL QL= 1 tab/day, 30 tabs/fill

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ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<i>apomorphine inj 30MG/3ML</i> (APOKYN Equiv)	4	LD Only available through Lumicera 855-847-3553
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>)	2	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (<i>lithium carbonate</i>)	1	-
<i>lithium carbonate cap</i>	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
LITHIUM CITRATE SOLN 8MEQ/5ML (<i>lithium</i>)	1	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP 100MG, 200MG, 300MG (<i>carbamazepine (mood)</i>)	3	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG</i> (LATUDA Equiv)	1	-
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	1	-
BENZISOXAZOLES - Drugs to treat mood disorders		

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INVEGA HAFYERA INJ 1092MG/3.5ML, 1560MG/5ML (<i>paliperidone palmitate</i>)	\$0	PAD Must be filled at Safeway Pharmacy
INVEGA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 273MG/0.88ML, 39MG/0.25ML, 410MG/1.32ML, 546MG/1.75ML, 78MG/0.5ML, 819MG/2.63ML (<i>paliperidone palmitate</i>)	\$0	PAD Must be filled at Safeway Pharmacy
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	3	QL QL= 1 tab/day
PERSERIS INJ 120MG, 90MG (<i>risperidone</i>)	\$0	PAD Must be filled at Safeway Pharmacy
<i>risperidone microspheres inj 12.5MG, 25MG, 37.5MG, 50MG</i> (RISPERDAL Equiv)	\$0	PAD Must be filled at Safeway Pharmacy
RISPERIDONE ODT .25MG (<i>risperidone</i>)	2	-
<i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv)	1	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	1	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	1	-
BUTYROPHENONES - Drugs to treat mood disorders		
<i>haloperidol decanoate inj 100MG/ML, 50MG/ML</i>	\$0	PAD Must be filled at Safeway Pharmacy
<i>haloperidol lactate conc 10MG/5ML, 2MG/ML</i> (HALDOL Equiv)	1	-

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<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	1	-
DIBENZAPINES - Drugs to treat mood disorders		
CLOZAPINE ODT 150MG, 200MG (<i>clozapine</i>)	3	-
CLOZAPINE ODT 12.5MG 12.5MG (<i>clozapine</i>)	3	-
<i>clozapine ODT 25mg, 100mg 100MG, 150MG, 200MG, 25MG</i> (CLOZAPINE, FAZACLO Equiv)	2	-
CLOZAPINE ODT, FAZACLO ODT (<i>clozapine</i>)	2	-
<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	1	-
<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	1	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	1	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	1	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	1	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	1	-
ZYPREXA RELPREVV INJ 210MG, 300MG, 405MG (<i>olanzapine pamoate</i>)	\$0	PAD Must be filled at Safeway Pharmacy
PHENOTHIAZINES - Drugs to treat mood disorders		

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<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	3	-
<i>fluphenazine decanoate inj 25MG/ML</i>	\$0	PAD Must be filled at Safeway Pharmacy
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv)	1	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	1	-
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	1	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	1	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	1	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	1	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
ABILIFY ASIMTUFII INJ 720MG/2.4ML 720MG/2.4ML (<i>aripiprazole</i>)	\$0	PAD Must be filled at Safeway Pharmacy
ABILIFY ASIMTUFII INJ 960MG/3.2ML 960MG/3.2ML (<i>aripiprazole</i>)	\$0	PAD Must be filled at Safeway Pharmacy
ABILIFY MAINTENA INJ 300MG, 400MG (<i>aripiprazole</i>)	\$0	PAD Must be filled at Safeway Pharmacy
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	1	∅

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ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 675MG/2.4ML, 882MG/3.2ML <i>(aripiprazole lauroxil)</i>	\$0	PAD Must be filled at Safeway Pharmacy
THIOXANTHENES - Drugs to treat mood disorders		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	1	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	2	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	4	-
APRETUDE SUSP 600MG/3ML <i>(cabotegravir)</i>	M	PAD
APTIVUS CAP 250MG <i>(tipranavir)</i>	4	-
APTIVUS SOLN 100MG/ML <i>(tipranavir)</i>	4	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	3	-
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG <i>(bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	4	-
CABENUVA IM SUSP 400MG/2ML-600MG/2ML, 600MG/3ML-900MG/3ML <i>(cabotegravir & rilpivirine)</i>	M	-

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CIMDUO TAB 300MG (<i>lamivudine-tenofovir disoproxil fumarate</i>)	4	-
COMPLERA TAB 25MG-200MG-300MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	4	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG (<i>indinavir sulfate</i>)	4	-
<i>darunavir tab 600MG, 800MG</i> (PREZISTA Equiv)	4	-
DELSTRIGO TAB 100MG-300MG (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)	4	-
DESCOVY TAB 15MG-120MG, 25MG-200MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	\$0	-
<i>didanosine DR cap</i> (VIDEX EC Equiv)	3	-
DIDANOSINE DR CAP, VIDEX EC CAP 200MG, 250MG, 400MG (<i>didanosine</i>)	3	-
DOVATO TAB 50MG-300MG (<i>dolutegravir sodium-lamivudine</i>)	4	-
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	4	-
EFAVIRENZ CAP 200MG, 50MG (<i>efavirenz</i>)	3	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	3	-
<i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv)	4	-
<i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv)	\$0	-

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<i>etravirine tab 100MG, 200MG</i> (INTELENCE Equiv)	4	-
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	4	-
GENVOYA TAB 10MG-150MG-200MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	4	QL QL= 1 tab/day
INTELENCE TAB 25MG (<i>etravirine</i>)	4	-
INVIRASE CAP (<i>saquinavir mesylate</i>)	4	-
INVIRASE TAB 500MG (<i>saquinavir mesylate</i>)	4	-
ISENTRESS (HD) TAB 400MG, 600MG (<i>raltegravir potassium</i>)	4	-
ISENTRESS CHEW TAB 100MG, 25MG (<i>raltegravir potassium</i>)	4	-
ISENTRESS POWDER PACK 100MG (<i>raltegravir potassium</i>)	4	-
JULUCA TAB 25MG-50MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	4	-
KALETRA TAB (<i>lopinavir-ritonavir</i>)	4	-
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	1	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	2	-
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	1	-
LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>)	4	-
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	4	-

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<i>lopinavir-ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv)	4	-
<i>maraviroc tab 150MG, 300MG</i> (SELZENTRY Equiv)	4	-
NEVIRAPINE SUSP 50MG/5ML (<i>nevirapine</i>)	4	-
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	1	-
NORVIR CAP (<i>ritonavir</i>)	3	-
NORVIR POWDER PACK 100MG (<i>ritonavir</i>)	3	-
NORVIR SOLN 80MG/ML (<i>ritonavir</i>)	3	-
ODEFSEY TAB 25MG-200MG (<i>emtricitabine- rilpivirine-tenofovir alafenamide fumarate</i>)	4	-
PIFELTRO TAB 100MG (<i>doravirine</i>)	4	-
PREZCOBIX TAB 150MG-800MG (<i>darunavir-cobicistat</i>)	4	QL QL= 1 tab/day
PREZISTA TAB 150MG, 75MG (<i>darunavir</i>)	4	-
REYATAZ POWDER PACK 50MG (<i>atazanavir sulfate</i>)	4	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	3	-
SELZENTRY SOLN 20MG/ML (<i>maraviroc</i>)	4	-
SELZENTRY TAB 25MG, 75MG (<i>maraviroc</i>)	4	-
STRIBILD TAB 150MG-200MG-300MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	4	QL QL= 1 tab/day

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SYMTUZA TAB 10MG-150MG-200MG-800MG (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	4	-
<i>tenofovir disoproxil fumarate tab 300MG</i> (VIREAD Equiv)	1	-
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	4	-
TIVICAY TAB 10MG, 25MG, 50MG (<i>dolutegravir sodium</i>)	4	-
TRIUMEQ PD TAB 5MG-30MG-60MG (<i>abacavir-dolutegravir-lamivudine</i>)	4	QL QL= 6 tabs/day
TRIUMEQ TAB 50MG-300MG-600MG (<i>abacavir-dolutegravir-lamivudine</i>)	4	QL QL= 1 tab/day
VIRACEPT TAB 250MG, 625MG (<i>nelfinavir mesylate</i>)	4	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG (<i>tenofovir disoproxil fumarate</i>)	4	QL QL= 1 tab/day
ANTIVIRAL COMBINATIONS- Drugs to treat viral infections		
PAXLOVID TAB 150-100MG 100MG-150MG (<i>nirmatrelvir-ritonavir</i>)	2	QL-RDX QL= 20 tabs/fill; Diagnosis Restricted – COVID-19 (U07.1)
PAXLOVID TAB 300-100MG 100MG-150MG (<i>nirmatrelvir-ritonavir</i>)	2	QL-RDX QL= 30 tabs/fill; Diagnosis Restricted – COVID-19 (U07.1)
CMV AGENTS - Drugs to treat viral infections		

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<i>cidofovir inj 75MG/ML</i> (VISTIDE Equiv)	M	-
<i>foscarnet sodium inj 6000MG/250ML</i> (FOSCAVIR Equiv)	M	-
FOSCAVIR INJ 6000MG/250ML (<i>foscarnet sodium</i>)	M	-
LIVTENCITY TAB 200MG (<i>maribavir</i>)	4	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS TAB 240MG, 480MG (<i>letermovir</i>)	4	MSP-PA-QL QL= 1 tab/day; 200 tabs/365 days
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	4	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	3	-
HEPATITIS AGENTS - Drugs to treat viral infections		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	4	MSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	1	-
EPIVIR HBV SOLN 5MG/ML (<i>lamivudine (hbv)</i>)	4	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	2	-
MAVYRET PAK 20MG-50MG (<i>glecaprevir-pibrentasvir</i>)	4	MSP-PA-QL QL= 5 packets/day
MAVYRET TAB 40MG-100MG (<i>glecaprevir-pibrentasvir</i>)	4	MSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML (<i>peginterferon alfa-2a</i>)	3	MSP
PEG-INTRON INJ 50MCG/0.5ML (<i>peginterferon alfa-2b</i>)	4	MSP

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REBETOL SOLN (<i>ribavirin (hepatitis c)</i>)	4	MSP
RIBAVIRIN CAP 200MG (<i>ribavirin (hepatitis c)</i>)	1	MSP
<i>ribavirin cap 200MG</i>	1	MSP
RIBAVIRIN TAB 200MG (<i>ribavirin (hepatitis c)</i>)	2	MSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (<i>sofosbuvir-velpatasvir</i>)	4	MSP-PA-QL QL= 1 tab/day
VOSEVI TAB 100MG-400MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	4	MSP-PA-QL QL= 1 tab/day
ZEPATIER TAB 50MG-100MG (<i>elbasvir-grazoprevir</i>)	4	MSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	2	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	1	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	1	-
INFLUENZA AGENTS - Drugs to treat viral infections		
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	1	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	2	QL QL= 250ml/fill

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RELENZA DISKHALER 5MG/BLISTER (<i>zanamivir</i>)	1	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>)	1	-
MISC. ANTIVIRALS- Drugs to treat viral infections		
LAGEVRIO 200MG CAP 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill
LAGEVRIO CAP (EUA) 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB (<i>penicillamine</i>)	2	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>)	3	MSP-ONC-PA
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
ATGAM INJ 50MG/ML (<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>)	M	-
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	1	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	3	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	2	-

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<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	2	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	3	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	1	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	3	-
<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML (<i>cyclosporine</i>)	4	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	3	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	1	-
THYMOGLOBULIN INJ 25MG (<i>anti-thymocyte globulin (rabbit), lymphocyte immune globulin</i>)	M	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
<i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv)	1	-
<i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv)	1	-
VELTASSA POWDER 16.8GM, 25.2GM, 8.4GM (<i>patiromer sorbitex calcium</i>)	4	PA
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		

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<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	1	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	1	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
<i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv)	1	-
<i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv)	1	-
<i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv)	1	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	1	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (LOPRESSOR Equiv)	1	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
<i>propranolol oral soln 20mg/5ml 20MG/5ML</i> (PROPRANOLOL Equiv)	1	-
PROPRANOLOL SOLN 40MG/5ML (<i>propranolol hcl</i>)	1	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	1	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	1	-
<i>sotalol tab</i> (BETAPACE Equiv)	1	-
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	2	-

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BIOLOGICALS MISC - Miscellaneous biological drugs		
BIOLOGICALS MISC - Miscellaneous biological drugs		
ADAGEN INJ (<i>pegademase bovine</i>)	M	M
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-
<i>diltiazem ER cap 120MG, 180MG, 240MG</i> (DILACOR XR Equiv)	1	-
<i>diltiazem ER cap- 120MG, 60MG, 90MG</i> (CARDIZEM SR Equiv)	2	-
<i>diltiazem ER tab 120MG, 180MG, 180MG/24HR, 240MG, 240MG/24HR, 300MG, 300MG/24HR, 360MG, 420MG</i> (CARDIZEM LA Equiv)	1	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	1	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	2	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	1	-
<i>nisoldipine ER tab 17MG, 34MG, 8.5MG</i> (SULAR Equiv)	3	-
NISOLDIPINE ER TAB 20MG, 30MG, 40MG 20MG, 30MG, 40MG (<i>nisoldipine</i>)	3	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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PAD	Provider Administered Drug	OL	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
ST	Step Therapy	VAC	Vaccine Program	∅	RxCENTS

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VERAPAMIL CAP ER 100MG, 360MG (<i>verapamil hcl</i>)	1	-
VERAPAMIL ER CAP 200MG 200MG (<i>verapamil hcl</i>)	2	-
VERAPAMIL ER CAP 300MG 300MG (<i>verapamil hcl</i>)	1	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG (<i>verapamil hcl</i>)	2	-
<i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv)	1	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	1	-
VERELAN PM ER CAP 100MG, 300MG 200MG, 300MG (<i>verapamil hcl</i>)	1	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	1	-
<i>digoxin tab</i> (LANOXIN Equiv)	1	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG (<i>mavacamten</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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ENTRESTO TAB 24MG-26MG, 49MG-51MG, 97MG-103MG (<i>sacubitril-valsartan</i>)	3	PA-QL QL= 2 tabs/day
IMPOTENCE AGENTS - Drugs to treat erectile dysfunction		
CIALIS TAB 10MG, 20MG (<i>tadalafil</i>)	EXC	-
LEVITRA TAB 10MG, 20MG (<i>varденаfil hcl</i>)	EXC	-
<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	EXC	-
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	EXC	-
<i>varденаfil ODT 10MG</i> (STAXYN Equiv)	EXC	-
<i>varденаfil tab 10MG, 2.5MG, 20MG, 5MG</i> (LEVITRA Equiv)	EXC	-
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
ORENITRAM TAB .125MG, .25MG, 1MG, 2.5MG, 5MG (<i>treprostinil diolamine</i>)	4	-
ORENITRAM TAB MONTH (<i>treprostinil diolamine</i>)	4	-
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG (<i>treprostinil</i>)	4	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (<i>treprostinil</i>)	4	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523

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TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (<i>treprostinil</i>)	4	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG (<i>treprostinil</i>)	4	LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN 0.6 MG/ML .6MG/ML (<i>treprostinil</i>)	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	4	MSP-PA-QL QL= 2 tabs/day
OPSUMIT TAB 10MG (<i>macitentan</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
TRACLEER TAB 32MG 32MG (<i>bosentan</i>)	4	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523

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PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	1	PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>selexipag</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) - Drugs to treat heart failure		
VERQUVO TAB 10MG, 2.5MG, 5MG (<i>vericiguat</i>)	3	QL-RS QL= 1 tab/day; Restricted to Cardiology Specialist
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
<i>cefadroxil cap 500MG</i> (DURICEF Equiv)	1	-
<i>cefadroxil susp 250MG/5ML, 500MG/5ML</i> (DURICEF Equiv)	1	-
CEFADROXIL TAB 1GM (<i>cefadroxil</i>)	1	-
<i>cefadroxil tab</i>	1	-
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	-
CEFAZOLIN INJ 100GM, 1GM, 2GM, 300GM, 3GM (<i>cefazolin sodium</i>)	M	-
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	1	-

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<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	1	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
CEFACLOR CAP 250MG, 500MG (<i>cefactor</i>)	1	-
<i>cefactor cap 250MG, 500MG</i> (CECLOR Equiv)	3	-
<i>cefoxitin inj 10GM, 1GM, 2GM</i>	M	-
<i>cefprozil susp 125MG/5ML, 250MG/5ML</i> (CEFZIL Equiv)	2	-
<i>cefprozil tab 250MG, 500MG</i> (CEFZIL Equiv)	1	-
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	1	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
<i>cefдинир cap 300MG</i> (OMNICEF Equiv)	1	-
<i>cefдинир susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	1	-
<i>ceftaxime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv)	3	-
<i>cefотaxime inj</i> (CLAFORAN Equiv)	M	-
<i>cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv)	3	-
<i>cefpodoxime proxetil tab 100MG, 200MG</i> (VANTIN Equiv)	3	-
<i>ceftazidime inj 1GM, 2GM, 6GM</i> (FORTAZ Equiv)	M	-
<i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i> (ROCEPHIN Equiv)	M	-

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FORTAZ INJ 1GM, 500MG, 6GM (<i>ceftazidime</i>)	M	-
CEPHALOSPORINS - 4TH GENERATION - Drugs to treat bacterial infections		
<i>cefepime inj 1GM, 2GM</i> (MAXIPIME Equiv)	M	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
<i>aranelle tab</i> (TRI-NORINYL Equiv)	\$0	-
<i>aviane tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-
<i>cesia tab</i> (CYCLESSA Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
<i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (SAFYRAL Equiv)	\$0	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	\$0	-
<i>jolessa tab, amethia tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	3 copays per Rx
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-

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<i>levonorgestrel-ethinyl estradiol-fe tab .02MG-.1MG-36.5MG, .1MG-20MCG-75MG</i> (BALCOLTRA Equiv)	\$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG <i>(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</i>	\$0	-
<i>loestrin 21 tab 1.5MG-30MCG</i>	\$0	-
<i>mibelas chew tab 1MG-20MCG-75MG</i> (MINASTRIN Equiv)	\$0	-
NATAZIA TAB <i>(estradiol valerate-dienogest)</i>	\$0	-
NEXTSTELLIS TAB 3MG-14.2MG <i>(drospirenone-estetrol)</i>	\$0	-
<i>norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG</i> (TAYTULLA Equiv)	\$0	-
<i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-

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TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>)	\$0	-
VELIVET PAK (<i>desogestrel-ethinyl estradiol (triphasic)</i>)	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>)	\$0	QL QL= 12 patches/year
<i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
ANNOVERA RING .013MG/24HR-.15MG/24HR (<i>segesterone acetate-ethinyl estradiol</i>)	\$0	QL QL= 1 ring/year
<i>eluryng vaginal ring .015MG/24HR-.12MG/24HR</i> (NUVARING Equiv)	\$0	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	\$0	-
ELLA TAB 30MG (<i>ulipristal acetate</i>)	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML (<i>medroxyprogesterone acetate (contraceptive)</i>)	\$0	QL QL= 1 inj/90 days
<i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv)	\$0	QL QL= 1 inj/90 days

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PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
<i>norethindrone tab .35MG</i> (NORA-QD Equiv)	\$0	-
OPILL TAB .075MG (<i>norgestrel</i>)	\$0	OTC-QL QL= 12 months/365 days
SLYND TAB 4MG (<i>drospirenone</i>)	\$0	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
<i>budesonide ER tab 9MG</i> (UCERIS Equiv)	4	-
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	3	-
CORTISONE ACETATE TAB 25MG (<i>cortisone acetate</i>)	2	-
<i>dexamethasone elixir .5MG/5ML</i>	1	-
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 1MG, 2MG, 4MG, 6MG</i> (DECADRON Equiv)	1	-
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	1	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	1	-
PREDNISOLONE SOLN (<i>prednisolone</i>)	1	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 25MG/5ML, 5MG/5ML, 6.7MG/5ML</i>	1	-
PREDNISONE SOLN 5MG/5ML (<i>prednisone</i>)	1	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	1	-

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MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	1	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
<i>benzonatate cap 100MG, 200MG</i> (TESSALON Equiv)	1	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
BROVEX PEB LIQUID 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML <i>(brompheniramine & phenyleph)</i>	EXC	OTC
CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-
CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-
<i>lohist liquid 2MG/10ML-5MG/10ML</i> (DECON-A Equiv)	EXC	OTC
EXPECTORANTS - Drugs to thin and loosen mucus in the chest		
<i>potassium iodide oral soln 1GM/ML</i> (SSKI Equiv)	3	-
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	1	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	1	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		

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<i>adapalene cream .1%</i> (DIFFERIN Equiv)	3	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%</i> (DIFFERIN Equiv)	2	PA Acne Only – members age 35 or older require Prior Authorization
ADAPALENE LOTION (<i>adapalene</i>)	3	PA Acne Only – members age 35 or older require Prior Authorization
<i>amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (AC CUTANE Equiv)	3	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	2	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	2	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	1	-
DIFFERIN LOTION .1% (<i>adapalene</i>)	3	PA Acne Only-members age 35 or older require Prior Authorizaiton
DIFFERIN OTC GEL 0.1% .1% (<i>adapalene</i>)	1	OTC-PA-QL QL= 45gm/fill; Acne Only – members age 35 or older require Prior Authorization
ERY PAD 2% (<i>erythromycin (acne aid)</i>)	1	-
<i>erythromycin gel 2%</i>	1	-

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<i>erythromycin pad</i>	1	-
<i>erythromycin soln 2%</i>	1	-
SODIUM SULFACETAMIDE/SULFUR EMULSION 4%-10%, 5%-10% (<i>sulfacetamide sodium-sulfur in urea vehicle</i>)	1	-
SODIUM SULFACETAMIDE/SULFUR LOTION (<i>sulfacetamide sodium w/ sulfur</i>)	3	-
<i>sodium sulfacetamide/sulfur lotion 4.8%-9.8%, 5%-10%</i>	3	-
<i>tretinoin cream .025%, .05%, .1%</i>	2	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .01%, .025%, .05%</i> (RETIN-A GEL Equiv)	2	PA Acne Only – members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses		
RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>)	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
<i>gentamicin sulfate cream</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-
<i>mupirocin cream 2%</i> (BACTROBAN Equiv)	3	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	1	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		

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<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	1	-
<i>clotrimazole/betamethasone lotion .05%-1%</i> (LOTRISONE LOTION Equiv)	2	-
<i>ketconazole cream 2%</i> (NIZORAL CREAM Equiv)	1	-
<i>ketconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv)	1	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<i>nystatin oint 100000UNIT/GM</i>	1	-
<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	1	-
<i>terbinafine cream 1%</i>	1	OTC
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	1	QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
<i>bexarotene gel 1%</i> (TARGRETIN Equiv)	4	MSP-PA
FLUOROPLEX CREAM 1%, 4% (<i>fluorouracil (topical)</i>)	4	-
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	2	-

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FLUOROURACIL CREAM 0.5% .5% (<i>fluorouracil (topical)</i>)	4	-
<i>fluorouracil soln 5%</i> (EFUDEX Equiv)	2	-
VALCHLOR GEL .016% (<i>mechlorethamine hcl (topical)</i>)	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
ANTIPSORIATICS - Drugs to treat psoriasis		
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	3	-
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	3	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	3	-
CALCITRIOL OINT 3MCG/GM (<i>calcitriol (topical)</i>)	3	-
METHOXSALEN CAP 10MG (OXSORALEN ULTRA Equiv) (<i>methoxsalen rapid</i>)	4	-
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	4	-
SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>)	4	MSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML (<i>risankizumab-rzaa</i>)	4	MSP-PA-QL QL= 2 inj/84 days
STELARA INJ 90MG/ML (<i>ustekinumab</i>)	4	MSP-PA-QL QL= 1 inj/84 days

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STELARA INJ 45MG/0.5ML 45MG/0.5ML <i>(ustekinumab)</i>	4	MSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML <i>(ixekizumab)</i>	4	MSP-PA-QL QL= 1 inj/28 days
TREMFYA INJ 100MG/ML <i>(guselkumab)</i>	4	MSP-PA-QL QL= 1 inj/56 days
ZORYVE CREAM .3% <i>(roflumilast (topical))</i>	4	PA-QL QL= 60 grams/30 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
<i>selenium sulfide lotion 1%, 2.5%</i>	1	-
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	2	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
<i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM <i>(penciclovir)</i>	4	-
<i>penciclovir cream 1%</i> (DENAVIR Equiv)	4	-
BURN PRODUCTS - Drugs to treat burns		
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	1	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
ALA SCALP LOTION 2% <i>(hydrocortisone (topical))</i>	3	-
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	1	-
<i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv)	1	-
AMCINONIDE LOTION .1% <i>(amcinonide)</i>	3	PA
<i>amcinonide oint .1%</i>	3	PA

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AMCINONIDE OINTMENT .1% (<i>amcinonide</i>)	3	PA
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	1	-
<i>betamethasone augmented gel</i>	1	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv)	1	-
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv)	1	-
<i>betamethasone dipropionate lotion .05%</i>	1	-
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv)	2	-
<i>betamethasone valerate cream .1%</i>	1	-
<i>betamethasone valerate oint .1%</i>	1	-
<i>calcipotriene/betamethasone oint .005%-.064%</i> (TACLONEX Equiv)	1	-
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv)	1	-
<i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv)	1	-
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate soln .05%</i> (TEMOVATE Equiv)	1	-
<i>desonide cream .05%</i> (DESOWEN Equiv)	1	-
<i>desonide gel .05%</i>	1	-

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<i>desonide oint .05%</i> (DESOWEN Equiv)	1	-
<i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv)	3	-
<i>desoximetasone cream 0.05% .05%</i> (TOPICORT Equiv)	3	-
<i>desoximetasone gel .05%</i> (TOPICORT Equiv)	1	-
<i>desoximetasone oint .25%</i> (TOPICORT Equiv)	1	-
<i>desoximetasone oint 0.05% .05%</i> (TOPICORT Equiv)	1	-
DIFLORASONE CREAM .05% (<i>diflorasone diacetate</i>)	3	-
<i>diflorasone oint .05%</i>	1	-
FLUOCINOLONE ACET CREAM .01% (<i>fluocinolone acetonide</i>)	1	-
<i>fluocinolone acetonide cream .01%, .025%</i>	1	-
<i>fluocinolone acetonide oint .025%</i>	1	-
<i>fluocinolone acetonide soln .01%</i>	2	-
<i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv)	1	-
<i>fluocinonide cream 0.1% .1%</i> (VANOS CREAM Equiv)	3	-
<i>fluocinonide emollient cream .05%</i>	1	-
<i>fluocinonide gel .05%</i>	1	-
<i>fluocinonide oint .05%</i>	1	-
<i>fluocinonide soln .05%</i>	1	-
<i>flurandrenolide cream .05%</i> (CORDRAN Equiv)	1	-
<i>flurandrenolide oint .05%</i> (CORDRAN Equiv)	1	-
<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	1	-

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<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	1	-
<i>halcinonide cream .1%</i> (HALOG Equiv)	1	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	1	-
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	1	-
<i>hydrocortisone butyrate cream .1%</i> (LOCOID Equiv)	1	-
<i>hydrocortisone butyrate lipocream .1%</i> (LOCOID Equiv)	1	-
<i>hydrocortisone butyrate oint .1%</i> (LOCOID Equiv)	1	-
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	1	-
<i>hydrocortisone lotion 2% 2%</i> (ALA SCALP Equiv)	3	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	1	-
<i>hydrocortisone valerate cream .2%</i>	1	-
<i>hydrocortisone valerate oint .2%</i> (WESTCORT Equiv)	1	-
<i>hydrocortisone/pramoxine cream 2.5-1% 1%-2.5%</i> (PRAMOSONE Equiv)	2	-
LOCOID LIPOCREAM .1% (<i>hydrocortisone butyrate hydrophilic lipo base</i>)	1	-
<i>mometasone cream .1%</i> (ELOCON Equiv)	1	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	1	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	1	-
<i>paramox hc gel</i> (NOVACORT GEL Equiv)	1	-
PRAMOSONE CREAM 1% 1% (<i>pramoxine-hc</i>)	3	-

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<i>triamcinolone acetonide oint .05%</i> (TRIANEX Equiv)	1	-
<i>triamcinolone cream .025%, .1%, .5%</i>	1	-
<i>triamcinolone lotion .025%, .1%</i>	1	-
<i>triamcinolone oint .025%, .1%, .5%</i>	1	-
ECZEMA AGENTS - Drugs to treat eczema		
ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>)	4	MSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG (<i>abrocitinib</i>)	4	MSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 100MG/0.67ML (<i>dupilumab</i>)	4	MSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 300MG/2ML (<i>dupilumab</i>)	4	MSP-PA-QL QL= 2 inj/28 days
DUPIXIENT PEN INJ 200MG/1.14ML (<i>dupilumab</i>)	4	MSP-PA-QL QL= 2 inj/28 days
OPZELURA CREAM 1.5% (<i>ruxolitinib phosphate (topical)</i>)	4	PA-QL QL= 12 tubes/year
EMOLLIENT/KERATOLYTIC AGENTS - Drugs to treat rough skin		
<i>urea cream 40%</i> (CARMOL Equiv)	2	-
<i>urea cream 50%</i> (KERALAC Equiv)	1	-
EMOLLIENTS - Drugs to treat skin conditions		
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	1	-
<i>ammonium lactate lotion 12%, 5%</i> (LAC-HYDRIN Equiv)	1	-

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LACTIC ACID LOTION 10%, 5% (<i>lactic acid (ammonium lactate)</i>)	1	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM (<i>collagenase</i>)	3	-
HAIR GROWTH AGENTS - Drugs to grow hair		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
LITFULO CAP 50MG (<i>ritlecitinib tosylate</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
HAIR REDUCTION AGENTS - Drugs to remove hair		
VANIQA CREAM 13.9% (<i>eflornithine hcl</i>)	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	1	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
HYFTOR GEL .2% (<i>sirolimus (topical)</i>)	4	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
<i>pimecrolimus cream 1%</i> (ELIDEL Equiv)	3	Covered for members 2 years or older
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	2	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOFILOX SOLN .5% (<i>podofilox</i>)	1	-
<i>podofilox soln .5%</i>	1	-

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<i>salicylic acid shampoo 6%</i> (SALEX Equiv)	1	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
<i>lidocaine 4% cream 4%</i>	1	-
<i>lidocaine cream 3% 3%</i> (LIDAMANTLE Equiv)	2	-
LIDOCAINE GEL 2% (GLYDO Equiv) (<i>lidocaine hcl</i>)	1	-
<i>lidocaine gel .5%, 2%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint</i>	1	-
<i>lidocaine patch 5%</i> (LIDODERM Equiv)	2	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	1	-
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	1	-
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% (<i>fluocinolone-hydroquinone-tretinoin</i>)	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	3	-
<i>brimonidine tartrate gel .33%</i> (MIRVASO GEL Equiv)	EXC	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	1	-
<i>metronidazole gel .75%, 1%</i> (METROGEL Equiv)	2	-
<i>metronidazole lotion .75%</i> (METROLOTION Equiv)	2	-
MIRVASO GEL .33% (<i>brimonidine tartrate (topical)</i>)	EXC	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RHOFADE CREAM 1% (<i>oxymetazoline hcl (topical)</i>)	EXC	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	1	-
SPINOSAD SUSP .9% (<i>spinosad</i>)	3	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% (<i>becaplermin</i>)	4	QL QL= 30 grams/fill
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC DRUGS - Drugs to diagnose or monitor conditions		
GLUCAGEN INJ 1MG (<i>glucagon hcl rdna (diagnostic)</i>)	2	-
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
CLINISTIX TEST STRIP (<i>glucose urine test-(glucose oxidase)</i>)	1	OTC
COVID-19 TEST (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 TEST CARTRIDGE (<i>covid-19 at home test</i>)	EXC	OTC
CUE HEALTH MONITOR (<i>covid-19 at home test</i>)	EXC	OTC
KETOSTIX (<i>acetone (urine) test</i>)	1	OTC
ONETOUCH ULTRA TEST STRIP (<i>glucose blood</i>)	1	OTC-QL
ONETOUCH VERIO TEST STRIP (<i>glucose blood</i>)	1	OTC-QL
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		

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DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
ASTAMED MYO CAP <i>(astaxanthin-tocotrienol-zinc-cholecalciferol)</i>	EXC	-
DEPLIN CAP <i>(l-methylfolate-algae)</i>	EXC	-
ELIGEN B12 TAB <i>(cyanocobalamin-salcaprozate sodium)</i>	EXC	-
FALESSA TAB <i>(levomefolate glucosamine)</i>	EXC	-
FOLTANX TAB <i>(l-methylfolate w/ vitamin b6-vitamin b12)</i>	EXC	-
GLYGEST PAK <i>(2-fucosyllactose & lacto-n-neotetraose)</i>	EXC	-
L-METHYLFOLATE TAB <i>(l-methylfolate)</i>	EXC	-
LUVIRA CAP <i>(omega-3-acid ethyl esters (dietary management))</i>	EXC	-
METANX CAP <i>(l-methylfolate w/ algae-vitamin b12-vitamin b6)</i>	EXC	-
OLLIZAC POWDER <i>(2-fucosyllactose & lacto-n-neotetraose)</i>	EXC	-
PODIAPN CAP <i>(l-methylfolate w/ vitamin b6-vitamin b12)</i>	EXC	-
XAQUIL XR TAB <i>(levomefolate glucosamine)</i>	EXC	-
XYZBAC TAB <i>(dietary management product)</i>	EXC	-
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		

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CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	4	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	2	-
<i>acetazolamide tab 125MG, 250MG</i>	1	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	3	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	1	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	1	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	3	-

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FUROSEMIDE SOLN 40MG/5ML, 8MG/ML (LASIX Equiv) (<i>furosemide</i>)	1	-
<i>furosemide soln 10MG/ML</i> (LASIX Equiv)	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	1	-
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	1	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB (<i>chlorothiazide</i>)	1	-
<i>chlorothiazide tab</i>	1	-
CHLOROTHIAZIDE TAB 500MG (<i>chlorothiazide</i>)	2	-
<i>chlorthalidone tab 25MG, 50MG</i>	1	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	1	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	1	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	1	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	1	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
ADRENAL STEROID INHIBITORS - Drugs to treat Cushing disease		

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ISTURISA TAB 10MG 10MG (<i>osilodrostat phosphate</i>)	4	LD-PA-QL QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 1MG 1MG (<i>osilodrostat phosphate</i>)	4	LD-PA-QL QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 5MG 5MG (<i>osilodrostat phosphate</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
BONE DENSITY REGULATORS - Drugs to treat bone disease		
<i>alendronate tab 10MG, 35MG, 70MG</i> (FOSAMAX Equiv)	1	-
ALENDRONATE TAB 40MG 5MG (<i>alendronate sodium</i>)	2	-
<i>calcitonin inj 200UNIT/ML</i> (MIACALCIN Equiv)	4	MSP
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	1	-
PROLIA INJ 60MG/ML (<i>denosumab</i>)	M	M
<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate.

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TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>)	4	MSP
XGEVA INJ 120MG/1.7ML (<i>denosumab</i>)	M	-
FERTILITY REGULATORS - Drugs to regulate fertility		
CLOMID TAB 50MG (<i>clomiphene citrate</i>)	EXC	INF
CLOMID TAB 50MG (<i>clomiphene citrate</i>)	EXC	INF
OVIDREL INJ 250MCG/0.5ML (<i>choriogonadotropin alfa</i>)	EXC	INF
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
<i>cetorelix acetate for inj kit .25MG</i> (CETROTIDE Equiv)	EXC	INF
CETROTIDE KIT .25MG (<i>cetorelix acetate</i>)	EXC	INF
ORILISSA TAB 150MG 150MG (<i>elagolix sodium</i>)	4	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG (<i>elagolix sodium</i>)	4	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG (<i>pegvisomant</i>)	4	LD-PA Only available through Accredo-800-803-2523 or Walgreens-888-347-3416
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 1MG, 2MG (<i>tesamorelin acetate</i>)	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ 12MG, 5MG (<i>somatropin</i>)	4	MSP-PA

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SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG <i>(lonapegsomatropin-tcgd)</i>	4	MSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
OSPHENA TAB 60MG <i>(ospemifene)</i>	3	-
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		
INCRELEX INJ 40MG/4ML <i>(mecasermin)</i>	4	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
SYNAREL NASAL SOLN 2MG/ML <i>(nafarelin acetate)</i>	4	-
MENOPAUSAL SYMPTOMS SUPPRESSANTS ***		
VEOZAH TAB 45MG <i>(fezolinetant)</i>	3	PA-QL QL=1 tab/day
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
ALDURAZYME INJ 2.9MG/5ML <i>(laronidase)</i>	M	M
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	1	-
CALCITRIOL INJ 1MCG/ML <i>(calcitriol)</i>	4	MSP

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<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	3	-
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	4	-
FABRAZYME INJ 35MG, 5MG (<i>agalsidase beta</i>)	M	M
GALAFOLD CAP 123MG (<i>migalastat hcl</i>)	4	LD-PA-QL QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>nitisinone cap 10MG, 20MG, 2MG, 5MG</i> (ORFADIN Equiv)	4	LD-PA Only available through Dohmen LSS 844-246-5226
<i>paricalcitol cap 2MCG, 4MCG</i> (ZEMPLAR Equiv)	4	-
<i>paricalcitol cap 1mcg 1MCG</i> (ZEMPLAR Equiv)	2	-
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	4	MSP-PA
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	4	MSP-PA
<i>sodium phenylbutyrate powder 3GM/TSP</i> (BUPHENYL Equiv)	4	MSP-PA
<i>sodium phenylbutyrate tab 500MG</i> (BUPHENYL Equiv)	4	MSP-PA

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STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>)	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
MINERALOCORTICOID RECEPTOR ANTAGONISTS -Drugs to treat chronic kidney disease		
KERENDIA TAB 10MG, 20MG (<i>finerenone</i>)	3	PA-QL QL= 1 tab/day
NATRIURETIC PEPTIDES ***		
VOXZOGO INJ .4MG, .56MG, 1.2MG (<i>vosoritide</i>)	4	LD-PA-QL QL= 1 vial/day; Only available through Accredo 800-803-2523
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
DDAVP NASAL SOLN .01% (<i>desmopressin acetate refrigerated</i>)	3	-
<i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv)	4	MSP
<i>desmopressin acetate nasal spray .01%, .1MG/ML</i> (DDAVP Equiv)	2	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-
PROGESTERONE RECEPTOR ANTAGONISTS ***		
<i>mifepristone tab 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG (<i>mifepristone</i>)	\$0	-
PROLACTIN INHIBITORS - Drugs to regulate hormones		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	1	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		

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<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)</i>	3	MSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML (<i>octreotide acetate</i>)	3	MSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML (<i>pasireotide diaspertate</i>)	4	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		
DUAVEE TAB .45MG-20MG (<i>conjugated estrogens-bazedoxifene</i>)	3	PA
<i>esterified estrogens/methyltestosterone tab .625MG-1.25MG, 1.25MG-2.5MG (ESTRATEST Equiv)</i>	2	-
MYFEMBREE TAB .5MG-1MG-40MG (<i>relugolix-estradiol-norethindrone acetate</i>)	4	PA-QL QL= 1 tab/day
ORIAHNN CAP .5MG-1MG-300MG (<i>elagolix sodium-estradiol-norethindrone acetate</i>)	4	PA-QL QL= 2 caps/day
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	3	-
ESTROGENS - Drugs used for contraception		

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<i>estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR</i> (CLIMARA Equiv)	1	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	1	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG (<i>estrogens, conjugated</i>)	2	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		
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BAXDELA TAB 450MG (<i>delafloxacin meglumine</i>)	4	PA-QL QL= 2 tabs/day
CIPROFLOXACIN 100MG TAB 100MG (<i>ciprofloxacin hcl</i>)	2	-
<i>ciprofloxacin susp 500MG/5ML, 5GM/100ML</i> (CIPRO Equiv)	1	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	1	-
FACTIVE TAB (<i>gemifloxacin mesylate</i>)	4	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	1	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	1	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		

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OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>)	4	LD-PA-QL-SF-ϕ QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	3	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	2	-
GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	3	-
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	1	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	1	-
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		
BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx 855-726-8479
BYLVAY CAP 400MCG 400MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 15 caps/day; Only available through PantheRx 855-726-8479

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BYLVAY SPRINKLE CAP 200MCG 200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 8 caps/day; Only available through PantheRx 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through PantheRx 855-726-8479
LIVMARLI SOLN 9.5MG/ML (<i>maralixibat chloride</i>)	4	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 636-519-2400
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
AVSOLA INJ 100MG (<i>infliximab-axxq</i>)	M	-
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	2	-
CIMZIA INJ 200MG/ML (<i>certolizumab pegol</i>)	4	MSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML (<i>certolizumab pegol</i>)	4	MSP-PA-QL QL= 1 kit/plan year
INFLECTRA INJ 100MG (<i>infliximab-dyyb</i>)	M	-
<i>mesalamine DR cap 400MG</i> (DELZICOL Equiv)	3	-
<i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv)	3	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	3	-
<i>mesalamine ER cap 500MG</i> (APRISO Equiv)	3	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	3	-
PENTASA CAP 250MG (<i>mesalamine</i>)	4	-
RENFLEXIS INJ 100MG (<i>infliximab-abda</i>)	M	-

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SKYRIZI INJ 360MG/2.4ML (<i>risankizumab-rzaa (crohn's)</i>)	4	MSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 180MG/1.2ML 180MG/1.2ML (<i>risankizumab-rzaa (crohn's)</i>)	4	MSP-PA-QL QL= 1 inj/56 days
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	1	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	1	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lactulose soln 10GM/15ML</i>	1	-
IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system		
<i>alosetron tab .5MG, 1MG</i> (LOTRONEX Equiv)	3	-
LINZESS CAP 145MCG, 290MCG, 72MCG (<i>linaclotide</i>)	3	PA
LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections		
VOWST CAP (<i>fecal microbiota spores, live-brpk</i>)	4	LD-PA-QL QL=12 caps/fill; Only available through Orsini Pharmacy 800-410-8575
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
MOVANTIK TAB 12.5MG, 25MG (<i>naloxegol oxalate</i>)	2	PA
SYMPROIC TAB (<i>naldemedine tosylate</i>)	2	PA
SYMPROIC TAB .2MG (<i>naldemedine tosylate</i>)	2	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	1	-
<i>calcium acetate tab 667MG</i> (ELIPHOS Equiv)	1	-

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PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>)	2	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (REIVALA Equiv)	4	ST Step Therapy requires trial of calcium acetate.
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	2	ST Step Therapy requires trial of calcium acetate.
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROCIT-K TAB Equiv)	1	-
<i>sodium citrate/citric acid soln 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	1	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>)	4	LD Only available through CVS Specialty 800-238-7828
GENITOURINARY IRRIGANTS - Drugs to treat the urinary system		
NEOMYCIN/POLYMYXIN B GU IRRIGATION SOLN 40MG/ML-200000UNIT/ML (<i>neomycin/polymyxin b gu</i>)	1	-
<i>sodium chloride 0.9% irr soln .9%</i>	1	-

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IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease		
FILSPARI TAB 200MG, 400MG (<i>sparsentan</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	4	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
<i>silodosin cap 4MG, 8MG</i> (RAPAFLO Equiv)	1	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	1	-
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	1	-
GOUT AGENTS - Drugs to treat gout		
<i>allopurinol tab 100MG, 300MG</i> (ZYLOPRIM Equiv)	1	-
<i>colchicine tab .6MG</i> (COLCRYS Equiv)	1	-

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<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	3	ST-∅ Step Therapy requires trial of allopurinol
URICOSURICS - Drugs to treat gout		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	1	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML <i>(emicizumab-kxwh)</i>	4	MSP-PA
BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions		
<i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv)	3	MSP-PA
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
CINRYZE INJ 500UNIT <i>(c1 esterase inhibitor (human))</i>	M	-
EMPAVELI INJ 1080MG/20ML <i>(pegcetacoplan)</i>	4	LD-PA-QL QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479
HAEGARDA INJ 2000UNIT, 3000UNIT <i>(c1 esterase inhibitor (human))</i>	4	LD-PA Only available through Accredo 800-803-2523

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TAVNEOS CAP 10MG (<i>avacopan</i>)	4	LD-PA-QL QL= 6 caps/day; Only available through PantherRx Pharmacy 855-726-8479
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders		
TAVALISSE TAB 100MG, 150MG (<i>fostamatinib disodium</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	1	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		
TAKHZYRO INJ 300MG/2ML (<i>lanadelumab-flyo</i>)	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	2	-
<i>aspirin/dipyridamole cap 25MG-200MG</i> (AGGRENEX Equiv)	3	-
BRILINTA TAB 60MG, 90MG (<i>ticagrelor</i>)	3	RS Restricted to Cardiology Specialist
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	1	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	1	-
<i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv)	1	-

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HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency		
PYRUKYND TAB 20MG, 50MG, 5MG (<i>mitapivat sulfate</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND THERAPY PACK 5MG (<i>mitapivat sulfate</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CEREZYME INJ 400UNIT (<i>imiglucerase</i>)	M	-
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea (sickle cell disease)</i>)	2	-
OXBRYTA TAB 300MG, 500MG (<i>voxelotor</i>)	4	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
ENDARI POWDER PACK 5GM (<i>glutamine (sickle cell)</i>)	4	MSP-PA-QL QL= 6 packets/day
OXBRYTA TAB FOR ORAL SUSP 300MG (<i>voxelotor</i>)	4	LD-PA-QL QL= 5 tabs/day; Only available through Accredo 800-803-2523
COBALAMINS - Drugs to treat vitamin deficiency		

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<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
ARANESP INJ 100MCG/ML, 200MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML (<i>darbepoetin alfa</i>)	4	PA
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	4	-
GRANIX INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>tbo-filgrastim</i>)	4	MSP
LEUKINE INJ 250MCG (<i>sargramostim</i>)	4	MSP
MULPLETA TAB 3MG (<i>lusutrombopag</i>)	4	MSP-PA-QL QL= 7 tabs/fill
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-aafi</i>)	4	MSP
NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>)	4	MSP
PROMACTA POWDER 12.5MG, 25MG (<i>eltrombopag olamine</i>)	4	MSP-PA-QL QL= 1 packet/day

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PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG (<i>eltrombopag olamine</i>)	4	MSP-PA-QL QL= 1 tab/day
PROMACTA TAB 50MG 50MG (<i>eltrombopag olamine</i>)	4	MSP-PA-QL QL= 2 tabs/day
PROMACTA TAB 75MG 75MG (<i>eltrombopag olamine</i>)	4	MSP-PA-QL QL= 2 tabs/day
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa-epbx</i>)	3	-
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>)	4	MSP
ZIEXTENZO INJ 6MG/0.6ML (<i>pegfilgrastim-bmez</i>)	4	MSP
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
<i>tranexamic acid inj 1000MG/10ML</i> (CYKLOKAPRON Equiv)	M	M
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	1	-

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<i>zolpidem tab 10mg 10MG</i> (AMBIEN Equiv)	1	QL Male QL= 1 tab/day; Female QL= 0.5 tab/day
<i>zolpidem tab 5mg 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	\$0	Covered at \$0 for members 45-75 years old, no QL. All other members covered at Tier \$0, QL = 3 per year.
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	\$0	Covered at \$0 for members 45-75 years old, no QL. All other members covered at Tier \$0, QL = 3 per year.
NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	\$0	Covered at \$0 for members 45-75 years old, no QL. All other members covered at Tier \$0, QL = 3 per year.
<i>peg 3350/electrolytes soln</i> 2.97GM-5.86GM-6.74GM-22.74GM-236GM (NULYTELY Equiv)	\$0	Covered at \$0 for members 45-75 years old, no QL. All other members covered at Tier \$0, QL = 3 per year.
<i>sodium/potassium/magnesium soln</i> 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP BOWEL PREP Equiv)	\$0	QL Covered at \$0 for members 45-75 years old. All other members covered at Tier 2, QL= 3 bottles/year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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<i>lactulose soln</i>	1	-
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	1	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	1	-
CLARITHROMYCIN - Drugs to treat bacterial infections		
CLARITHROMYCIN SUSP 125MG/5ML, 250MG/5ML (<i>clarithromycin</i>)	2	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	1	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
<i>erythromycin DR tab 250MG, 333MG, 500MG</i> (ERY-TAB Equiv)	3	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	3	-
ERYTHROMYCIN ETHYLSUCCINATE TAB 400MG (<i>erythromycin ethylsuccinate</i>)	3	-
<i>erythromycin tab 250MG, 500MG</i> (ERYTHROMYCIN Equiv)	3	-
FIDAXOMICIN - Drugs to treat infections		

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DIFICID SUSP 40MG/ML (<i>fidaxomicin</i>)	4	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB 200MG (<i>fidaxomicin</i>)	4	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
CERVICAL CAP (<i>cervical caps</i>)	\$0	QL QL= 1 cap/365 days
DIAPHRAGM 2% (<i>diaphragm wide seal</i>)	\$0	QL QL= 1 diaphragm/365 days
FEMALE CONDOMS (<i>condoms - female</i>)	\$0	OTC-QL QL= 24 condoms/30 days
MALE CONDOMS (<i>condoms latex non-lubricated - male</i>)	\$0	OTC-QL QL= 24 condoms/30 days
DIABETIC SUPPLIES - Devices to assist with diabetes		
CALIBRATION LIQUID (<i>blood glucose calibration</i>)	1	OTC
DEXCOM G6 RECEIVER (<i>continuous glucose system receiver</i>)	3	PA-QL QL= 1 receiver/year

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DEXCOM G6 SENSOR (<i>continuous glucose system sensor</i>)	3	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER (<i>continuous glucose system transmitter</i>)	3	PA-QL QL= 1 transmitter/90 days
FREESTYLE LIBRE 2 RECEIVER (<i>continuous glucose system receiver</i>)	3	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose system sensor</i>)	3	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3 READER (<i>continuous glucose system receiver</i>)	3	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose system sensor</i>)	3	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER (<i>continuous glucose system receiver</i>)	3	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous glucose system sensor</i>)	3	PA-QL QL= 2 sensors/28 days
LANCET DEVICE (<i>lancet devices</i>)	1	OTC
LANCET KIT (<i>lancets misc.</i>)	1	OTC
LANCETS (<i>lancets</i>)	1	OTC
OMNIPOD 5 G6 MIS PODS (<i>insulin infusion disposable pump</i>)	3	PA
OMNIPOD 5 G7 KIT INTRO (<i>insulin infusion disposable pump</i>)	3	PA-QL QL= 1 kit/year

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OMNIPOD 5 G7 MIS PODS (<i>insulin infusion disposable pump</i>)	3	PA-QL QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT (<i>insulin infusion disposable pump</i>)	3	PA
OMNIPOD GO KIT (<i>insulin infusion disposable pump</i>)	3	PA-QL QL= 10 pods/30 days
ONETOUCH DELICA LANCETS (<i>lancets</i>)	1	OTC
ONETOUCH DELICA PLUS 30G LANCETS (<i>lancets</i>)	1	OTC
ONETOUCH DELICA PLUS 33G LANCETS (<i>lancets</i>)	1	OTC
ONETOUCH METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	1	OTC
ONETOUCH VERIO FLEX METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO IQ METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO REFLECT METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% (<i>alcohol swabs</i>)	EXC	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		

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B-D INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	1	OTC
B-D INSULIN SYRINGE SAFETY-LOK (<i>insulin syringe/needle u-100</i>)	1	OTC
B-D PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
INSULIN SYRINGE (<i>insulin syringe/needle u-40</i>)	1	OTC
NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
NOVOPEN JR INJ (<i>injection device for insulin</i>)	1	OTC
NOVOTWIST PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
NOVOTWIST/NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>spacer/aerosol-holding chambers</i>)	1	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		
NURTEC ODT 75MG (<i>rimegepant sulfate</i>)	4	PA-QL QL= 8 tabs/30 days, 6 fills/year
ZAVZPRET NASAL SPRAY 10MG/ACT (<i>zavegepant hcl</i>)	4	PA-QL QL=6 units/fill, 60 units/365 days
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
<i>sumatriptan/naproxen tab 85-500mg 85MG-500MG</i> (TREXIMET Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days;

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MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
<i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv)	3	-
<i>dihydroergotamine mesylate nasal spray 4MG/ML</i> (MIGRANAL Equiv)	4	-
ERGOMAR SL TAB 2MG (<i>ergotamine tartrate</i>)	4	-
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ 140MG/ML, 70MG/ML (<i>erenumab-aooe</i>)	3	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	3	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML (<i>galcanezumab-gnlm</i>)	3	PA-QL QL= 3 inj/fill, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
<i>almotriptan tab 12.5MG, 6.25MG</i> (AXERT Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>eletriptan tab 20MG, 40MG</i> (RELPAX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>frovatriptan tab 2.5MG</i> (FROVA Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML (<i>sumatriptan succinate</i>)	3	QL QL= 4 inj/fill, 2 fills/30 days
<i>naratriptan tab 1MG, 2.5MG</i> (AMERGE Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days

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REYVOW TAB 100MG, 50MG (<i>lasmiditan succinate</i>)	4	PA-QL QL= 8 tabs/30 days, 6 fills/year
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (<i>sumatriptan succinate</i>)	3	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	3	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan nasal spray 20MG/ACT, 5MG/ACT</i> (IMITREX, SUMATRIPTAN Equiv)	3	QL QL= 6 sprays/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan ODT 2.5MG, 5MG</i> (ZOMIG Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
ELECTROLYTE MIXTURES - Drugs to treat electrolyte disorders		
<i>electrolyte-148 solution</i> <i>3MEQ/L-5MEQ/L-23MEQ/L-27MEQ/L-98MEQ/L-140MEQ/L</i> (PLASMA-LYTE Equiv)	M	-

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<i>electrolyte-a solution</i> 3MEQ/L-5MEQ/L-23MEQ/L-27MEQ/L-98MEQ/L-140MEQ/L (PLASMA-LYTE Equiv)	M	-
PLASMA-LYTE SOLN (<i>electrolyte-56</i>)	M	-
FLUORIDE - Drugs to treat mineral deficiency		
FLUORABON SOLN .125MG/DROP, .25MG/DROP, .55MG/0.6ML (<i>sodium fluoride</i>)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
MAGNESIUM - Drugs to treat electrolyte disorders		
MAGNESIUM SU INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML (<i>magnesium sulfate</i>)	M	M
<i>magnesium sulfate inj 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML, 50%</i>	M	M
POTASSIUM - Drugs to treat electrolyte disorders		
K-TAB 8MEQ (<i>potassium chloride</i>)	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-

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<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-
<i>potassium chloride inj 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 2MEQ/ML, 40MEQ/100ML</i>	M	-
<i>potassium chloride micro tab 10MEQ, 15MEQ, 20MEQ</i> (K-DUR Equiv)	1	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	1	-
<i>potassium chloride soln 10%, 20%</i>	1	-
POTASSIUM CHLORIDE TAB ER 8MEQ (<i>potassium chloride</i>)	1	-
SODIUM - Drugs to treat electrolyte disorders		
SOD CHLORIDE INJ .9%, 4MEQ/ML (<i>sodium chloride</i>)	M	-
<i>sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%</i>	M	M
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	4	MSP
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
JOENJA TAB 70MG (<i>leniolisib phosphate</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through PantheRx Pharmacy 855-726-8479

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<i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG</i> (REVLIMID Equiv)	4	MSP-ONC-PA-QL QL= 1 cap/day
REZUROCK TAB 200MG (<i>belumosudil mesylate</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
ENSPRYNG INJ 120MG/ML (<i>satralizumab-mwge</i>)	4	MSP-PA-QL QL= 1 inj/28 days
<i>everolimus tab (ZORTRESS equiv) .25MG, .5MG, .75MG, 1MG</i>	4	PA
<i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv)	4	-
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>)	3	PA
SPS SUSP 15GM/60ML (<i>sodium polystyrene sulfonate</i>)	1	-
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML (<i>belimumab</i>)	4	MSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML (<i>belimumab</i>)	4	MSP-PA-QL QL= 4 inj/28 day
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		

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FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM/119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/237ML (<i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i>)	1	-
LIDOCAINE ORAL SOLN 4% 4% (<i>lidocaine hcl (mouth-throat)</i>)	2	-
<i>lidocaine viscous soln 2%</i> (LIDOCAINE HCL (MOUTH-THROAT) Equiv)	1	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	1	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
<i>chlorhexidine gluconate soln .12%</i> (PERIDEX Equiv)	1	-
DENTAL PRODUCTS - Drugs to prevent cavities		
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	1	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	2	-

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<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	1	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv)	1	-
BACLOFEN TAB 5MG (<i>baclofen</i>)	2	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	1	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	1	-
<i>methocarbamol tab 500MG, 750MG</i> (ROBAXIN Equiv)	1	-
<i>orphenadrine citrate inj 30MG/ML, 60MG/2ML</i>	M	-
<i>tizanidine cap 2MG, 4MG, 6MG</i> (ZANAFLEX Equiv)	1	-
<i>tizanidine tab</i> (ZANAFLEX Equiv)	1	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	2	-
VISCOSUPPLEMENTS ***		
DUROLANE INJ 60MG/3ML (<i>sodium hyaluronate (viscosupplement)</i>)	M	-
EUFLEXXA INJ 20MG/2ML (<i>sodium hyaluronate (viscosupplement)</i>)	M	-
GEL-ONE INJ 30MG/3ML (<i>cross-linked hyaluronate</i>)	M	-
GELSYN-3 INJ 16.8MG/2ML (<i>sodium hyaluronate (viscosupplement)</i>)	M	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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GENVISC-850 INJ, SUPARTZ FX INJ, TRIVISC INJ, VISCO-3 INJ 25MG/2.5ML (<i>sodium hyaluronate (viscosupplement)</i>)	M	-
HYALGAN INJ 20MG/2ML (<i>sodium hyaluronate (viscosupplement)</i>)	M	-
HYMOVIS INJ 24MG/3ML (<i>hyaluronan</i>)	M	-
MONOVISC INJ 88MG/4ML (<i>hyaluronan</i>)	M	-
ORTHOVISC INJ 30MG/2ML (<i>hyaluronan</i>)	M	-
SYNVISC INJ 16MG/2ML (<i>hylan g-f 20</i>)	M	-
SYNVISC ONE INJ 48MG/6ML (<i>hylan g-f 20</i>)	M	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL AGENTS - MISC. - Miscellaneous nasal agents		
ALCOHOL SWABS 62% (<i>alcohol (nasal)</i>)	EXC	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	1	-
<i>azelastine nasal spray 0.15% .15%, 205.5MCG/SPRAY</i> (ASTEPRO Equiv)	1	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	1	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
<i>budesonide nasal spray 32MCG/ACT</i> (RHINOCORT AQUA Equiv)	1	OTC

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<i>flunisolide nasal soln .025%</i> (FLUNISOLIDE Equiv)	1	QL QL= 2 bottles/fill
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	1	QL QL= 2 bottles/fill
<i>mometasone nasal spray 50MCG/ACT</i> (NASONEX Equiv)	1	QL QL= 2 bottles/fill
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
RADICAVA INJ 30MG/100ML (<i>edaravone</i>)	M	-
RADICAVA ORS STARTER KIT 105MG/5ML (<i>edaravone</i>)	4	LD-PA-QL QL= 70 mL/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP 105MG/5ML (<i>edaravone</i>)	4	LD-PA-QL QL= 50 mL/28 days; Only available through Accredo 800-803-2523
RELYVRIO PAK 1GM-3GM (<i>sodium phenylbutyrate-aurursodiol</i>)	4	LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	1	-
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS- Drugs to induce muscle paralysis		
BOTOX INJ 100UNIT, 200UNIT (<i>onabotulinumtoxinA</i>)	M	-
SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		

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EVRYSDI SOLN .75MG/ML (<i>risdiplam</i>)	4	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
ARTIFICIAL TEARS AND LUBRICANTS - Drugs to treat dry eyes		
ARTIFICIAL TEARS DROP .25%, .6%, 1% (<i>carboxymethylcellulose sodium (ophth)</i>)	1	OTC
<i>artificial tears ophth soln .01%-.05%-.3%, .1%-.2%-.3%, 1%-4.5%, 1.25%</i>	1	OTC
<i>carboxymethylcellulose sodium ophth gel 1%</i>	1	OTC
<i>carboxymethylcellulose sodium ophth soln .25%, .5%, 1%</i>	1	OTC
<i>carboxymethylcellulose-glycerin ophth soln .5%-.9%</i>	1	OTC
<i>dextran 70-hypromellose ophth soln .1%-.3%</i>	1	OTC
<i>glycerin-hypromellose-peg 400 ophth soln .2%-1%</i>	1	OTC
GONIOTAIRE OPHTH SOLN 2.5% (<i>hypromellose (gonioscopic)</i>)	1	OTC
<i>hypromellose ophth soln</i>	1	OTC
LUBRICANT GEL DROP .25%-.3% (<i>carboxymethylcellulose-hypromellose</i>)	1	OTC
<i>polyethylene glycol-propylene glycol ophth soln .3%-.4%</i>	1	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	1	OTC

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<i>polyvinyl alcohol-povidone ophth soln .5%-.6%, 5MG/ML-6MG/ML</i>	1	OTC
<i>propylene glycol ophth soln .6%</i>	1	OTC
<i>propylene glycol-glycerin ophth soln .3%-1%</i>	1	OTC
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
<i>betaxolol ophth soln .5%</i> (BETOPTIC-S Equiv)	1	-
CARTEOLOL OPHTH SOLN 1% (<i>carteolol hcl (ophth)</i>)	1	-
<i>carteolol ophth soln</i>	1	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	1	-
LEVOBUNOLOL OPHTH SOLN .5% (BETAGAN Equiv) (<i>levobunolol hcl</i>)	1	-
<i>levobunolol ophth soln</i> (BETAGAN Equiv)	1	-
METIPRANOLOL OPHTH SOLN (<i>metipranolol</i>)	1	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	1	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	1	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	1	-
MIOTICS - Drugs to treat eye conditions		

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<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	1	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
APRACLONIDINE OPHTH SOLN .5% (IOPIDINE Equiv) (<i>apraclonidine hcl</i>)	1	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	1	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	2	-
<i>brimonidine ophth soln 0.2% .1%</i>	2	-
<i>brimonidine tartrate ophth soln 0.1% .2%</i> (ALPHAGAN P SOLN 0.1% Equiv)	2	-
OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections		
AZASITE SOLN 1% (<i>azithromycin (ophth)</i>)	3	-
BACITRACIN OPHTH OINT 500UNIT/GM (<i>bacitracin (ophthalmic)</i>)	2	-
<i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv)	1	-
<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	1	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	1	-
<i>erythromycin ophth oint 5MG/GM</i>	1	-
<i>gatifloxacin ophth soln .5%</i> (ZYMAXID Equiv)	1	-

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GENTAK OPHTH OINT .3% (<i>gentamicin sulfate (ophth)</i>)	1	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	1	-
LEVOFLOXACIN OPHTH SOLN .5%, 1.5% (QUIXIN Equiv) (<i>levofloxacin (ophth)</i>)	1	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	1	-
MOXEZA INTRAOCULAR SOLN 5MG/ML 5MG/ML (<i>moxifloxacin hcl (ophth)</i>)	M	-
MOXEZA OPHTH SOLN .5% (<i>moxifloxacin hcl (ophth)</i>)	2	-
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	1	-
NATACYN OPHTH SUSP 5% (<i>natamycin</i>)	2	QL QL= 1 bottle/fill
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	1	-
<i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv)	1	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	1	-
<i>tobramycin ophth soln</i> (TOBREX Equiv)	1	-

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XDEMVY DROP .25% (<i>lotilaner</i>)	4	LD-PA-QL QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416
ZIRGAN OPHTH GEL .15% (<i>ganciclovir ophthalmic</i>)	3	-
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	3	PA-QL QL= 2 vials/day
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	1	-
OPHTHALMIC NERVE GROWTH FACTORS - Drugs to treat eye conditions		
OXERVATE OPHTH SOLN .002% (<i>cenegermin-bkbj</i>)	4	LD-PA-QL QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	1	-
<i>fluorometholone ophth soln</i> (FML LIQUIFILM Equiv)	1	-
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	3	-

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<i>neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)</i>	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)</i>	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-hc (ophth)</i>)	2	-
PRED FORTE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	1	-
PRED MILD OPHTH SOLN .12% (<i>prednisolone acetate (ophth)</i>)	2	-
PREDNISOLONE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	1	-
PREDNISOLONE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	1	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% (<i>prednisolone sodium phosphate (ophth)</i>)	1	-
<i>sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN Equiv)</i>	1	-
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% (<i>sulfacetamide sod-prednisolone</i>)	1	-
TOBRADEX OPHTH OINT .1%-.3% (<i>tobramycin-dexamethasone</i>)	3	-

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<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	2	-
OPHTHALMICS - MISC. - Miscellaneous eye agents		
<i>ALOCRILOPHTH SOLN 2% (nedocromil sodium (ophth))</i>	3	-
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	3	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	2	-
<i>BROMFENAC OPHTH SOLN 0.09%</i> (TWICE DAILY) (<i>bromfenac sodium (ophth)</i>)	2	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	2	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	1	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	1	-
<i>FLURBIPROFEN OPHTH SOLN .03%</i> (<i>flurbiprofen sodium</i>)	1	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-
<i>sodium chloride hypertonic ophth soln 5%</i>	1	OTC
<i>UPNEEQ SOLN .1%</i> (<i>oxymetazoline hcl (blepharoptosis)</i>)	EXC	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
<i>bimatoprost ophth soln .03%</i>	2	QL QL= 2.5ml/ 30 days

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<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% (<i>bimatoprost</i>)	3	QL QL= 2.5ml/ 30 days
<i>travoprost ophth soln .004%</i> (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	1	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
<i>ofloxacin otic soln .3%</i> (FLOXIN Equiv)	1	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
<i>neomycin/polymixin/hydrocortisone otic soln 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
<i>neomycin/polymixin/hydrocortisone otic susp 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
OTIC STEROIDS - Drugs to treat ear swelling		
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	1	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	2	-
PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		

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GAMASTAN S/D INJ (<i>immune globulin (human) im</i>)	M	-
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM (<i>immune globulin (human) iv</i>)	M	-
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	M	-
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	M	-
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	M	-
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human)-klhw</i>)	M	-
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG (<i>amoxicillin</i>)	1	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	1	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
PENICILLIN G PROCAIN INJ 600000UNIT/ML <i>(penicillin g procaine)</i>	M	-
PENICILLIN G SODIUM INJ 5000000UNIT <i>(penicillin g sodium)</i>	M	-
<i>penicillin GK inj 20000000UNIT, 5000000UNIT</i>	M	-
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML <i>(penicillin v potassium)</i>	1	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	1	-
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
AMOXICILLIN/CLAVULANATE CHEW TAB 28.5MG-200MG, 57MG-400MG <i>(amoxicillin & pot clavulanate)</i>	3	-
<i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	1	-

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<i>amoxicillin/clavulanate tab 125MG-250MG, 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i> (UNASYN Equiv)	M	-
<i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i> (ZOSYN Equiv)	M	-
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	1	-
<i>nafcillin inj 10GM, 1GM, 2GM</i>	M	-
<i>oxacillin inj 10GM, 1GM, 2GM</i>	M	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
<i>progesterone oil inj 50MG/ML</i>	1	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		

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<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
DISULFIRAM TAB (<i>disulfiram tab</i>)	1	-
<i>disulfiram tab 250MG, 500MG</i>	1	-
LUCEMYRA TAB .18MG (<i>lofexidine hcl</i>)	4	PA-QL QL= 96 tabs/7 days
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	3	QL QL= 1 tab/day
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	2	-
GALANTAMINE SOLN 4MG/ML (<i>galantamine hydrobromide</i>)	2	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	2	-
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-

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<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	3	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK (<i>milnacipran hcl</i>)	3	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>)	3	QL QL= 2 tabs/day
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS - Drugs to treat lack of sexual desire		
ADDYI TAB 100MG (<i>flibanserin</i>)	EXC	-
VYLEESI INJ 1.75MG/0.3ML (<i>bremelanotide acetate</i>)	EXC	-
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
AUSTEDO TAB 12MG, 6MG, 9MG (<i>deutetrabenazine</i>)	4	MSP-PA-QL QL= 4 tabs/day
AUSTEDO TITRATION PACK (<i>deutetrabenazine</i>)	4	MSP-PA
AUSTEDO XR TAB 12MG, 24MG (<i>deutetrabenazine</i>)	4	MSP-PA-QL QL=2 tabs/day
AUSTEDO XR TAB 6MG 6MG (<i>deutetrabenazine</i>)	4	MSP-PA-QL QL= 3 tabs/day
AUSTEDO XR TAB TITRATION KIT (<i>deutetrabenazine</i>)	4	MSP-PA
INGREZZA CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479

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INGREZZA PACK 40-80MG (<i>valbenazine tosylate</i>)	4	LD-PA-QL QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	4	MSP-PA
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>)	4	MSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	MSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	2	MSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	3	MSP
EXTAVIA INJ .3MG (<i>interferon beta-1b</i>)	4	MSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	4	MSP-QL QL= 1 cap/day
GILENYA CAP 0.25MG .25MG (<i>fingolimod hcl</i>)	4	MSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	4	MSP
KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</i>)	4	MSP
MAVENCLAD THERAPY PAK 10MG (<i>cladribine (multiple sclerosis)</i>)	4	LD Only available through Walgreens 888-347-3416

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MAYZENT TAB .25MG, 1MG, 2MG (<i>siponimod fumarate</i>)	4	MSP
MAYZENT TAB STARTER PACK .25MG (<i>siponimod fumarate</i>)	4	MSP
PLEGRIDY INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	MSP
PLEGRIDY PEN INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	MSP
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML (<i>interferon beta-1a</i>)	4	MSP
<i>teriflunomide tab 14MG, 7MG</i> (AUBAGIO Equiv)	2	MSP-QL QL= 1 tab/day
TYSABRI INJ 300MG/15ML (<i>natalizumab</i>)	M	M
ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>)	4	MSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK (<i>ozanimod hcl</i>)	4	MSP-PA-QL QL= 1 cap/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		
ERGOLOID MESYLATES TAB 1MG (<i>ergoloid mesylates</i>)	3	-
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	3	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
<i>bupropion SR tab</i> (ZYBAN Equiv)	\$0	SMKG

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CHANTIX PAK .5MG, 1MG (<i>varenicline tartrate</i>)	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
NICOTROL INHALER 10MG (<i>nicotine</i>)	\$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>)	\$0	SMKG
VARENICLINE TAB 0.5MG, .5MG, 1MG (<i>varenicline tartrate</i>)	\$0	SMKG
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	SMKG
<i>varenicline tartrate tab start pack</i> (VARENICLINE Equiv)	\$0	SMKG
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG (<i>ivacaftor</i>)	4	LD-PA-QL-SF QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB 150MG (<i>ivacaftor</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG (<i>lumacaftor-ivacaftor</i>)	4	LD-PA-QL-SF QL= 2 packets/day; Only available through Walgreens 888-347-3416

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ORKAMBI TAB 100MG-125MG, 125MG-200MG <i>(lumacaftor-ivacaftor)</i>	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Walgreens 888-347-3416
PULMOZYME INH SOLN 2.5MG/2.5ML <i>(dornase alfa)</i>	3	MSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG <i>(tezacaftor-ivacaftor)</i>	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRIKAFTA TAB 25MG-50MG, 50MG-100MG <i>(elexacaftor-tezacaftor-ivacaftor)</i>	4	LD-PA-QL QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG <i>(elexacaftor-tezacaftor-ivacaftor)</i>	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
OFEV CAP 100MG, 150MG <i>(nintedanib esylate)</i>	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
SULFADIAZINE TAB <i>(sulfadiazine tab)</i>	3	-
<i>sulfadiazine tab 500MG</i>	3	-
TETRACYCLINES - Drugs to treat bacterial infections		

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GLYCYLCYCLINES - Drugs to treat bacterial infections		
<i>tigecycline inj 50MG</i> (TYGACIL Equiv)	M	-
TYGACIL INJ 50MG (<i>tigecycline</i>)	M	-
TETRACYCLINES - Drugs to treat infections		
<i>demeclocycline tab 150MG, 300MG</i> (DECLOMYCIN Equiv)	3	-
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	1	-
<i>doxycycline hyclate tab 100MG</i> (VIBRATAB Equiv)	1	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	1	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	1	-
<i>minocycline tab 100MG, 50MG, 75MG</i> (DYNACIN Equiv)	2	-
<i>tetracycline cap 250MG, 500MG</i>	3	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
<i>methimazole tab 10MG, 5MG</i> (TAPAZOLE Equiv)	1	-
<i>propylthiouracil tab 50MG</i>	1	-

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THYROID HORMONES - Drugs to regulate thyroid hormones		
<i>levothyroxine tab</i> (SYNTHROID Equiv)	1	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	1	-
TOXOIDS - Drugs to prevent infection		
TOXOID COMBINATIONS - Drugs to prevent infection		
ADACEL/BOOSTRIX INJ 2.5LFU/0.5ML-5LFU/0.5ML-18.5MCG/0.5ML (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	\$0	VAC
DAPTACEL INJ, INFANRIX INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-23MCG/0.5ML (<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	\$0	VAC
DIPHThERIA-TETANUS PED INJ 5LFU/0.5ML-25LFU/0.5ML (<i>diphtheria-tetanus toxoids (dt)</i>)	\$0	VAC
KINRIX INJ, QUADRACEL INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>)	\$0	VAC

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PEDIARIX INJ 10LFU/0.5ML-10MCG/0.5ML-25LFU/0.5ML-58MCG /0.5ML (<i>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</i>)	\$0	VAC
PENTACEL INJ 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML (<i>diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac</i>)	\$0	VAC
QUADRACEL PREF SYRINGE, KINRIX PREF SYRINGE 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>)	\$0	VAC
TETANUS/DIPHThERIA TOXOID INJ 2LFU-5LFU (<i>tetanus-diphtheria toxoids (td)</i>)	\$0	VAC
VAXELIS INJ (<i>diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb</i>)	\$0	VAC
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
ATROPINE SULFATE INJ .25MG/5ML, .8MG/2ML, 1.2MG/3ML, 1MG/2.5ML (<i>atropine sulfate</i>)	M	-
<i>atropine sulfate inj 0.1mg/ml, 0.4mg/ml, 1mg/ml, 8mg/20ml .4MG/ML, 1MG/ML, 8MG/20ML</i>	M	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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<i>atropine sulfate inj 0.25mg/5ml, 0.5mg/5ml, 1mg/10ml .25MG/5ML, .5MG/5ML, 1MG/10ML</i>	M	-
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	1	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-
<i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv)	3	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
CIMETIDINE SOLN 300MG/5ML (<i>cimetidine hcl</i>)	1	-
<i>cimetidine soln 300MG/5ML, 400MG/6.67ML</i>	1	-
<i>cimetidine tab 200MG, 300MG, 400MG, 800MG</i> (TAGAMET Equiv)	1	-
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	1	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	1	-
<i>nizatidine cap 150MG, 300MG</i> (AXID Equiv)	1	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
LANSOPRAZOLE SUSP 3MG/ML (<i>lansoprazole</i>)	2	-
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	1	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	1	-

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ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
ANTISPASMODICS - Drugs to treat diarrhea		
ATROPINE SUL INJ 8MG/20ML .4MG/ML, 1MG/ML, 8MG/20ML (<i>atropine sulfate</i>)	M	-
ATROPINE SULFATE INJ 0.25MG/5ML, 0.5MG/5ML, 1MG/10ML .5MG/5ML, 1MG/10ML (<i>atropine sulfate</i>)	M	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
NIZATIDINE CAP 150MG, 300MG (<i>nizatidine</i>)	2	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	2	-
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	1	-
<i>oxybutynin syrup 5MG/5ML</i>	1	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	1	-
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	1	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	1	-
<i>tropium tab 20MG</i> (SANCTURA Equiv)	1	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		

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<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	2	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
ACTHIB INJ, HIBERIX INJ 10MCG (<i>haemophilus b polysac conj vac</i>)	\$0	VAC
BEXSERO INJ (<i>meningococcal vac group b (recombant omv adjuvanted)</i>)	\$0	VAC
MENACTRA INJ (<i>meningococcal (a,c,y&w-135) polysacch diphth conj vaccine</i>)	\$0	VAC
MENQUADFI INJ (<i>meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine</i>)	\$0	VAC
MENVEO INJ (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>)	\$0	VAC
MENVEO SOLN (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>)	\$0	VAC
PEDVAXHIB INJ 7.5MCG/0.5ML (<i>haemophilus b polysac conj vac</i>)	\$0	VAC
PNEUMOVAX INJ 25MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	\$0	VAC
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	\$0	VAC

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PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>)	\$0	VAC
TRUMENBA INJ (<i>meningococcal group b vaccine (recombinant)</i>)	\$0	VAC
TYPHIM VI INJ 25MCG/0.5ML (<i>typhoid vi polysaccharide vaccine</i>)	\$0	VAC
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	\$0	VAC
VIVOTIF CAP (<i>typhoid vaccine</i>)	\$0	VAC
VIRAL VACCINES - Drugs to prevent infection		
ABRYSVO INJ 120MCG/0.5ML (<i>rsv pre-fusion f a&b protein vaccine recombinant</i>)	\$0	VAC
AFLURIA INJ (<i>influenza virus vaccine split preservative free</i>)	\$0	VAC
AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>)	\$0	VAC
AREXVY INJ 120MCG/0.5ML (<i>rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted</i>)	\$0	QL-VAC QL= 1 inj/730 days; Covered for members 60 years of age and older
COMIRNATY INJ 30MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 50MCG/0.5ML (<i>covid-19 mrna bivalent virus vaccine (moderna)</i>)	\$0	QL-VAC QL= 1 inj/fill

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COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 30MCG/0.3ML (<i>covid-19 mrna bivalent virus vaccine (pfizer)</i>)	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 10MCG/0.2ML (<i>covid-19 mrna bivalent virus vaccine (pfizer)</i>)	\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 3MCG/0.2ML (<i>covid-19 mrna bivalent virus vaccine (pfizer)</i>)	\$0	QL-VAC QL=1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 10MCG/0.2ML (<i>covid-19 mrna bivalent virus vaccine (moderna)</i>)	\$0	QL-VAC QL=1 inj/fill
COVID-19 VACCINE INJ (JANSSEN) .5ML (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>)	\$0	QL-VAC QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX) 5MCG/0.5ML (<i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA) 25MCG/0.25ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/24 days

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COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days
DENGVAXIA SUSP (<i>dengue virus vaccine live tetravalent</i>)	\$0	VAC
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/ML, 20MCG/ML, 40MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	\$0	VAC
FLUAD INJ (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	\$0	VAC
FLUAD QUAD INJ .5ML (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>)	\$0	VAC
FLUBLOK QUAD PF INJ (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	\$0	VAC
FLUCELVAX QUAD INJ (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	\$0	VAC
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	VAC
FLUMIST QUADRIVALENT NASAL SUSP (<i>influenza virus vaccine live quadrivalent</i>)	\$0	VAC
FLUZONE HD PF INJ (<i>influenza virus vac split high-dose quad preservative free</i>)	\$0	VAC
FLUZONE HIGH DOSE PF INJ (<i>influenza virus vaccine split high-dose preservative free</i>)	\$0	VAC

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FLUZONE SPLIT QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	VAC
FLUZONE/FLUARIX QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	VAC
GARDASIL 9 INJ (<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>)	\$0	VAC Covered for members 45 years of age or younger
HAVRIX INJ, VAQTA INJ 1440ELU/ML, 50UNIT/ML (<i>hepatitis a vaccine</i>)	\$0	VAC
HAVRIX/VAQTA INJ 25UNIT/0.5ML, 720ELU/0.5ML (<i>hepatitis a vaccine</i>)	\$0	VAC
HEPLISAV-B INJ (<i>hepatitis b vaccine recombinant adjuvanted</i>)	\$0	VAC
IMOVAX INJ 2.5UNIT/ML (<i>rabies virus vaccine, hdc</i>)	\$0	VAC
IPOLE INJ (<i>poliovirus vaccine, ipv</i>)	\$0	VAC
IXIARO INJ (<i>japanese encephalitis vaccine inactivated adsorbed</i>)	\$0	VAC
M-M-R II INJ (<i>measles, mumps & rubella virus vaccines</i>)	\$0	VAC
PREHEVBRIO SUSP 10MCG/ML (<i>hepatitis b vaccine 3-antigen recombinant</i>)	\$0	VAC
PRIORIX INJ (<i>measles, mumps & rubella virus vaccines</i>)	\$0	VAC

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PROQUAD INJ (<i>measles-mumps-rubella-varicella virus vaccines</i>)	\$0	VAC
RABAVERT INJ (<i>rabies vaccine, pcec</i>)	\$0	VAC
RECOMBIVAX-HB INJ 10MCG/0.5ML, 5MCG/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	\$0	VAC
ROTARIX SUSP (<i>rotavirus vaccine, live oral</i>)	\$0	VAC
ROTATEQ INJ (<i>rotavirus vaccine, live oral pentavalent</i>)	\$0	VAC
SHINGRIX INJ 50MCG/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	\$0	VAC
SPIKEVAX INJ 100MCG/0.5ML, 50MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/24 days
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML (<i>tick-borne encephalitis virus vaccine, inactivated</i>)	\$0	VAC
TWINRIX INJ 20MCG/ML-720ELU/ML (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	\$0	VAC
VARIVAX INJ 1350PFU/0.5ML (<i>varicella virus vaccine live</i>)	\$0	VAC
YF-VAX INJ (<i>yellow fever vaccine</i>)	\$0	VAC
VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections		
VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy		
PHEXXI GEL .4%-1%-1.8% (<i>lactic acid-citric acid-potassium bitartrate</i>)	\$0	QL QL= 1 box/fill

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VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
SPERMICIDES - Drugs to prevent pregnancy		
CONTRACEPTIVE FILM 28% (<i>nonoxynol-9</i>)	\$0	OTC-QL QL= 12 boxes/30 days
CONTRACEPTIVE FOAM 12.5% (<i>nonoxynol-9</i>)	\$0	OTC-QL QL= 12 cans/30 days
CONTRACEPTIVE GEL 2%, 3%, 4% (<i>nonoxynol-9</i>)	\$0	OTC-QL QL= 12 tubes/30 days
CONTRACEPTIVE SUPP 100MG (<i>nonoxynol-9</i>)	\$0	OTC-QL QL= 12 boxes/30 days
TODAY SPONGE 1000MG (<i>nonoxynol-9</i>)	\$0	OTC-QL QL= 12 sponges/30 days
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	1	-
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	1	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% .8% (<i>terconazole vaginal</i>)	1	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	2	-
VAGINAL ESTROGENS - Drugs to treat low hormones		
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	2	-
ESTRING 2MG, 7.5MCG/24HR (<i>estradiol vaginal</i>)	2	3 copays per Rx
VAGINAL PROGESTINS - Drugs to treat low hormones		
CRINONE GEL 4%, 8% (<i>progesterone (vaginal)</i>)	3	PA

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ENDOMETRIN INSERT 100MG (<i>progesterone (vaginal)</i>)	3	PA
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML (EPIPEN (JR) Equiv)</i>	2	QL QL= 4 inj/fill, 6 inj/90 days for members age 18 or younger; QL= 2 inj/fill, 6 inj/90 days for members age 19 or older
VIRAL VACCINES - Drugs to prevent infection		
<i>midodrine tab (PROAMATINE Equiv)</i>	1	-
VITAMINS - Drugs to treat vitamin deficiency		
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>cholecalciferol cap 50000 unit 1.25MG, 50000UNIT</i>	1	OTC
<i>phytonadione tab 100MCG, 5MG (MEPHYTON Equiv)</i>	1	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	1	Rx covered Only
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>vitamin b-6 tab 25mg 25MG</i>	1	OTC
<i>vitamin b-6 tab 50mg 50MG</i>	1	OTC

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ALPHABETICAL LISTING OF DRUGS

A					
abacavir/lamivudine tab	74	ACTEMRA ACTPEN INJ	6	ADALIMUMAB-FKJP	5
abacavir/lamivudine/zidovudine tab	74	ACTEMRA IV INJ	6	AUTO-INJECTOR KIT (HULIO Equiv)	
ABILIFY ASIMTUFII INJ 720MG/2.4ML	73	ACTEMRA SC INJ	6	ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO Equiv)	6
ABILIFY ASIMTUFII INJ 960MG/3.2ML	73	ACTHIB INJ, HIBERIX INJ	164	ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO Equiv)	6
ABILIFY MAINTENA INJ	73	ACTIMMUNE INJ	67	adapalene cream	95
abiraterone acetate tab 500mg	55	acyclovir cap	80	adapalene gel	95
abiraterone tab 250mg	56	acyclovir oint	99	ADAPALENE LOTION	95
ABRYSVO INJ	165	acyclovir susp	80	ADBRY INJ	103
acamprosate calcium DR tab	153	acyclovir tab	80	ADDYI TAB	154
acarbose tab	31	ADACEL/BOOSTRIX INJ	160	adefovir dipivoxil tab	79
acebutolol cap	83	ADAGEN INJ	84	ADMELOG INJ, INSULIN LISPRO INJ	36
acetaminophen/codeine soln	11	ADALIMU-ADBM KIT 10/0.2ML (CYLTEZO Equiv)	5	ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	36
acetaminophen/codeine tab	11	ADALIMU-ADBM KIT 20/0.4ML (CYLTEZO Equiv)	5	AEROCHAMBER	132
acetazolamide ER cap	108	ADALIMU-ADBM KIT 40/0.8ML (CYLTEZO Equiv)	5	AFLURIA INJ	165
acetazolamide tab	108	ADALIMUMAB-ADAZ INJ (HYRIMOZ Equiv)	5	AFLURIA INJ, FLUZONE INJ	165
acetic acid otic soln	149	ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ Equiv)	5	AIMOVIG INJ	133
acetic acid/hydrocortisone otic soln	149			ALA SCALP LOTION	99
acetylcysteine soln	94			albendazole tab	14
acitretin cap	98			albuterol HFA inhaler	19

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ALPHABETICAL LISTING OF DRUGS

albuterol neb soln	19	amantadine cap	68	amoxicillin/clavulanate tab	152
albuterol sulfate syrup	19	amantadine syrup	68	amphetamine/dextroamphe	1
albuterol sulfate tab	19	ambrisentan tab	87	tamine ER cap	
albuterol/ipratropium neb	20	AMCINONIDE LOTION	99	amphetamine/dextroamphe	1
soln		amcinonide oint	99	tamine tab	
alclometasone cream	99	AMCINONIDE	100	ampicillin cap	151
alclometasone oint	99	OINTMENT		ampicillin/sulbactam inj	152
ALCOHOL SWABS	131	amifostine inj	68	anagrelide cap	123
ALDURAZYME INJ	112	amikacin inj	4	anastrozole tab	56
ALECENSA CAP	58	amiloride tab	109	ANDRODERM PATCH	13
alendronate tab	110	amiodarone tab	16	ANNOVERA RING	92
ALENDRONATE TAB	110	amitriptyline tab	30	ANORO ELLIPTA	20
40MG		amlodipine tab	84	INHALER	
alfuzosin SR tab	121	ammonium lactate cream	103	APAP/CODEINE SOLN	11
ALINIA SUSP	49	ammonium lactate lotion	103	APIDRA INJ	36
ALLEGRA ODT	43	amnesteem cap, claravis	95	APIDRA SOLOSTAR INJ	36
allopurinol tab	121	cap, isotretinoin cap,		apomorphine inj	70
almotriptan tab	133	myorisan cap, zenatane cap		apraclonidine ophth soln	144
ALOCRILOPHTH SOLN	148	amoxapine tab	30	aprepitant pak	42
ALOGLIPTIN TAB	34	amoxicillin cap	150	APRETUDE SUSP	74
ALOGLIPTIN/METFORM	31	AMOXICILLIN CHEW	150	APTIVUS CAP	74
IN TAB		TAB		APTIVUS SOLN	74
ALOGLIPTIN/PIOGLITAZ	31	amoxicillin susp	151	aranelle tab	90
ONE TAB		amoxicillin tab	151	ARANESP INJ	125
alosetron tab	119	AMOXICILLIN/CLAVUL	151	AREXVY INJ	165
ALUNBRIG TAB 30MG	58	ANATE CHEW TAB		ARIKAYCE SUSP	4
ALUNBRIG TAB 90MG,	59	amoxicillin/clavulanate	151	aripiprazole tab	73
180MG		susp		ARISTADA INJ	74

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ALPHABETICAL LISTING OF DRUGS

armodafinil tab	3	atropine sulfate inj	161	B	
ARNUIITY ELLIPTA INHALER	18	0.1mg/ml, 0.4mg/ml, 1mg/ml, 8mg/20ml		BACITRACIN OPHTH OINT	144
ARTIFICIAL TEARS DROP	142	ATROPINE SULFATE INJ	162	bacitracin/neomycin/poly myxin b ophth oint	144
artificial tears ophth soln	142	0.25MG/5ML, 0.5MG/5ML, 1MG/10ML		bacitracin/polymyxin b ophth oint	144
ASMANEX HFA INHALER	18	ATROVENT HFA	17	bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	146
ASMANEX INHALER	18	INHALER		baclofen tab	139
aspirin chew tab 81mg	9	AUSTEDO TAB	154	BACLOFEN TAB 5MG	139
aspirin ec tab 325mg	9	AUSTEDO TITRATION PACK	154	balsalazide cap	118
aspirin ec tab 81mg	9	AUSTEDO XR TAB	154	BALVERSA TAB 3MG	59
aspirin tab 325mg	9	AUSTEDO XR TAB 6MG	154	BALVERSA TAB 4MG	59
aspirin/dipyridamole cap	123	AUSTEDO XR TAB	154	BALVERSA TAB 5MG	59
ASTAMED MYO CAP	107	TITRATION KIT		BAQSIMI NASAL POWDER	34
atazanavir cap	74	aviane tab	90	BAXDELA TAB	116
atenolol tab	83	AVONEX INJ	155	B-D INSULIN SYRINGE	132
atenolol/chlorthalidone tab	47	AVSOLA INJ	118	B-D INSULIN SYRINGE	132
ATGAM INJ	81	AYVAKIT TAB	58	SAFETY-LOK	
atomoxetine cap	2	AZASITE SOLN	144	B-D PEN NEEDLE	132
atorvastatin tab	44	azathioprine tab	81	benazepril tab	46
atorvastatin tab 10mg	45	azelaic acid gel	105	benazepril/hydrochlorothia zide tab	47
atorvastatin tab 20mg	45	azelastine nasal spray 0.1%	140	BENLYSTA	137
atovaquone susp	49	azelastine nasal spray 0.15%	140	AUTO-INJECTOR	
atovaquone/proguanil tab	51	azithromycin susp	128		
ATROPINE SUL INJ	163	azithromycin tab	128		
8MG/20ML		aztreonam inj	50		
ATROPINE SULFATE INJ	161				

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ALPHABETICAL LISTING OF DRUGS

BENLYSTA INJ	137	bisoprolol tab	83	bromfenac sodium ophth	148
benzonatate cap	94	bisoprolol/hydrochlorothia	47	soln 0.07%	
benztropine tab	68	zide tab		bromocriptine cap	69
BESREMI INJ	67	BORTEZOMIB INJ	59	bromocriptine tab	69
betamethasone augmented	100	bosentan tab	87	BROVEX PEB LIQUID	94
cream		BOSULIF CAP	59	BRUKINSA CAP	59
betamethasone augmented	100	BOSULIF TAB	59	budesonide ER tab	93
gel		BOTOX INJ	141	budesonide inh susp	19
betamethasone augmented	100	BRAFTOVI CAP 75MG	59	budesonide nasal spray	140
ointment		BREO ELLIPTA	20	budesonide SR cap	93
betamethasone	100	INHALER		budesonide/formoterol	20
dipropionate cream		BREO ELLIPTA	20	inhaler	
betamethasone	100	INHALER 50-25		bumetanide tab	108
dipropionate lotion		MCG/ACT		buprenorphine patch	12
betamethasone	100	BREXAFEMME TAB	42	buprenorphine SL tab	12
dipropionate oint		BRILINTA TAB	123	buprenorphine/naloxone sl	12
betamethasone valerate	100	brimonidine ophth soln	144	film	
cream		0.15%		buprenorphine/naloxone	12
betamethasone valerate	100	brimonidine ophth soln	144	SL tab	
ointment		0.2%		bupropion ER tab	28
betaxolol ophth soln	143	brimonidine tartrate gel	105	bupropion SR tab	156
bethanechol tab	164	brimonidine tartrate ophth	144	bupropion tab	28
bexarotene cap	67	soln 0.1%		bupropion XL tab	28
bexarotene gel	97	brinzolamide ophth susp	148	bupirone tab	15
BEXSERO INJ	164	bromfenac ophth soln	148	busulfan inj	52
bicalutamide tab	56	BROMFENAC OPHTH	148	BUSULFEX INJ	52
BIKTARVY TAB	74	SOLN 0.09% (TWICE		butalbital/acetaminophen/c	9
bimatoprost ophth soln	104	DAILY)		affeine tab	

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ALPHABETICAL LISTING OF DRUGS

butalbital/aspirin/caffeine/ codeine cap	11	CALQUENCE TAB	60	cefadroxil cap	88
BYDUREON BCISE AUTO INJ	35	CAMZYOS CAP	85	cefadroxil susp	88
BYDUREON INJ	35	capecitabine tab 150mg	53	CEFADROXIL TAB	88
BYDUREON PEN INJ	35	capecitabine tab 500mg	53	cefazolin inj	88
BYLVAY CAP 1200MCG	117	CAPRELSA 300MG TAB	60	CEFAZOLIN INJ	88
BYLVAY CAP 400MCG	117	CAPRELSA TAB	60	cefdinir cap	89
BYLVAY SPRINKLE CAP 200MCG	118	captopril tab	46	cefdinir susp	89
BYLVAY SPRINKLE CAP 600MCG	118	carbamazepine chew tab	24	cefepime inj	90
<hr/>		carbamazepine ER cap	24	cefixime susp	89
C		carbamazepine ER tab	24	cefotaxime inj	89
CABENUVA IM SUSP	74	carbamazepine susp	24	cefoxitin inj	89
cabergoline tab	114	carbamazepine tab	24	cefpodoxime proxetil susp	89
calcipotriene cream	98	carbidopa tab	68	cefpodoxime proxetil tab	89
calcipotriene soln	98	carbidopa/levodopa ER tab	69	cefprozil susp	89
calcipotriene/betamethaso ne oint	100	CARBIDOPA/LEVODOPA ODT	69	cefprozil tab	89
calcitonin inj	110	carbidopa/levodopa tab	69	ceftazidime inj	89
calcitonin nasal spray	110	carboxymethylcellulose sodium ophth gel	142	ceftriaxone inj	89
calcitriol cap	112	carboxymethylcellulose sodium ophth soln	142	cefuroxime tab	89
CALCITRIOL INJ	112	carboxymethylcellulose-gl	142	celecoxib cap	7
CALCITRIOL OINT	98	ycerin ophth soln		cephalexin cap	88
calcium acetate cap	119	CARTEOLOL OPHTH SOLN	143	cephalexin susp	89
calcium acetate tab	119	carvedilol tab	83	CEREZYME INJ	124
CALIBRATION LIQUID	129	CAYSTON INH SOLN	50	CERVICAL CAP	129
CALQUENCE CAP	59	cefaclor cap	89	cesia tab	90
				cetorelix acetate for inj kit	111
				CETROTIDE KIT	111
				cevimeline cap	138

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ALPHABETICAL LISTING OF DRUGS

CHANTIX PAK	157	CIPROFLOXACIN	116	clobetasol propionate soln	100
CHEMET CAP	40	100MG TAB		CLOMID TAB	111
chlorhexidine gluconate soln	138	ciprofloxacin ophth soln	144	clomipramine cap	30
chloroquine tab	51	ciprofloxacin susp	116	clonazepam tab	23
CHLOROTHIAZIDE TAB	109	ciprofloxacin tab	116	clonidine ER tab	2
CHLOROTHIAZIDE TAB	109	citalopram soln	29	clonidine patch	46
500MG		citalopram tab	29	clonidine tab	47
chlorpromazine tab	73	CLARINEX SYRUP	43	clopidogrel tab 75mg	123
chlorthalidone tab	109	CLARINEX TAB	43	clotrimazole troches	138
cholecalciferol cap 50000 unit	171	CLARINEX-D TAB	94	clotrimazole/betamethason e cream	97
cholestyramine lite powder	44	CLARITHROMYCIN SUSP	128	clotrimazole/betamethason e lotion	97
cholestyramine powder	44	clarithromycin tab	128	CLOZAPINE ODT	72
CIALIS TAB	86	CLARITIN CHEW TAB	43	CLOZAPINE ODT	72
CIBINQO TAB	103	clindamycin cap	50	12.5MG	
cidofovir inj	79	clindamycin gel	95	clozapine ODT 25mg, 100mg	72
cilostazol tab	123	clindamycin lotion	95	CLOZAPINE ODT,	72
CIMDUO TAB	75	clindamycin soln	50	FAZACLO ODT	
CIMETIDINE SOLN	162	clindamycin topical soln	95	clozapine tab	72
cimetidine tab	162	clindamycin vaginal cream	170	codeine sulfate tab	10
CIMZIA INJ	118	CLINISTIX TEST STRIP	106	colchicine tab	121
CIMZIA STARTER INJ KIT	118	clobazam tab	23	colchicine/probenecid tab	121
cinacalcet tab	113	clobetasol propionate cream	100	colestipol tab	44
CINRYZE INJ	122	clobetasol propionate cream	100	COMIRNATY INJ	165
		clobetasol propionate gel	100	COMPLERA TAB	75
		clobetasol propionate oint	100	CONTRACEPTIVE FILM	170

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ALPHABETICAL LISTING OF DRUGS

CONTRACEPTIVE FOAM	170	COVID-19 VACCINE INJ	166	cyclosporine ophth	146
CONTRACEPTIVE GEL	170	5-11Y (PFIZER)		emulsion	
CONTRACEPTIVE SUPP	170	COVID-19 VACCINE INJ	166	cyproheptadine syrup	43
COPIKTRA CAP	60	6M-11Y (MODERNA)		cyproheptadine tab	43
CORTISONE ACETATE	93	COVID-19 VACCINE INJ	167	CYSTAGON CAP	120
TAB		6M-4Y (PFIZER)		<hr/>	
COTELLIC TAB	60	CREON CAP	108	D	
COVID-19 TEST	106	CRINONE GEL	170	dabigatran etexilate	23
COVID-19 VACCINE	165	CRIVIVAN CAP	75	mesylate cap	
BIVALENT BOOSTER INJ		cromolyn conc	117	dalfampridine ER tab	155
(MODERNA)		cromolyn neb soln	17	danazol cap	13
COVID-19 VACCINE	166	cromolyn ophth soln	148	dantrolene cap	139
BIVALENT BOOSTER INJ		cryselle tab	90	dapsone tab	49
(PFIZER)		CUE COVID-19 TEST	106	DAPTACEL INJ,	160
COVID-19 VACCINE	166	CARTRIDGE		INFANRIX INJ	
BIVALENT BOOSTER INJ		CUE HEALTH MONITOR	106	darunavir tab	75
5-11Y (PFIZER)		cyanocobalamin inj	125	DDAVP NASAL SOLN	114
COVID-19 VACCINE	166	cyclobenzaprine tab 10mg	139	deferasirox tab	40
BIVALENT BOOSTER INJ		cyclobenzaprine tab 5mg	139	DELSTRIGO TAB	75
6M-4Y (PFIZER)		cyclophosphamide cap	53	demeclocycline tab	159
COVID-19 VACCINE	166	CYCLOPHOSPHAMIDE	53	DENAVIR CREAM	99
BIVALENT BOOSTER INJ		TAB		DENG VAXIA SUSP	167
6M-5Y (MODERNA)		cycloserine cap	52	DEPLIN CAP	107
COVID-19 VACCINE INJ	166	cyclosporine cap	81	DEPO-PROVERA SC INJ	92
(JANSSEN)		cyclosporine modified cap	81	104MG	
COVID-19 VACCINE INJ	166	cyclosporine modified	82	DESCOVY TAB	75
(NOVAVAX)		soln		desipramine tab	30
				DESLORATADINE ODT	43
				desloratadine tab	43

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desmopressin acetate inj	114	dextroamphetamine sulfate	1	diflorasone oint	101
desmopressin acetate nasal	114	tab 15mg		digoxin soln	85
spray		dextroamphetamine sulfate	1	digoxin tab	85
desmopressin acetate tab	114	tab 20mg		dihydroergotamine	133
desonide cream	100	dextroamphetamine sulfate	1	mesylate inj	
desonide gel	100	tab 30mg		dihydroergotamine	133
desonide oint	101	dextroamphetamine tab	1	mesylate nasal spray	
desoximetasone cream	101	DIACOMIT CAP	24	DILANTIN CAP 30MG	27
desoximetasone cream	101	DIACOMIT POWDER	24	diltiazem ER cap	84
0.05%		PACK		diltiazem ER cap-	84
desoximetasone gel	101	DIAPHRAGM	129	diltiazem ER tab	84
desoximetasone oint	101	diazepam tab	15	diltiazem tab	84
desoximetasone oint	101	diclofenac gel 1%	97	dimethyl fumarate DR cap	155
0.05%		diclofenac potassium tab	7	dimethyl fumarate DR	155
desvenlafaxine ER tab	30	diclofenac sodium EC tab	7	starter pack	
dexamethasone elixir	93	diclofenac sodium ophth	148	diphenhydramine cap	43
dexamethasone tab	93	soln		50mg	
DEXCOM G6 RECEIVER	129	dicloxacillin cap	152	diphenhydramine inj	43
DEXCOM G6 SENSOR	130	dicyclomine cap	162	DIPHENOXYLATE/ATRO	39
DEXCOM G6	130	dicyclomine tab	162	PINE LIQUID	
TRANSMITTER		didanosine DR cap	75	diphenoxylate/atropine tab	40
dexmethylphenidate ER	3	DIDANOSINE DR CAP,	75	DIPHThERIA-TETANUS	160
cap		VIDEX EC CAP		PED INJ	
dexmethylphenidate tab	3	DIFFERIN LOTION	95	dipyridamole tab	123
dextran 70-hypromellose	142	DIFFERIN OTC GEL 0.1%	95	disopyramide cap	16
ophth soln		DIFICID SUSP	129	disulfiram tab	153
dextroamphetamine ER	1	DIFICID TAB	129	divalproex ER tab	28
cap		DIFLORASONE CREAM	101	divalproex sodium DR tab	28

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ALPHABETICAL LISTING OF DRUGS

divalproex sprinkle cap	28	DRYSOL SOLN	105	EMGALITY INJ	133
dofetilide cap	16	DUAVEE TAB	115	100MG/ML	
donepezil ODT	153	DULERA INHALER	20	EMPAVELI INJ	122
donepezil tab	153	duloxetine EC cap 20mg,	30	emtricitabine/tenofovir	75
donepezil tab 23mg	153	30mg, 60mg		disoproxil fumarate tab	
dorzolamide ophth soln	148	DUPIXENT INJ	103	enalapril maleate oral soln	46
dorzolamide/timolol ophth soln	143	DUPIXENT PEN INJ	103	enalapril tab	46
DOVATO TAB	75	DUPIXIENT PEN INJ	103	enalapril/hydrochlorothiazide tab	47
doxazosin tab	47	DUROLANE INJ	139	ENBREL INJ 25MG	8
doxepin cap	30	E		ENBREL INJ 50MG	9
doxepin conc	30	EDURANT TAB	75	ENBREL MINI INJ	9
doxercalciferol cap	113	EFAVIRENZ CAP	75	ENBREL SURECLICK	9
doxycycline hyclate cap	159	efavirenz tab	75	INJ 50MG	
doxycycline hyclate tab	159	efavirenz/lamivudine/tenofovir df (lo) tab	75	ENDARI POWDER PACK	124
doxycycline monohydrate cap 100mg	159	EGRIFTA INJ	111	ENDOMETRIN INSERT	171
doxycycline monohydrate cap 50mg	159	electrolyte-148 solution	134	ENGERIX-B INJ,	167
doxycycline monohydrate tab	159	electrolyte-a solution	135	RECOMBIVAX-HB INJ	
doxylamine/pyridoxine dr tab	41	eletriptan tab	133	enoxaparin inj	23
D-PENAMINE TAB	81	ELIGEN B12 TAB	107	enpresse tab	90
dronabinol cap	41	ELIQUIS TAB, ELIQUIS STARTER PACK	23	ENSPRYNG INJ	137
drospirenone/ethinyl	90	ELIXOPHYLLIN ELIXIR	22	entacapone tab	68
estradiol/levomefolate tab		ELLA TAB	92	entecavir tab	79
DROXIA CAP	124	ELMIRON CAP	121	ENTRESTO TAB	86
		eluryng vaginal ring	92	EPIDIOLEX SOLN	24
		EMCYT CAP	56	epinephrine pen inj	171
		EMGALITY INJ	133	0.15mg, 0.3mg	
				EPIVIR HBV SOLN	79

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ALPHABETICAL LISTING OF DRUGS

EQUETRO CAP	70	ethambutol tab	52	FEMALE CONDOMS	129	
ERGOLOID MESYLATES TAB	156	ethosuximide cap	27	fenofibrate cap 67mg, 134mg, 200mg	44	
ERGOMAR SL TAB	133	ethosuximide soln	27	fenofibrate tab 48mg, 54mg, 145mg, 160mg	44	
erlotinib tab	55	etodolac cap	7	fenofibric acid DR cap	44	
erlotinib tab 25mg	55	etodolac tab	7	fentanyl patch	10	
ertapenem inj	49	ETOPOSIDE CAP	68	FILSPARI TAB	121	
ERY PAD	95	etravirine tab	76	finasteride tab	104	
erythromycin DR tab	128	EUFLEXXA INJ	139	finolimod hcl cap 0.5mg	155	
erythromycin	128	EULEXIN CAP	56	FINTEPLA SOLN	24	
ethylsuccinate susp		everolimus tab	60	FIRDAPSE TAB	51	
ERYTHROMYCIN	128	everolimus tab	137	FIRST	48	
ETHYLSUCCINATE TAB		(ZORTRESS equiv)		METRONIDAZOLE SUSP		
erythromycin gel	95	everolimus tab for oral susp	60	FIRST MOUTHWASH	138	
erythromycin ophth oint	144	EVRYSDI SOLN	142	BLM		
erythromycin pad	96	exemestane tab	56	flecainide tab	16	
erythromycin soln	96	EXTAVIA INJ	155	FLUAD INJ	167	
erythromycin tab	128	ezetimibe tab	45	FLUAD QUAD INJ	167	
escitalopram soln	29	F			FLUBLOK QUAD PF INJ	167
escitalopram tab	29	FABRAZYME INJ	113	FLUCELVAX QUAD INJ	167	
esterified	115	FACTIVE TAB	116	fluconazole susp	42	
estrogens/methyltestosterone tab		FALESSA TAB	107	fluconazole tab	42	
estradiol cream	170	famotidine susp	162	flucytosine cap	42	
estradiol patch	116	famotidine tab	162	fludarabine inj	53	
estradiol tab	116	FARXIGA TAB	39	fludrocortisone tab	94	
ESTRING	170	febuxostat tab	122	FLULAVAL QUAD INJ,	167	
ethacrynic tab	108	felbamate susp	26	FLUZONE QUAD INJ		
		felbamate tab	26			

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ALPHABETICAL LISTING OF DRUGS

FLUMIST	167	fluoxetine cap	29	fluticasone/salmeterol	21
QUADRIVALENT NASAL		fluoxetine soln	29	inhaler, wixela inhaler	
SUSP		fluoxetine tab	29	FLUTICASONE-SALMET	21
flunisolide nasal soln	141	fluphenazine decanoate inj	73	EROL INHALER 113-14	
FLUOCINOLONE ACET	101	fluphenazine tab	73	MCG/ACT	
CREAM		flurandrenolide cream	101	FLUTICASONE-SALMET	21
fluocinolone acetonide	101	flurandrenolide oint	101	EROL INHALER	
cream		FLURBIPROFEN OPHTH	148	115-21MCG/ACT	
fluocinolone acetonide	101	SOLN		FLUTICASONE-SALMET	21
ointment		FLURBIPROFEN TAB	7	EROL INHALER	
fluocinolone acetonide	101	FLUTAMIDE CAP	56	230-21MCG/ACT	
soln		FLUTICASONE DISKUS	19	FLUTICASONE-SALMET	21
fluocinolone otic oil	149	INHALER		EROL INHALER 232-14	
fluocinonide cream 0.05%	101	FLUTICASONE HFA	19	MCG/ACT	
fluocinonide cream 0.1%	101	INHALER		FLUTICASONE-SALMET	21
fluocinonide emollient	101	fluticasone nasal spray	141	EROL INHALER	
cream		fluticasone propionate	101	45-21MCG/ACT	
fluocinonide gel	101	cream		FLUTICASONE-SALMET	21
fluocinonide oint	101	FLUTICASONE	19	EROL INHALER 55-14	
fluocinonide soln	101	PROPIONATE DISKUS		MCG/ACT	
FLUORABON SOLN	135	INHALER 100 MCG/ACT		fluvastatin cap	45
fluorometholone ophth	146	FLUTICASONE	19	fluvoxamine ER cap	29
soln		PROPIONATE DISKUS		fluvoxamine tab	29
FLUOROPLEX CREAM	97	INHALER 250 MCG/ACT		FLUZONE HD PF INJ	167
fluorouracil cream	97	FLUTICASONE	19	FLUZONE HIGH DOSE	167
FLUOROURACIL	98	PROPIONATE DISKUS		PF INJ	
CREAM 0.5%		INHALER 50 MCG/ACT		FLUZONE SPLIT QUAD	168
fluorouracil soln	98	fluticasone propionate oint	102	INJ	

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ALPHABETICAL LISTING OF DRUGS

FLUZONE/FLUARIX	168	G	gianvi tab, ocella tab	90	
QUAD INJ		gabapentin cap	GILENYA CAP 0.25MG	155	
folic acid tab 1mg	125	gabapentin soln	GILOTRIF TAB	55	
folic acid tab 400mcg	125	gabapentin tab	glatiramer inj	155	
folic acid tab 800mcg	125	GALAFOLD CAP	GLEOSTINE/LOMUSTIN	53	
FOLTANX TAB	107	galantamine ER cap	E CAP		
FORTAZ INJ	90	GALANTAMINE SOLN	glimepiride tab	39	
fosamprenavir tab	76	galantamine tab	glipizide ER tab	39	
foscarnet sodium inj	79	GAMASTAN S/D INJ	glipizide tab	39	
FOSCAVIR INJ	79	GAMMAGARD INJ	GLUCAGEN HYPOKIT	34	
fosinopril tab	46	GARDASIL 9 INJ	INJ		
FRAGMIN INJ	23	gatifloxacin ophth soln	GLUCAGEN INJ	106	
FREESTYLE LIBRE 2	130	GAVILYTE-C SOLN	GLUCAGON KIT	34	
RECEIVER		GAVRETO CAP	glyburide tab	39	
FREESTYLE LIBRE 2	130	gefitinib tab	glyburide/metformin tab	31	
SENSOR		GEL-ONE INJ	glycerin-hypromellose-pe	142	
FREESTYLE LIBRE 3	130	GELSYN-3 INJ	g 400 ophth soln		
READER		gemfibrozil tab	glycopyrrolate tab	162	
FREESTYLE LIBRE 3	130	GENOTROPIN INJ	GLYGEST PAK	107	
SENSOR		GENTAK OPHTH OINT	GOLYTELY SOLN	127	
FREESTYLE LIBRE	130	gentamicin ophth soln	GONIOTAIRE OPHTH	142	
RECEIVER		gentamicin sulfate cream	SOLN		
FREESTYLE LIBRE	130	gentamicin sulfate oint	granisetron tab	41	
SENSOR (14-DAY)		GENVISC-850 INJ,	GRANIX INJ	125	
frovatriptan tab	133	SUPARTZ FX INJ,	griseofulvin micro tab	42	
FULPHILA INJ	125	TRIVISC INJ, VISCO-3	griseofulvin susp	42	
furosemide soln	109	INJ	griseofulvin tab	42	
furosemide tab	109	GENVOYA TAB	76	guanfacine ER tab	2

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ALPHABETICAL LISTING OF DRUGS

guanfacine IR tab	47	HIZENTRA INJ	150	hydrocortisone valerate	102
GUANIDINE TAB	51	HUMULIN R INJ U-500	37	cream	
GVOKE INJ	34	HUMULIN R U-500	37	hydrocortisone valerate	102
GVOKE INJ KIT	34	KWIKPEN INJ		ointment	
GVOKE PFS INJ	34	HYALGAN INJ	140	hydrocortisone/pramoxine	102
<hr/>					
H		HYCAMTIN CAP	52	cream 2.5-1%	
HADLIMA INJ	6	hydralazine tab	48	hydromorphone tab	10
HADLIMA INJ	6	hydrochlorothiazide cap	109	hydroquinone cream	105
40MG/0.8ML		hydrochlorothiazide tab	109	hydroxychloroquine tab	51
HADLIMA PUSH INJ	6	hydrocodone/acetaminoph	12	hydroxyurea cap	68
HADLIMA PUSH INJ	6	en soln		hydroxyzine syrup	15
40MG/0.8ML		hydrocodone/acetaminoph	12	hydroxyzine tab	15
HAEGARDA INJ	122	en soln 10-325 mg/15ml		HYFTOR GEL	104
halcinonide cream	102	hydrocodone/acetaminoph	12	HYMOVIS INJ	140
halobetasol propionate	102	en tab		hyoscyamine sulfate SL tab	162
cream		hydrocortisone butyrate	102	hyoscyamine tab	162
halobetasol propionate	102	cream		hypromellose ophth soln	142
ointment		hydrocortisone butyrate	102	HYQVIA INJ	150
haloperidol decanoate inj	71	lipocream		<hr/>	
haloperidol lactate conc	71	hydrocortisone butyrate	102	I	
haloperidol tab	72	ointment		IBRANCE CAP	60
HAVRIX INJ, VAQTA INJ	168	hydrocortisone cream	102	IBRANCE TAB	60
HAVRIX/VAQTA INJ	168	hydrocortisone enema	14	ibuprofen tab	7
HEMLIBRA INJ	122	hydrocortisone lotion 2%	102	icatibant inj	122
heparin porcine inj	23	hydrocortisone oint	102	ICLUSIG TAB	61
HEPLISAV-B INJ	168	hydrocortisone supp	14	IDHIFA TAB	61
HERZUMA INJ	54	hydrocortisone tab	93	imatinib tab	61
HEXALEN CAP	53			IMBRUVICA CAP 140MG	61
				IMBRUVICA CAP 70MG	61

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ALPHABETICAL LISTING OF DRUGS

IMBRUVICA SUSP	61	INSULIN GLARGINE	37	ISENTRESS POWDER	76
IMBRUVICA TAB	61	SOLN PEN-INJECTOR		PACK	
imipenem/cilastatin inj	49	300 UNIT/ML (1 UNIT		isibloom tab, enskyce tab,	90
imipramine tab	31	DIAL)		apri tab	
imiquimod cream	104	INSULIN GLARGINE	37	isoniazid syrup	52
IMITREX INJ	133	SOLN PEN-INJECTOR		ISONIAZID TAB	52
IMOVAX INJ	168	300 UNIT/ML (2 UNIT		isosorbide dinitrate tab	15
INCRELEX INJ	112	DIAL)		isosorbide mononitrate ER	15
INCRUSE ELLIPTA	17	INSULIN	37	tab	
INHALER		GLARGINE-YFGN		isosorbide mononitrate tab	15
indapamide tab	109	(SINGLE PEN)		ISTURISA TAB 10MG	110
indomethacin cap	7	INSULIN	38	ISTURISA TAB 1MG	110
INFLECTRA INJ	118	GLARGINE-YFGN INJ		ISTURISA TAB 5MG	110
INGREZZA CAP	154	(SEMGLEE Equiv)		itraconazole cap	42
INGREZZA PACK	155	INSULIN SYRINGE	132	ivermectin tab	14
40-80MG		INTELENCE TAB	76	IXIARO INJ	168
INLYTA TAB	54	INTRON-A INJ	68	J	
INQOVI TAB	58	INVANZ INJ	49	JAKAFI TAB	61
INSULIN ASPART	37	INVEGA HAFYERA INJ	71	JANUMET TAB	32
FLEXPEN INJ		INVEGA INJ	71	JANUMET XR TAB	32
INSULIN ASPART INJ	37	INVIRASE CAP	76	JANUVIA TAB	34
INSULIN ASPART MIX	37	INVIRASE TAB	76	JARDIANCE TAB	39
FLEXPEN INJ		IPOL INJ	168	JAYPIRCA TAB	61
INSULIN ASPART MIX	37	ipratropium nasal spray	140	JENTADUETO TAB	32
INJ		ipratropium neb soln	17	JENTADUETO XR TAB	32
INSULIN ASPART	37	irbesartan tab	46	JOENJA TAB	136
PENFILL INJ		ISENTRESS (HD) TAB	76	jolessa tab, amethia tab	90
		ISENTRESS CHEW TAB	76	JULUCA TAB	76

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ALPHABETICAL LISTING OF DRUGS

K					
KALETRA TAB	76	labetalol tab	83	LEUKINE INJ	125
KALYDECO PAK	157	LACTIC ACID LOTION	104	levalbuterol neb soln	21
KALYDECO TAB	157	lactulose soln	119	LEVEMIR FLEXTOUCH	38
KANAMYCIN INJ	4	LAGEVRIO 200MG CAP	81	INJ	
KANJINTI INJ	54	LAGEVRIO CAP (EUA)	81	LEVEMIR INJ	38
kelnor tab	90	lamivudine soln	76	levetiracetam ER tab	25
KERENDIA TAB	114	lamivudine tab	76	levetiracetam soln	25
KESIMPTA INJ	155	lamivudine tab 100mg	79	levetiracetam tab	25
ketoconazole cream	97	lamivudine/zidovudine tab	76	LEVITRA TAB	86
ketoconazole shampoo	97	lamotrigine chew tab	25	levobunolol ophth soln	143
ketoconazole tab	42	lamotrigine ODT kit	25	levofloxacin ophth soln	145
ketorolac ophth soln	148	lamotrigine tab	25	levofloxacin tab	116
ketorolac tab	7	LAMPIT TAB	49	levonorgestrel tab	92
KETOSTIX	106	LANCET DEVICE	130	levonorgestrel-ethinyl	91
KEVZARA INJ	7	LANCET KIT	130	estradiol-fe tab	
KINRIX INJ,	160	LANCETS	130	levothyroxine tab	160
QUADRACEL INJ		LANSOPRAZOLE SUSP	162	LEXIVA SUSP	76
KISQALI PAK	58	LANTUS INJ, INSULIN	38	lidocaine 4% cream	105
KISQALI TAB	61	GLARGINE INJ		lidocaine cream 3%	105
KLOXXADO NASAL	40	lapatinib ditosylate tab	62	lidocaine gel	105
SPRAY		latanoprost ophth soln	149	lidocaine oint	105
KOSELUGO CAP	62	leflunomide tab	8	LIDOCAINE ORAL SOLN	138
KOSELUGO CAP 10MG	62	lenalidomide cap	137	4%	
KRAZATI TAB	62	LENVIMA CAP	54	lidocaine patch	105
KRINTAFEL TAB	51	letrozole tab	56	lidocaine soln	105
K-TAB	135	leucovorin calcium inj	68	lidocaine viscous soln	138
		leucovorin tab	68	lidocaine/hydrocortisone	14
		LEUKERAN TAB	53	cream	

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ALPHABETICAL LISTING OF DRUGS

lidocaine/prilocaine cream	105	lopinavir-ritonavir tab	77	MARPLAN TAB	28
lincomycin inj	50	loratadine cap	43	MATULANE CAP	68
linezolid tab	50	lorazepam tab	15	MAVENCLAD THERAPY	155
LINZESS CAP	119	LORBRENA TAB 100MG	62	PAK	
liothyronine tab	160	LORBRENA TAB 25MG	62	MAVYRET PAK	79
lisdexamfetamine	1	losartan tab	46	MAVYRET TAB	79
dimesylate cap		losartan/hydrochlorothiazide tab	47	MAYZENT TAB	156
lisdexamfetamine	2	loteprednol etabonate	146	MAYZENT TAB STARTEI	156
dimesylate chew tab		ophth gel		PACK	
lisinopril tab	46	lovastatin tab	45	meclizine hcl tab	41
lisinopril/hydrochlorothiazide tab	47	loxapine cap	72	medroxyprogesterone inj	92
LITFULO CAP	104	LUBRICANT GEL DROP	142	medroxyprogesterone tab	152
LITHIUM CARBONATE CAP	70	LUCEMYRA TAB	153	mefloquine tab	51
lithium carbonate ER tab	70	LUMAKRAS TAB	62	megestrol susp	56
lithium carbonate tab	70	LUMAKRAS TAB 230MG	62	megestrol tab	56
LITHIUM CITRATE SOLN	70	LUMIGAN OPHTH SOLN	149	MEKINIST SOLN	62
LIVMARLI SOLN	118	lurasidone hcl tab	70	MEKINIST TAB 0.5MG	63
LIVTENCITY TAB	79	LUVIRA CAP	107	MEKINIST TAB 2MG	63
L-METHYLFOLATE TAB	107	LYSODREN TAB	56	MEKTOVI TAB	63
LO LOESTRIN TAB	91	LYTGOBI THERAPY	62	melphalan inj	53
LOCOID LIPOCREAM	102	PACK		memantine sol	153
loestrin 21 tab	91	M		memantine tab	153
lohist liquid	94	MAGNESIUM SU INJ	135	MENACTRA INJ	164
LOKELMA PAK	137	magnesium sulfate inj	135	MENQUADFI INJ	164
LONSURF TAB	58	MALE CONDOMS	129	MENVEO INJ	164
lopinavir/ritonavir soln	76	MAPROTILINE TAB	28	MENVEO SOLN	164
		maraviroc tab	77	mercaptapurine tab	53
				meropenem inj	49

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mesalamine DR cap	118	methylprednisolone dose	93	mitoxantrone inj	58
mesalamine DR tab	118	pack		M-M-R II INJ	168
mesalamine enema	118	methylprednisolone tab	93	modafinil tab	3
mesalamine ER cap	118	METIPRANOLOL OPHTH	143	mometasone cream	102
mesalamine supp	118	SOLN		mometasone nasal spray	141
METANX CAP	107	metoclopramide soln	117	mometasone oint	102
metformin ER tab	33	metoclopramide tab	117	mometasone soln	102
metformin tab	33	metolazone tab	109	MONOVISC INJ	140
methadone soln	10	metoprolol ER tab	83	montelukast chew tab	18
methadone tab	10	metoprolol tab	83	montelukast granule pack	18
methadose tab	10	metronidazole cap	48	montelukast tab	18
methamphetamine tab	2	metronidazole cream	105	MORPHINE SULF SOLN	10
methazolamide tab	108	metronidazole gel	105	morphine sulfate ER tab	10
methenamine mandelate	50	metronidazole lotion	105	morphine sulfate soln	10
tab		metronidazole tab	48	MORPHINE SULFATE	10
methimazole tab	159	metronidazole vaginal gel	170	SOLN 20MG/5ML	
METHITEST TAB	13	mexiletine hcl cap	16	morphine sulfate tab	10
methocarbamol tab	139	mibelas chew tab	91	MOUNJARO INJ	35
methotrexate inj	53	midodrine tab	171	MOVANTIK TAB	119
methotrexate tab	53	mifepristone tab	114	MOXEZA	145
METHOXSALLEN CAP	98	MIFIPREX TAB	114	INTRAOCULAR SOLN	
methscopolamine tab	162	minocycline cap	159	5MG/ML	
methyl dopa tab	47	minocycline tab	159	MOXEZA OPHTH SOLN	145
methylphenidate CD cap	3	minoxidil tab	48	moxifloxacin ophth soln	145
METHYLPHENIDATE ER	3	mirtazapine ODT	28	MULPLETA TAB	125
TAB		mirtazapine tab	28	MULTAQ TAB	16
methylphenidate soln	3	MIRVASO GEL	105	mupirocin cream	96
methylphenidate tab	3	misoprostol tab	163	mupirocin oint	96

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ALPHABETICAL LISTING OF DRUGS

MVASI INJ	54	nefazodone tab 50mg,	30	NICOTROL NASAL	157
mycophenolate DR tab	82	250mg		SPRAY	
mycophenolate mofetil	82	neomycin tab	4	nifedipine cap	84
cap		neomycin/polymixin/hydro	149	nifedipine ER tab	84
mycophenolate mofetil	82	coritisono otic soln		NINLARO CAP	63
susp		neomycin/polymixin/hydro	149	nisoldipine ER tab	84
mycophenolate mofetil tab	82	coritisono otic susp		NISOLDIPINE ER TAB	84
MYFEMBREE TAB	115	NEOMYCIN/POLYMYXI	120	20MG, 30MG, 40MG	
<hr/>					
N		N B GU IRRIGATION		nitazoxanide tab	49
nabumetone tab	7	SOLN		nitisinone cap	113
nafcillin inj	152	neomycin/polymyxin/dexa	147	NITRO-BID OINT	15
nalbuphine inj	12	methasone ophth oint		NITRO-DUR PATCH	15
naloxone hcl nasal spray	40	neomycin/polymyxin/dexa	147	0.3MG/HR, 0.8MG/HR	
naloxone inj	40	methasone ophth soln		nitrofurantoin	50
NALOXONE PREFILLED	40	NEOMYCIN/POLYMYXI	147	macrocrystals cap	
INJ		N/HYDROCORTISONE		nitrofurantoin	50
naltrexone tab	40	OPHTH SOLN		monohydrate cap	
naproxen DR tab 500mg	7	NERLYNX TAB	63	nitrofurantoin susp	50
naproxen EC tab	7	NEVIRAPINE SUSP	77	nitroglycerin patch	15
naproxen sodium tab	7	nevirapine tab	77	nitroglycerin SL tab	15
NAPROXEN SUSP	7	NEXLETOL TAB	44	NIVESTYM INJ	125
naproxen tab	8	NEXLIZET TAB	44	NIZATIDINE CAP	162
naratriptan tab	133	NEXTSTELLIS TAB	91	norethindrone ace-ethinyl	91
NARCAN NASAL SPRAY	41	niacin ER tab	45	estradiol-fe cap	
NATACYN OPHTH SUSP	145	nicotine gum	157	norethindrone	91
NATAZIA TAB	91	nicotine lozenge	157	acetate/ethinyl estradiol	
NEFAZODONE TAB	30	nicotine patch	157	tab	
		NICOTROL INHALER	157	norethindrone tab	93

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ALPHABETICAL LISTING OF DRUGS

norethindrone/ethinyl estradiol FE tab	91	NURTEC ODT	132	OMNIPOD 5 G6 MIS PODS	130
NORPACE CR CAP	16	nystatin cream	97	OMNIPOD 5 G7 KIT	130
nortrel tab	91	nystatin oint	97	INTRO	
nortriptyline cap	31	nystatin powder	42	OMNIPOD 5 G7 MIS PODS	131
nortriptyline oral soln	31	nystatin tab	42	OMNIPOD 5 INTRO KIT	131
NORVIR CAP	77	nystatin topical powder	97	OMNIPOD GO KIT	131
NORVIR POWDER PACK	77	nystatin/triamcinolone cream	97	ondansetron ODT	41
NORVIR SOLN	77	nystatin/triamcinolone oint	97	ondansetron soln	41
NOVOFINE PEN	132	NYVEPRIA INJ	125	ondansetron tab	41
NEEDLE		O		ONETOUCH DELICA LANCETS	131
NOVOLIN 70/30 FLEXPEN INJ	38	OCALIVA TAB	117	ONETOUCH DELICA PLUS 30G LANCETS	131
NOVOLIN 70/30 INJ	38	octreotide inj	115	ONETOUCH DELICA PLUS 33G LANCETS	131
NOVOLIN N FLEXPEN INJ	38	OCTREOTIDE INJ 100MCG	115	ONETOUCH METER	131
NOVOLIN N INJ	38	ODEFSEY TAB	77	ONETOUCH ULTRA TEST STRIP	106
NOVOLIN R FLEXPEN INJ	38	OFEV CAP	158	ONETOUCH ULTRASOFT LANCETS	131
NOVOLIN R INJ	38	ofloxacin ophth soln	145	ONETOUCH VERIO FLEX METER	131
NOVOPEN JR INJ	132	ofloxacin otic soln	149	ONETOUCH VERIO IQ METER	131
NOVOTWIST PEN	132	ofloxacin tab	116	ONETOUCH VERIO METER	131
NEEDLE		OGIVRI INJ	54		
NOVOTWIST/NOVOFINE PEN NEEDLE	132	olanzapine ODT	72		
NUBEQA TAB	57	olanzapine tab	72		
NUCALA INJ	17	OLLIZAC POWDER	107		
NULYTELY SOLN	127	OLUMIANT TAB	4		
		omega-3-acid ethyl esters cap	44		
		omeprazole DR cap	162		

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ALPHABETICAL LISTING OF DRUGS

ONETOUCH VERIO	131	orphenadrine citrate inj	139	OZEMPIC INJ	35
REFLECT METER		ORSERDU TAB	57	2MG/1.5ML	
ONETOUCH VERIO TEST STRIP	106	ORSERDU TAB 345MG	57	OZEMPIC INJ 2MG/3ML	35
ONGENTYS CAP	69	ORTHOVISC INJ	140	OZEMPIC INJ 4MG/3ML	35
ONTRUZANT INJ	54	oseltamivir cap	80	OZEMPIC INJ 8MG/3ML	36
ONUREG TAB	53	oseltamivir cap 30mg	80	P	
OPILL TAB	93	oseltamivir susp	80	PALFORZIA POWDER	4
OPSUMIT TAB	87	OSPHENA TAB	112	PACK	
OPZELURA CREAM	103	OTEZLA STARTER PACK	8	PALFORZIA SPRINKLE	4
ORENCIA CLICK INJ	8	OTEZLA TAB	8	CAP	
ORENCIA INJ	8	OVIDREL INJ	111	paliperidone ER tab	71
ORENCIA SC INJ 125MG/ML	8	oxacillin inj	152	pantoprazole EC tab	162
ORENCIA SC INJ 50MG/0.4ML	8	OXBRYTA TAB	124	paramox hc gel	102
ORENCIA SC INJ 87.5MG/0.7ML	8	OXBRYTA TAB FOR	124	paricalcitol cap	113
ORENITRAM TAB	86	ORAL SUSP		paricalcitol cap 1mcg	113
ORENITRAM TAB	86	oxcarbazepine susp	25	paromomycin cap	4
MONTH		oxcarbazepine tab	25	paroxetine ER tab	29
ORGOVYX TAB	57	OXERVATE OPHTH	146	paroxetine tab	29
ORIAHNN CAP	115	SOLN		PAXLOVID TAB	78
ORILISSA TAB 150MG	111	oxybutynin ER tab	163	150-100MG	
ORILISSA TAB 200MG	111	oxybutynin syrup	163	PAXLOVID TAB	78
ORKAMBI GRANULES	157	oxybutynin tab	163	300-100MG	
PACKET		OXYCODONE ER TAB,	11	pazopanib hcl tab	63
ORKAMBI TAB	158	OXYCONTIN CR TAB		PEDIARIX INJ	161
		oxycodone soln	11	PEDVAXHIB INJ	164
		oxycodone tab	11	peg 3350/electrolytes soln	127
		oxycodone/acetaminophen	12	PEGASYS INJ	79
		tab		PEG-INTRON INJ	79

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ALPHABETICAL LISTING OF DRUGS

PEMAZYRE TAB	63	phenytoin chew tab	27	POMALYST CAP	57
PEN NEEDLE	132	PHEXXI GEL	169	potassium chloride ER cap	135
penciclovir cream	99	PHOSLYRA SOLN	120	potassium chloride ER tab	136
penicillamine tab	136	phytonadione tab	171	potassium chloride inj	136
PENICILLIN G PROCAIN INJ	151	PIFELTRO TAB	77	potassium chloride micro tab	136
PENICILLIN G SODIUM INJ	151	pilocarpine ophth soln	144	potassium chloride powder packet	136
penicillin GK inj	151	pilocarpine tab	139	potassium chloride soln	136
PENICILLIN VK SOLN	151	pimecrolimus cream	104	POTASSIUM CHLORIDE TAB ER	136
penicillin vk tab	151	PIMOZIDE TAB	156	potassium citrate CR tab	120
PENTACEL INJ	161	pioglitazone tab	39	potassium iodide oral soln	94
PENTAMIDINE	48	piperacillin/tazobactam inj	152	PRALUENT INJ	45
ISETHIONATE INJ		PIQRAY TAB	63	pramipexole tab	69
pentamidine neb soln	48	PLASMA-LYTE SOLN	135	PRAMOSONE CREAM 1%	102
PENTASA CAP	118	PLEGRIDY INJ	156	pravastatin tab	45
pentoxifylline ER tab	123	PLEGRIDY PEN INJ	156	praziquantel tab	14
permethrin cream	106	PNEUMOVAX INJ	164	prazosin cap	47
perphenazine tab	73	PODIAPN CAP	107	PRED FORTE OPHTH SUSP	147
PERSERIS INJ	71	podofilox soln	104	PRED MILD OPHTH SOLN	147
phenazopyridine tab	121	polyethylene glycol-propylene glycol ophth soln		PREDNISOLONE OPHTH SUSP	147
PHENELZINE SULFATE TAB	29	polymyxin b/trimethoprim ophth soln	145		
phenelzine tab	29	polyvinyl alcohol ophth soln	142		
phenoxybenzamine cap	46	polyvinyl alcohol-povidone ophth soln	143		
phentermine cap	2				
phentermine tab	2				
phenytoin cap	27				

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ALPHABETICAL LISTING OF DRUGS

PREDNISOLONE	147	PROLIA INJ	110	pyrimethamine tab	51
SODIUM PHOSPHATE		PROMACTA POWDER	125	PYRUKYND TAB	124
OPHTH SOLN		PROMACTA TAB	126	PYRUKYND THERAPY	124
prednisolone soln	93	12.5MG, 25MG		PACK	
PREDNISON SOLN	93	PROMACTA TAB 50MG	126	<hr/>	
prednisone tab	93	PROMACTA TAB 75MG	126	Q	
pregabalin cap	25	promethazine supp	43	QINLOCK TAB	63
pregabalin soln	25	promethazine syrup	43	QSYMIA CAP	2
PREHEVBRIO SUSP	168	promethazine tab	43	QUADRACEL PREF	161
PREMARIN TAB	116	PROMETHEGAN SUPP	43	SYRINGE, KINRIX PREF	
PREMPHASE TAB,	115	propafenone ER cap	16	SYRINGE	
PREMPRO TAB		propafenone tab	16	quetiapine tab	72
PREVNAR 13 INJ	164	proparacaine ophth soln	146	quetiapine XR tab	72
PREVNAR 20 INJ	165	propranolol oral soln	83	quinidine gluconate CR tab	16
PREVYMIS TAB	79	20mg/5ml		QUINIDINE SULFATE	16
PREZCOBIX TAB	77	PROPRANOLOL SOLN	83	TAB	
PREZISTA TAB	77	propranolol tab	83	quinine sulfate cap	51
PRIFTIN TAB	52	propylene glycol ophth	143	<hr/>	
primaquine tab	51	soln		R	
primidone tab	25	propylene glycol-glycerin	143	RABAVERT INJ	169
PRIORIX INJ	168	ophth soln		RADICAVA INJ	141
probenecid tab	122	propylthiouracil tab	159	RADICAVA ORS	141
prochlorperazine supp	73	PROQUAD INJ	169	STARTER KIT	
prochlorperazine tab	73	protriptyline tab	31	RADICAVA ORS SUSP	141
proctosol HC cream	14	PULMOZYME INH SOLN	158	raloxifene tab	112
progesterone cap	152	pyrazinamide tab	52	ranolazine tab	14
progesterone oil inj	152	pyridostigmine CR tab	51	rasagiline tab	69
PROLEUKIN INJ	68	pyridostigmine tab	51	RASUVO INJ	5
				REBETOL SOLN	80

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ALPHABETICAL LISTING OF DRUGS

REBIF INJ	156	risedronate tab	110	sapropterin	113
RECOMBIVAX-HB INJ	169	risperidone microspheres	71	dihydrochloride powder	
REGRANEX GEL	106	inj		packet	
RELENZA DISKHALER	81	RISPERIDONE ODT	71	sapropterin	113
RELYVRIO PAK	141	risperidone soln	71	dihydrochloride soluble	
RENFLEXIS INJ	118	risperidone tab	71	tab	
RENOVA CREAM	96	ritonavir tab	77	SAVELLA PAK	154
repaglinide tab	39	RITUXAN INJ	54	SAVELLA TAB	154
REPATHA INJ	45	rivastigmine cap	153	SCEMBLIX TAB	64
REPATHA PUSHTRONEX	45	rivastigmine patch	154	selegiline cap	69
INJ		RIVIVE SPRAY	41	selegiline tab	69
RETACRIT INJ	126	rizatriptan ODT	134	selenium sulfide lotion	99
RETEVMO CAP	63	rizatriptan tab	134	selenium sulfide shampoo	99
REYATAZ POWDER	77	ropinirole tab	69	SELZENTRY SOLN	77
PACK		rosuvastatin tab	45	SELZENTRY TAB	77
REYVOW TAB	134	ROTARIX SUSP	169	SEMGLEE PEN, INSULIN	38
REZLIDHIA CAP	64	ROTATEQ INJ	169	GLARGINE-YFGN PEN	
REZUROCK TAB	137	ROZLYTREK CAP	64	SEREVENT DISKUS	22
REZVOGLAR INJ	38	ROZLYTREK PAK	64	INHALER	
RHOFADE CREAM	106	RUBRACA TAB	64	sertraline conc	29
RIBAVIRIN CAP	80	RYBELSUS TAB	36	sertraline tab	29
RIBAVIRIN TAB	80	RYDAPT CAP	64	sevelamer powder pak	120
rifabutin cap	52			sevelamer tab	120
RIFAMATE CAP	52	S		SHINGRIX INJ	169
rifampin cap	52	salicylic acid shampoo	105	SIGNIFOR INJ	115
riluzole tab	141	salsalate tab	9	sildenafil tab	86
RIMANTADINE TAB	81	SANDIMMUNE SOLN	82	sildenafil tab 20mg	88
RINVOQ ER TAB	4	100MG/ML		silodosin cap	121
		SANTYL OINT	104		

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ALPHABETICAL LISTING OF DRUGS

silver sulfadiazine cream	99	sodium fluoride soln	135	spironolactone tab	109
SIMPONI	6	sodium fluoride tab	135	spironolactone/hydrochlor	108
AUTO-INJECTOR 100MG		sodium phenylbutyrate	113	othiazide tab	
SIMPONI INJ 100MG	6	powder		sprintec 28 tab	91
simvastatin tab	45	sodium phenylbutyrate tab	113	SPRYCEL TAB	64
sirolimus soln	137	sodium polystyrene	82	SPS SUSP	137
sirolimus tab	82	powder		STELARA INJ	98
SIVEXTRO TAB	50	sodium polystyrene susp	82	STELARA INJ	99
SKYRIZI INJ	119	SODIUM	96	45MG/0.5ML	
SKYRIZI INJ 150MG/ML	98	SULFACETAMIDE/SULF		STIOLTO INHALER	22
SKYRIZI INJ	119	UR EMULSION		STIVARGA TAB	64
180MG/1.2ML		sodium	96	STRENSIQ INJ	114
SKYRIZI INJ	98	sulfacetamide/sulfur lotion		STREPTOMYCIN INJ	4
75MG/0.83ML		sodium/potassium/magnesi	127	STRIBILD TAB	77
SKYTROFA INJ	112	um soln		STRIVERDI RESPIMAT	22
SLYND TAB	93	SOFOSBUVIR/VELPATAS	80	INHALER	
smz/tmp (DS) tab	49	VIR TAB		sucralfate susp	163
smz/tmp susp	49	solifenacin tab	163	sucralfate tab	162
SOD CHLORIDE INJ	136	SOMAVERT INJ	111	sulfacetamide sodium	145
sodium chloride 0.9% irr	120	sorafenib tosylate tab	64	ophth soln	
soln		sotalol AF tab	83	sulfacetamide	147
sodium chloride	148	sotalol tab	83	sodium/prednisolone	
hypertonic ophth soln		SPIKEVAX INJ	169	ophth soln	
sodium chloride inj	136	SPINOSAD SUSP	106	SULFACETAMIDE/PRED	147
sodium chloride neb soln	94	SPIRIVA RESPIMAT	18	NISOLONE OPHTH	
sodium citrate/citric acid	120	INHALER 1.25MCG/ACT		SOLN	
soln		SPIRIVA RESPIMAT	18	SULFADIAZINE TAB	158
sodium fluoride cream	138	INHALER 2.5MCG/ACT		sulfasalazine EC tab	119

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ALPHABETICAL LISTING OF DRUGS

sulfasalazine tab	119	TAFINLAR TAB	65	TESTOSTERONE GEL 1% 13
sulindac tab	8	TAGRISSO TAB	55	25MG
SUMATRIPTAN INJ	134	TAKHZYRO INJ	123	testosterone gel 1% 50mg 13
sumatriptan nasal spray	134	TALTZ INJ	99	testosterone gel 1% pump 13
sumatriptan tab	134	TALZENNA CAP 0.25MG	65	testosterone gel 1.62% 13
sumatriptan/naproxen tab	132	TALZENNA CAP 0.5MG,	65	1.25gm
85-500mg		0.75MG, 1MG		testosterone gel 1.62% 13
sunitinib malate cap	64	tamoxifen tab	57	2.5gm
SUNOSI TAB	2	tamsulosin cap	121	TESTOSTERONE GEL 13
SYMDEKO TAB	158	TASIGNA CAP	65	PUMP
SYMPROIC TAB	119	TAVALISSE TAB	123	testosterone gel pump 13
SYMTUZA TAB	78	TAVNEOS CAP	123	1.62%
SYNAREL NASAL SOLN	112	TAZVERIK TAB	65	testosterone soln 14
SYNJARDY TAB	32	temozolomide cap	53	TETANUS/DIPHThERIA 161
SYNJARDY XR TAB	32	tenofovir disoproxil	78	TOXOID INJ
10-1000MG, 25-1000MG		fumarate tab		tetrabenazine tab 155
SYNJARDY XR TAB	32	TEPMETKO TAB	65	tetracycline cap 159
5-1000MG,		terazosin cap	47	THALOMID CAP 81
12.5-1000MG		terbinafine cream	97	theophylline ER tab 22
SYNVISC INJ	140	terbinafine tab	42	100MG, 200MG, 300MG,
SYNVISC ONE INJ	140	terbutaline sulfate tab	22	450MG
T		terconazole cream	170	theophylline soln 22
TABLOID TAB	53	TERCONAZOLE CREAM	170	THEOPHYLLINE TAB ER 22
TABRECTA TAB	64	0.8%		thioridazine tab 73
tacrolimus cap	82	terconazole supp	170	thiothixene cap 74
tacrolimus oint	104	teriflunomide tab	156	THYMOGLOBULIN INJ 82
tadalafil tab	86	testosterone cypionate inj	13	tiagabine tab 27
TAFINLAR CAP	64			TIBSOVO TAB 65

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TICOVAC INJ	169	tranylcypramine tab	29	TRIJARDY XR TAB	33
tigecycline inj	159	travoprost ophth soln	149	10-5-1000MG,	
timolol maleate ophth gel	143	TRAZIMERA INJ	54	25-5-1000MG	
timolol maleate ophth soln	143	trazodone tab	30	TRIJARDY XR TAB	33
timolol maleate tab	83	TRECTOR TAB	52	5-25-1000MG,	
tiotropium bromide cap	18	TRELEGY ELLIPTA	22	12.5-2.5-1000MG	
inhaler		INHALER		TRIKAFTA TAB	158
TIVICAY PD TAB	78	TREMFYA INJ	99	TRIKAFTA THERAPY	158
TIVICAY TAB	78	TRESIBA FLEXTOUCH	39	PACK	
tizanidine cap	139	INJ		TRI-LUMA CREAM	105
tizanidine tab	139	TRESIBA INJ	39	trimethobenzamide cap	41
TOBRADEX OPHTH	147	tretinoin cap	52	trimethoprim tab	48
OINT		tretinoin cream	96	trimipramine cap	31
tobramycin neb soln	4	tretinoin gel	96	tri-sprintec tab	91
tobramycin ophth soln	145	triamcinolone acetamide	103	TRIUMEQ PD TAB	78
tobramycin/dexamethason	148	oint		TRIUMEQ TAB	78
e ophth soln		triamcinolone cream	103	tropicamide ophth soln	143
TODAY SPONGE	170	triamcinolone in orabase	138	trospium tab	163
tolterodine tab	163	paste		TRULICITY INJ	36
topiramate sprinkle cap	25	triamcinolone lotion	103	TRUMENBA INJ	165
topiramate tab	26	triamcinolone oint	103	TUKYSA TAB	54
toremide tab	109	triamterene/hydrochloroth	108	TURALIO CAP	65
TRACLEER TAB 32MG	87	iazide cap		TWINRIX INJ	169
TRADJENTA TAB	34	triamterene/hydrochloroth	108	TWIRLA PATCH	92
tramadol hcl tab 100mg	11	iazide tab		TYBLUME TAB	92
tramadol tab	11	trifluoperazine tab	73	TYGACIL INJ	159
tranexamic acid inj	126	trihexyphenidyl elixir	69	TYMLOS INJ	111
tranexamic acid tab	126	trihexyphenidyl tab	68	TYPHIM VI INJ	165

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ALPHABETICAL LISTING OF DRUGS

TYSABRI INJ	156	valsartan tab	46	VERAPAMIL ER CAP	85
TYVASO DPI POWDER	86	valsartan/hydrochlorothiazi	48	200MG	
TYVASO DPI POWDER	86	de tab		VERAPAMIL ER CAP	85
MAINTENANCE KIT		vancomycin cap	49	300MG	
32-48MCG		vancomycin hcl soln	49	verapamil SR cap	85
TYVASO DPI POWDER	87	VANFLYTA TAB	65	VERAPAMIL SR CAP	85
TITRATION KIT		VANFLYTA TAB 26.5MG	66	360mg	
16-32-48MCG		VANIQA CREAM	104	verapamil SR tab	85
TYVASO DPI POWDER	87	varденаfil ODT	86	verapamil tab	85
TITRATION KIT		varденаfil tab	86	VERELAN PM ER CAP	85
16-32MCG		VARENICLINE TAB	157	100MG, 300MG	
TYVASO INH SOLN 0.6	87	0.5MG,		VERQUVO TAB	88
MG/ML		varenicline tartrate tab	157	VERZENIO TAB	66
U		varenicline tartrate tab	157	VIBATIV INJ	48
UPNEEQ SOLN	148	start pack		VICTOZA INJ	36
UPTRAVI TAB	88	VARIVAX INJ	169	vigabatrin powder pack	27
urea cream 40%	103	VAXELIS INJ	161	vigabatrin tab	27
urea cream 50%	103	VAXNEUVANCE INJ	165	vigadrone powder pack	27
ursodiol cap	117	VELIVET PAK	92	viorele tab, kariva tab	92
ursodiol tab	117	VELTASSA POWDER	82	VIRACEPT TAB	78
V		VENCLEXTA STARTER	55	VIREAD TAB 150MG,	78
valacyclovir tab	80	PACK		200MG, 250MG	
VALCHLOR GEL	98	VENCLEXTA TAB	55	vitamin b-6 tab 25mg	171
valganciclovir soln	79	venlafaxine ER cap	30	vitamin b-6 tab 50mg	171
valganciclovir tab	79	venlafaxine tab	30	vitamin D cap	171
valproic acid cap	28	VEOZAH TAB	112	VITRAKVI CAP 100MG	66
valproic acid syrup	28	VERAPAMIL CAP ER	85	VITRAKVI CAP 25MG	66
				VITRAKVI SOLN	66

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ALPHABETICAL LISTING OF DRUGS

VIVITROL INJ	40	XCOPRI TAB 150MG,	26	XOLAIR INJ	17
VIVOTIF CAP	165	200MG		300MG/2ML	
VIZIMPRO TAB	55	XCOPRI TAB 50MG,	26	XOLAIR SYRINGE	17
VONJO CAP	66	100MG		XOLAIR SYRINGE	17
VOSEVI TAB	80	XCOPRI TITRATION PAK	26	150MG/ML	
VOWST CAP	119	12.5-25MG		XOLAIR SYRINGE	17
VOXZOGO INJ	114	XCOPRI TITRATION PAK	26	300MG/2ML	
VYLEESI INJ	154	150-200MG		XOSPATA TAB	66
<hr/>		XCOPRI TITRATION PAK	27	XPOVIO PAK	58
W		50-100MG		XTAMPZA ER CAP	11
WAKIX TAB	3	XDEMVIY DROP	146	XULTOPHY INJ	33
warfarin tab	22	XELJANZ SOLN	5	XYZBAC TAB	107
WELIREG TAB	57	XELJANZ TAB	5	<hr/>	
<hr/>		XELJANZ XR TAB	5	Y	
X		XEMBIFY INJ	150	YF-VAX INJ	169
XADAGO TAB	69	XGEVA INJ	111	<hr/>	
XALKORI CAP	66	XIFAXAN TAB 200MG	48	Z	
XALKORI SPRINKLE	66	XIFAXAN TAB 550MG	48	zafemy patch	92
CAP		XIGDUO XR TAB	33	zaleplon cap	126
XAQUIL XR TAB	107	XIGDUO XR TAB	33	ZANOSAR INJ	53
XARELTO STARTER	23	10-1000MG		ZARXIO INJ	126
PACK		XIGDUO XR TAB	33	ZAVZPRET NASAL	132
XARELTO SUSP	23	2.5-1000MG, 5-1000MG		SPRAY	
XARELTO TAB	23	XIGDUO XR TAB	33	ZEGALOGUE INJ	34
XCOPRI PAK	26	5-500MG, 10-500MG,		ZEJULA CAP	67
100-150MG		10-1000MG		ZEJULA TAB	67
XCOPRI PAK	26	XOLAIR INJ	17	ZELBORAF TAB	67
150-200MG		XOLAIR INJ 150MG/ML	17	ZEPATIER TAB	80
XCOPRI PAK 50-200MG	26			ZEPOSIA CAP	156

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ALPHABETICAL LISTING OF DRUGS

ZEPOSIA STARTER PACK	156
ZIEXTENZO INJ	126
ZIMHI SOLN	41
ziprasidone cap	70
ZIRABEV INJ	54
ZIRGAN OPHTH GEL	146
ZOLINZA CAP	67
zolmitriptan ODT	134
zolmitriptan tab	134
zolpidem tab 10mg	127
zolpidem tab 5mg	127
ZONISADE SUSP	26
zonisamide cap	26
ZORYVE CREAM	99
ZYDELIG TAB	67
ZYKADIA CAP	67
ZYKADIA TAB	67
ZYPREXA RELPREVV	72
INJ	
ZYRTEC CHILD CHEW	43
TAB	

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