



Tufts Health RITogether
Pharmacy program and *Preferred Drug List*
December 1, 2021

Introduction

Pharmacy program

We aim to provide high-quality, cost-effective options for drug therapy. We work with your health care providers and pharmacists to make sure we cover the most important and useful drugs for a variety of conditions and diseases. We cover both first-time prescriptions and refills. We also cover some [over-the-counter \(OTC\) drugs](#) if your provider writes a prescription and it is filled at a pharmacy.

Our pharmacy program does not cover all drugs and prescriptions. Some drugs must meet certain clinical guidelines before we can cover them. Your provider must ask us for prior approval before we will cover these drugs.

Preferred Drug List (PDL)

We list all drugs according to their therapeutic category and drug class, followed by generic or brand drug name. Use the index to find a drug according to its generic or brand name. In general, we cover brand-name medications only when a generic medication is not available or if we give prior approval for the brand-name drug.

Co-payments

Outpatient drugs that are medically necessary are covered when they are prescribed by a provider who is licensed to prescribe drugs. Some drugs on the *Tufts Health RITogether* formulary are only covered when your provider submits a prior approval request. Eligibility for outpatient prescription drug benefits and co-payment amounts are based on your individual benefit plan.

The *PDL* applies only to drugs you get at retail and specialty pharmacies. The *PDL* does not apply to drugs you get if you are in the hospital. Drugs you get while in the hospital are covered as part of your stay.

For the most current *PDL* coverage information, please visit tuftshealthplan.com or call us at **866.738.4116** (TTY: 711).

Prior approval

Some drugs always require prior approval, which means your provider must ask us for approval before we will cover the drug. One of our clinicians will review this request. We will cover the drug according to our clinical guidelines if:

- There is a medical reason you need the particular drug
- Depending on the drug, other drugs on the *PDL* have not worked

If we do not approve the request for prior approval, you or your authorized

representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our member grievances and appeals information.

Step therapy program

We cover some types of drugs only through our step therapy program. Our step therapy program requires you to try first-level drugs before we will cover another drug of that type. If you and your provider feel a certain drug is not appropriate for treating your health condition, your provider can ask us for prior approval for the other drug. One of our clinicians will review the request. We will cover the drug according to our clinical guidelines. If we do not approve the request for prior approval, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our grievances and appeals information.

Quantity limit

To make sure the drugs you take are safe and that you are getting the right amount, we may limit how much you can get at one time. Your provider can ask us for prior approval if you need more than we cover. One of our clinicians will review the request. We will cover the drug according to our clinical guidelines if there is a medical reason you need this particular amount. If we do not approve the request for prior approval, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our grievances and appeals information.

Generic drugs

Generic drugs have the same active ingredients and work the same as brand-name drugs. Rhode Island has a Generic First Program and requires that all members use generic drugs first. When generic drugs are available, we will not cover the brand-name drug without giving prior approval. If you and your provider feel a generic drug is not right for treating your health condition and that the brand-name drug is medically necessary, your provider can ask for prior approval. One of our clinicians will review the request. If we do not approve the request for prior approval, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook for our](#) grievances and appeals information.

New-to-market drugs

We review new drugs for safety and effectiveness before we add them to our *PDL*.

Coverage limits

The Requirements/Limits column in the *PDL* shows when a drug has a certain requirement or limit for coverage. Coverage limits include:

- AGE — Age restriction may apply
This medication requires prior approval if the drug is not covered based on your age. Your provider should send us a prior approval request if the drug is medically necessary.
- PA — Prior approval
This medication requires prior approval. Your provider may prescribe a different medication on the *PDL* or send us a prior approval request.
- QL — Quantity limit
This medication is limited to a specific amount. If a larger amount is medically necessary, your provider should send us a prior approval request.
- ST — Step therapy
This medication requires prior approval if you have not already used a first-line medication on the *PDL*. Your provider may prescribe another medication on the *PDL* or send us a prior approval request.

Specialty pharmacy program

A specialty pharmacy may supply you with some drugs often used to treat chronic conditions like hepatitis C or multiple sclerosis. These types of drugs need additional expertise and support. Specialty pharmacies have knowledge in these areas. These pharmacies can give extra support to members and providers.

CVS Specialty is our specialty pharmacy and can provide you with these drugs. In addition to providing specific specialty drugs, CVS Specialty will:

- Deliver drugs to your home, provider's office or any delivery address you choose (except for a P.O. box)
- Answer your questions and offer help with your drugs
- Give you information, materials and ongoing support to help you manage your health condition and make sure you take your drugs the right way
- Have staff pharmacists available who can help you at 800.237.2767.

DISCRIMINATION IS AGAINST THE LAW



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

Tufts Health Plan:

- ☐ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - 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 Tufts Health Plan at 888.257.1985.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan

Attention: Civil Rights Coordinator, Legal Dept.
705 Mount Auburn St.
Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 888.257.1985

LA DISCRIMINACIÓN ES CONTRA LA LEY



Tufts Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Tufts Health Plan no excluye a las personas ni las trata de forma diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

Tufts Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados
 - Información escrita en otros idiomas

Si necesita recibir estos servicios, comuníquese con Servicios para Miembros de Tufts Health Plan a 888.257.1985.

Si considera que Tufts Health Plan no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

Tufts Health Plan

Attention: Civil Rights Coordinator, Legal Dept.
705 Mount Auburn St.
Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 866-930-9252]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el coordinador de derechos civiles con Tufts Health Plan está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800.368.1019, 800.537.7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 888.257.1985

For no-cost translation in English, call **866.738.4116**.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم 866.738.4116

Chinese 若需免費的中文版本，請撥打 **866.738.4116**。

French Pour demander une traduction gratuite en français, composez le **866.738.4116**.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die folgende Telefonnummer an: **866.738.4116**.

Greek Για δωρεάν μετάφραση στα ελληνικά, καλέστε στο **866.738.4116**.

Haitian Creole Pou tradiksyon gratis nan Kreyòl Ayisyen, rele **866.738.4116**.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero **866.738.4116**.

Japanese 日本語の無料翻訳については **866.738.4116** に電話してください。

Khmer (Cambodian) សម្រាប់សេវាបកប្រែបន្ថែមឥតគិតថ្លៃ លេខ ភាសា ឬ មើល
សូមទូរស័ព្ទសេវាកម្ម 866.738.4116 ។

Korean 한국어로 무료 통역을 원하시면, **866.738.4116** 로 전화하십시오.

Laotian ເສັ້ນສາມາດສື່ ບາງພາສາລາ ບໍ່ໄດ້ສະ ຄາໃ ັ້ງຈາຍ , ໄດ້ສາມາດ **866.738.4116**.
ໂທ

Navajo Dinek'ehgo shika at'ohwol ninisingo, kwiiijigo holne' **866.738.4116**.

naisreP زنگ بزنید. **866.738.4116**. برای ترجمه رایگان به فارسی به شماره تلفن

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer **866.738.4116**.

Portuguese Para tradução grátis para português, ligue para o número **866.738.4116**.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру **866.738.4116**.

Spanish Para servicio de traducción gratuito en español, llame al **866.738.4116**.

Tagalog Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **866.738.4116**.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số **866.738.4116**.

List-Languages-THP-Number-07/16

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	3
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	6
AMEBICIDES	7
AMINOGLYCOSIDES	7
ANALGESICS - ANTI-INFLAMMATORY	7
ANALGESICS - NONNARCOTIC	11
ANALGESICS - OPIOID	11
ANDROGENS-ANABOLIC	16
ANORECTAL AND RELATED PRODUCTS	17
ANTHELMINTICS	17
ANTIANGINAL AGENTS	17
ANTIANXIETY AGENTS	18
ANTIARRHYTHMICS	19
ASTHMATIC AND BRONCHODILATOR AGENTS	19
ANTICOAGULANTS	22
ANTICONVULSANTS	23
ANTIDEPRESSANTS	26
ANTIDIABETICS	29
ANTIDIARRHEAL/PROBIOTIC AGENTS	34
ANTIDOTES AND SPECIFIC ANTAGONISTS	34
ANTIEMETICS	34
ANTIFUNGALS	35
ANTI HISTAMINES	36
ANTIHYPERLIPIDEMICS	36
ANTI HYPERTENSIVES	39
ANTI-INFECTIVE AGENTS - MISC.	42
ANTIMALARIALS	43
ANTIMYASTHENIC/CHOLINERGIC AGENTS	43
ANTIMYCOBACTERIAL AGENTS	43
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	44
ANTIPARKINSON AND RELATED THERAPY AGENTS	51
ANTIPSYCHOTICS/ANTIMANIC AGENTS	52
ANTIVIRALS	55
BETA BLOCKERS	59
CALCIUM CHANNEL BLOCKERS	60
CARDIOTONICS	62
CARDIOVASCULAR AGENTS - MISC.	62
CEPHALOSPORINS	63
CONTRACEPTIVES	64
CORTICOSTEROIDS	72
COUGH/COLD/ALLERGY	72
DERMATOLOGICALS	73
DIAGNOSTIC PRODUCTS	83
DIGESTIVE AIDS	83
DIURETICS	83
ENDOCRINE AND METABOLIC AGENTS - MISC.	84
ESTROGENS	88
FLUOROQUINOLONES	89
GASTROINTESTINAL AGENTS - MISC.	89
GENITOURINARY AGENTS - MISCELLANEOUS	91

GOUT AGENTS	91
HEMATOLOGICAL AGENTS - MISC.	92
HEMATOPOIETIC AGENTS	96
HEMOSTATICS	99
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	99
LAXATIVES	100
MACROLIDES	100
MEDICAL DEVICES AND SUPPLIES	101
MIGRAINE PRODUCTS	105
MINERALS & ELECTROLYTES	106
MISCELLANEOUS THERAPEUTIC CLASSES	107
MOUTH/THROAT/DENTAL AGENTS	108
MULTIVITAMINS	109
MUSCULOSKELETAL THERAPY AGENTS	110
NASAL AGENTS - SYSTEMIC AND TOPICAL	110
NEUROMUSCULAR AGENTS	111
NUTRIENTS	112
OPHTHALMIC AGENTS	112
OTIC AGENTS	115
OXYTOCICS	116
PASSIVE IMMUNIZING AND TREATMENT AGENTS	116
PENICILLINS	117
PROGESTINS	118
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	118
RESPIRATORY AGENTS - MISC.	124
TETRACYCLINES	124
THYROID AGENTS	125
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	125
URINARY ANTISPASMODICS	127
VAGINAL AND RELATED PRODUCTS	128
VASOPRESSORS	129
VITAMINS	129

Drug	Status	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	Brand	PA; QL (30 EA per 30 days)
ALLI ORAL CAPSULE 60 MG	Brand	PA
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Generic	PA; QL (30 Tablets per 30 days)
<i>armodafinil oral tablet 50 mg</i>	Generic	PA; QL (60 Tablets per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Generic	QL (60 EA per 30 days)
BELVIQ ORAL TABLET 10 MG	Brand	PA
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	Brand	PA
<i>benzphetamine hcl oral tablet 25 mg, 50 mg</i>	Generic	PA
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	Generic	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Generic	PA; QL (4 tablets per 1 day)
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	Brand	PA
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	Brand	PA; QL (30 patches per 30 days)
DEXEDRINE ORAL TABLET 10 MG, 5 MG	Brand	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg</i>	Generic	PA; QL (30 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (1200 mL per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	Generic	PA
<i>diethylpropion hcl oral tablet 25 mg</i>	Generic	PA
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	Brand	PA; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	Brand	PA
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Generic	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Brand	PA
<i>methamphetamine hcl oral tablet 5 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (150 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 30 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg</i>	Generic	PA; QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (900 mL per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	Generic	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Generic	PA; QL (30 EA per 30 days)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	Generic	PA
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Generic	PA
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	Generic	PA
<i>phentermine hcl oral tablet 37.5 mg</i>	Generic	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	Brand	PA; QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	Brand	PA; QL (60 EA per 30 days)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Brand	PA
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	Brand	PA; QL (360 mL per 30 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
SUNOSI ORAL TABLET 150 MG, 75 MG	Brand	PA; QL (30 EA per 30 days)
SUPRENZA ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 37.5 MG	Brand	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Brand	PA; QL (30 EA per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Brand	PA; QL (2 EA per 1 day)
XENICAL ORAL CAPSULE 120 MG	Brand	PA
ZENZEDI ORAL TABLET 10 MG, 5 MG	Brand	PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Brand	PA
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR	Brand	PA
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR	Brand	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Brand	PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Brand	PA
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Brand	PA
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Brand	PA
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	Brand	PA
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Brand	PA
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Brand	PA
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Brand	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	Brand	PA
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Brand	PA
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Brand	PA
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Brand	PA
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Brand	PA
AMEBICIDES		
SOLOSEC ORAL PACKET 2 GM	Brand	PA
AMINOGLYCOSIDES		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Brand	
<i>neomycin sulfate oral tablet 500 mg</i>	Generic	
<i>paromomycin sulfate oral capsule 250 mg</i>	Generic	
TOBI PODHALER INHALATION CAPSULE 28 MG	Brand	PA; SP; QL (8 EA per 1 day)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Generic	
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Brand	PA; SP; QL (4 Syringes per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML	Medical Benefit	PA; QL (4 vials per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 400 MG/20ML	Medical Benefit	PA; QL (2 vials per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4ML	Medical Benefit	PA; QL (10 vials per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Brand	PA; SP; QL (4 syringes per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Brand	PA; SP; QL (4 Vials per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Generic	
<i>diclofenac potassium oral tablet 50 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Generic	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Generic	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Brand	PA; SP; QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Brand	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Brand	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Brand	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Brand	PA; SP; QL (8 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION 50 MG/ML	Brand	PA; SP; QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Brand	PA; SP; QL (4 syringes per 28 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Generic	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Generic	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Generic	
<i>fenoprofen calcium oral tablet 600 mg</i>	Generic	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Generic	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Brand	PA; SP; QL (1 fill per 1 lifetime)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Brand	PA; SP; ¥ (1 Fill per life of plan); QL (1 Fill per 1 Lifetime)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Brand	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Brand	PA; SP; QL (1 Fill per 1 Lifetime)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Brand	PA; SP; ¥ (1 Fill per life of plan); QL (1 Fill per 1 Lifetime)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Brand	PA; SP; QL (1 Fill per 1 Lifetime)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Brand	PA; SP; QL (1 Fill per 1 Lifetime)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Brand	PA; SP; QL (1 Fill per 1 Lifetime)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	Brand	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Brand	PA; SP; QL (2 syringes per 28 days)
<i>ibuprofen oral suspension 100 mg/5ml</i>	Generic	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Generic	
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG	Medical Benefit	PA
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Medical Benefit	PA
<i>indomethacin er oral capsule extended release 75 mg</i>	Generic	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Generic	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	Generic	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Generic	
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	Generic	¥ (Max of 5 days per Rx); QL (120 MG per 1 day)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	Generic	¥ (Max of 5 days per Rx); QL (120 mg per 1 day)
<i>ketorolac tromethamine nasal solution 15.75 mg/spray</i>	Generic	PA; ¥ (Max of 5 days per Rx); QL (4 units per 1 day)
<i>ketorolac tromethamine oral tablet 10 mg</i>	Generic	QL (20 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Brand	PA; SP; QL (2.28 ML per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Brand	PA; QL (2.28 ML per 30 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Brand	PA; QL (28 Syringes per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Generic	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Generic	
<i>mefenamic acid oral capsule 250 mg</i>	Generic	PA
<i>meloxicam oral suspension 7.5 mg/5ml</i>	Generic	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Generic	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Generic	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	Generic	
<i>naproxen oral suspension 125 mg/5ml</i>	Generic	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Generic	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	Generic	
OLUMIANT ORAL TABLET 1 MG, 2 MG	Brand	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Brand	PA; SP; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Medical Benefit	PA; QL (4 VIALS per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Brand	PA; SP; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	Brand	PA; QL (1.6 ML per 28 days)
OTEZLA ORAL TABLET 30 MG	Brand	PA; SP; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Brand	PA; SP; QL (1 Fill per 1 Lifetime)
<i>oxaprozin oral tablet 600 mg</i>	Generic	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Generic	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Brand	PA; SP; QL (30 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Medical Benefit	PA; QL (5 vials per 8 Weeks)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Brand	PA; SP; QL (1 syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Brand	PA; SP; QL (1 syringe per 28 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Generic	
<i>tolmetin sodium oral capsule 400 mg</i>	Generic	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	Generic	
XELJANZ ORAL SOLUTION 1 MG/ML	Brand	PA; SP; QL (10 mL per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	Brand	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Brand	PA; SP; QL (1 EA per 1 day)
ANALGESICS - NONNARCOTIC		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Generic	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	Generic	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Generic	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Generic	QL (180 EA per 30 days)
<i>choline & mag trisalicylate oral tablet 1000 mg</i>	Generic	
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	Generic	
<i>diflunisal oral tablet 500 mg</i>	Generic	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Generic	
ANALGESICS - OPIOID		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	Brand	PA
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	Generic	QL (12 EA per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Generic	QL (12 EA per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	Generic	QL (6 EA per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Generic	¥ (Max of 4 g of acetaminophen or 360 mg of codeine); QL (150 ML per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Generic	QL (12 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Generic	QL (6 EA per 1 day)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Brand	PA; QL (168 EA per 14 days)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG	Brand	PA; QL (3 EA per 1 day)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Generic	QL (180 EA per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Brand	PA; QL (60 Films per 30 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	Brand	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	Brand	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Generic	PA
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg</i>	Generic	¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Generic	¥ (Max of 32 mg/day for the first 6 months); QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Generic	¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Generic	¥ (Max of 32 mg/day for the first 6 months); QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Generic	¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Generic	PA; QL (4 EA per 28 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Generic	QL (180 EA per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	Generic	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Generic	QL (360 mg per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	Brand	PA; QL (2 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Generic	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Generic	PA; QL (10 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG	Brand	PA; QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Generic	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	Generic	QL (6 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	Generic	QL (8 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Generic	QL (5 EA per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	Generic	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Generic	QL (20 ML per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	Generic	QL (10 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	Generic	QL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	Generic	QL (2 EA per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>	Generic	QL (4 EA per 1 day)
IBUDONE ORAL TABLET 10-200 MG, 5-200 MG	Generic	QL (5 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Brand	PA; QL (2 EA per 1 day)
<i>meperidine hcl oral solution 50 mg/5ml</i>	Generic	QL (90 ML per 1 day)
<i>meperidine hcl oral tablet 100 mg</i>	Generic	QL (9 EA per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	Generic	QL (18 EA per 1 day)
<i>methadone hcl injection solution 10 mg/ml</i>	MB/RX	PA; ¥ (PA applies to Pharmacy Benefit only); QL (2 ML per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
METHADONE HCL INTENSOL CONCENTRATE 10 MG/ML ORAL 10 MG/ML	Generic	PA; QL (2 ML per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	Generic	PA; QL (10 ML per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	Generic	PA; QL (20 ML per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	Generic	PA; QL (2 EA per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	Generic	PA; QL (3 EA per 1 day)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG	Brand	PA; QL (60 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Generic	QL (4.5 ML per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Generic	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	Generic	PA; QL (2 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Generic	PA; QL (3 EA per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	Generic	QL (45 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	Generic	QL (22.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	Generic	QL (6 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	Generic	QL (3 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Brand	PA; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG	Brand	PA; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	Brand	PA; QL (4 EA per 1 day)
NUCYNTA ORAL TABLET 75 MG	Brand	PA; QL (3 EA per 1 day)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG	Brand	PA; QL (2 EA per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse- deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Generic	PA; QL (2 EA per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	Generic	QL (12 EA per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Generic	QL (3 ML per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Generic	QL (60 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>	Generic	QL (6 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	Generic	QL (4 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	Generic	QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Generic	QL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	Generic	QL (60 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Generic	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Generic	QL (8 EA per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Generic	QL (12 EA per 1 day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	Generic	PA; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Brand	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Generic	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	Generic	PA; QL (3 EA per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	Generic	PA; QL (6 EA per 1 day)
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT 74.2 MG	Medical Benefit	PA
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	Medical Benefit	PA
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Generic	PA; QL (1 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	Generic	PA; QL (1 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	Generic	PA; QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	Generic	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Generic	QL (240 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	Brand	PA; QL (2 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	Brand	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (2 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	Brand	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG	Brand	PA; ¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)
ANDROGENS-ANABOLIC		
ANADROL-50 ORAL TABLET 50 MG	Brand	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	Brand	PA
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	Medical Benefit	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Generic	
JATENZO ORAL CAPSULE 158 MG, 237 MG	Brand	PA; QL (2 EA per 1 day)
JATENZO ORAL CAPSULE 198 MG	Brand	PA; QL (4 EA per 1 day)
<i>methitest oral tablet 10 mg</i>	Brand	PA
<i>methyltestosterone oral capsule 10 mg</i>	Generic	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Generic	PA
STRIANT BUCCAL 30 MG	Brand	PA
TESTOPEL IMPLANT PELLETT 75 MG	Medical Benefit	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Generic	
<i>testosterone enanthate injection solution 200 mg/ml</i>	Generic	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Generic	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	Generic	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>testosterone transdermal solution 30 mg/act</i>	Generic	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Brand	PA
ANORECTAL AND RELATED PRODUCTS		
COLOCORT RECTAL ENEMA 100 MG/60ML	Generic	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	Generic	
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %, 2.5-1 %</i>	Generic	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Generic	
<i>hydrocortisone rectal cream 1 %, 2.5 %</i>	Generic	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Generic	
<i>pramcort rectal cream 1-1 %</i>	Generic	
PROCTO-PAK RECTAL CREAM 1 %	Generic	
PROCTOSOL HC RECTAL CREAM 2.5 %	Generic	
PROCTOZONE-HC RECTAL CREAM 2.5 %	Generic	
UCERIS RECTAL FOAM 2 MG/ACT	Brand	PA
ANTHELMINTICS		
<i>albendazole oral tablet 200 mg</i>	Generic	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Brand	
<i>ivermectin oral tablet 3 mg</i>	Generic	QL (20 tablets per 90 days)
<i>praziquantel oral tablet 600 mg</i>	Generic	
ANTIANGINAL AGENTS		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>nitroglycerin translingual aerosol solution 400 mcg/spray</i>	Generic	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Generic	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
ANTI-ANXIETY AGENTS		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Generic	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Generic	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Generic	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Generic	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Generic	
<i>buspirone hcl oral tablet 30 mg</i>	Generic	PA
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Generic	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Generic	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Generic	
<i>diazepam oral concentrate 5 mg/ml</i>	Generic	
<i>diazepam oral solution 1 mg/ml, 5 mg/5ml</i>	Generic	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Generic	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Generic	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Generic	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Generic	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Generic	
<i>lorazepam oral concentrate 2 mg/ml</i>	Generic	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Generic	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ANTIARRHYTHMICS		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Generic	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>quinidine sulfate er oral tablet extended release 300 mg</i>	Generic	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Brand	PA
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	Generic	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Generic	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Generic	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Generic	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Generic	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	Brand	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	Brand	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Brand	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Brand	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	Brand	PA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Generic	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act</i>	Generic	PA
<i>budesonide-formoterol fumarate inhalation aerosol 80-4.5 mcg/act</i>	Generic	PA; ¥ (PA applies to members 0-5 years of age and members 12 years of age and older (no PA required for members 6 through 11 years of age))
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	Medical Benefit	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Brand	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Generic	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Brand	PA
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Brand	PA
<i>epinephrine hcl injection solution 1 mg/ml</i>	Generic	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Brand	PA; SP; QL (1 ML per 56 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Medical Benefit	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	Generic	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	Brand	
<i>ipratropium bromide inhalation solution 0.02 %</i>	Generic	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Generic	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	Generic	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Generic	
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	Generic	
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	Generic	
<i>montelukast sodium oral packet 4 mg</i>	Generic	STPA; ¥ (Covered for members 6 through 23 months of age. Can be filled for up to a 90 day supply.)
<i>montelukast sodium oral tablet 10 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Brand	PA; QL (3 auto-injectors per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Brand	PA; QL (3 syringes per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT, 108 MCG/ACT	Brand	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Brand	PA
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT	Brand	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Brand	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	Brand	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Brand	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Generic	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>theophylline oral solution 80 mg/15ml</i>	Generic	¥ (Can be filled for up to a 90 day supply)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Generic	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Medical Benefit	PA; QL (6 vials per 28 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Brand	¥ (Can be filled for up to a 90 day supply)
ANTICOAGULANTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	Brand	QL (1 Pack per 1 Lifetime)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Brand	QL (60 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Generic	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Generic	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Generic	
<i>heparin (porcine) in nacl intravenous solution 5000-0.9 ut/500ml-%</i>	Brand	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 2500 unit/ml, 5000 unit/ml</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG	Brand	QL (24 vials per 12 days)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Brand	QL (60 EA per 30 days)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Generic	
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Brand	PA
BANZEL ORAL SUSPENSION 40 MG/ML	Brand	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	Brand	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Brand	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Generic	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Generic	
<i>carbamazepine oral suspension 100 mg/5ml</i>	Generic	
<i>carbamazepine oral tablet 200 mg</i>	Generic	
<i>carbamazepine oral tablet chewable 100 mg</i>	Generic	
<i>clobazam oral suspension 2.5 mg/ml</i>	Generic	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	Generic	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Generic	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Brand	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	Brand	PA
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Generic	QL (1 System per 1 Rx)
DILANTIN ORAL CAPSULE 30 MG	Brand	PA; ¥ (PA applies to members 6 years and under)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Generic	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Generic	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Generic	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
EPITOL ORAL TABLET 200 MG	Generic	
<i>ethosuximide oral capsule 250 mg</i>	Generic	
<i>ethosuximide oral solution 250 mg/5ml</i>	Generic	
<i>felbamate oral suspension 600 mg/5ml</i>	Generic	PA
<i>felbamate oral tablet 400 mg, 600 mg</i>	Generic	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Brand	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Brand	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Brand	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Generic	
<i>gabapentin oral solution 250 mg/5ml</i>	Generic	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Generic	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Generic	PA
<i>lamotrigine odt oral tablet dispersible 25 mg, 50 mg</i>	Generic	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	Generic	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Generic	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Generic	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Generic	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Generic	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Generic	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Generic	
<i>lamotrigine titration oral kit 25 & 50 & 100 mg, 25 (21)-50 (7) mg, 50 (42)-100(14) mg</i>	Generic	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Generic	PA
<i>levetiracetam oral solution 100 mg/ml</i>	Generic	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Brand	PA
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Generic	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Generic	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	Brand	PA
PEGANONE ORAL TABLET 250 MG	Brand	PA
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Generic	
<i>phenytoin oral suspension 125 mg/5ml</i>	Generic	
<i>phenytoin oral tablet chewable 50 mg</i>	Generic	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Generic	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Generic	PA; QL (3 capsules per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	Generic	PA; QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	Generic	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Generic	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	Brand	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Brand	PA
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	Generic	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Generic	PA
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Generic	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Generic	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	Brand	PA
<i>valproic acid oral capsule 250 mg</i>	Generic	
<i>valproic acid oral solution 250 mg/5ml</i>	Generic	
<i>valproic acid oral syrup 250 mg/5ml</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Brand	PA; QL (1 box per 1 fill)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	Brand	PA; QL (1 box per 1 fill)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	Brand	PA; QL (1 box per 1 fill)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Brand	PA; QL (1 box per 1 fill)
<i>vigabatrin oral packet 500 mg</i>	Generic	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	Generic	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	Brand	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Brand	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	Brand	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Brand	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Brand	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Brand	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Generic	
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Generic	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Generic	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Generic	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Generic	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Generic	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Generic	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Generic	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Generic	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Generic	PA; STPA
<i>desvenlafaxine fumarate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Brand	PA; STPA
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Generic	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Generic	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Brand	PA; QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Brand	PA; QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Generic	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Brand	PA; QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Generic	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Generic	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Brand	PA; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Brand	PA; QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	Generic	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Generic	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Generic	PA
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	Generic	PA
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Generic	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Generic	PA
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	Generic	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Generic	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Generic	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Generic	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Generic	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Generic	
OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	Brand	PA
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Generic	PA
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Generic	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Generic	
<i>phenelzine sulfate oral tablet 15 mg</i>	Generic	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	Brand	STPA
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Generic	PA
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Generic	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Generic	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Medical Benefit	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Medical Benefit	PA
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Generic	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Generic	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Generic	PA
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Brand	PA; QL (30 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Generic	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Generic	STPA
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Generic	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Brand	PA; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Brand	PA
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML	Medical Benefit	PA
ANTIDIABETICS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG, 30-1000 MG	Brand	PA
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	Brand	PA
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	Brand	PA
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Brand	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Brand	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (2 EA per 1 day)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
AVANDAMET ORAL TABLET 2-1000 MG	Brand	PA
AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG	Brand	PA
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Brand	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	Brand	PA
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	Brand	PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION 10 MCG/0.04ML	Brand	PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Brand	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION 5 MCG/0.02ML	Brand	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Brand	PA
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>diazoxide oral suspension 50 mg/ml</i>	Generic	
FARXIGA ORAL TABLET 10 MG, 5 MG	Brand	PA; QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>glipizide oral tablet 10 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Generic	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Brand	
<i>glucagon emergency injection kit 1 mg</i>	Generic	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Brand	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
HUMALOG MIX 50/50 PEN SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Brand	
HUMALOG MIX 50/50 PEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (50-50) 100 UNIT/ML	Brand	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Brand	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML	Brand	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Brand	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Brand	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Brand	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Brand	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Brand	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 500 UNIT/ML	Brand	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	Generic	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	Generic	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	Generic	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Brand	PA; QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Brand	PA; QL (60 Tablets per 30 days)
INVOKANA ORAL TABLET 100 MG	Brand	PA; QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	Brand	PA; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Brand	PA; QL (1 EA per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
KORLYM ORAL TABLET 300 MG	Brand	PA
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>metformin hcl oral solution 500 mg/5ml</i>	Generic	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Brand	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Brand	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Brand	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Brand	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Brand	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Brand	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Brand	PA
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Brand	PA
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Brand	PA; QL (1 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	Brand	PA; QL (2 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Brand	PA; QL (1 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Brand	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Brand	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Brand	PA; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	Brand	PA; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	Brand	PA; QL (2 EA per 1 day)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG	Brand	PA
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>tolbutamide oral tablet 500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Brand	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Brand	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Brand	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Brand	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	Brand	PA; QL (1 EA per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	Brand	PA; QL (2 EA per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Generic	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Generic	
<i>loperamide hcl oral capsule 2 mg</i>	Generic	
<i>opium oral tincture 10 mg/ml (1%)</i>	Generic	
<i>paregoric oral tincture 2 mg/5ml</i>	Generic	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Generic	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	Brand	PA
FERRIPROX ORAL TABLET 1000 MG, 500 MG	Brand	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	Brand	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	Brand	PA
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Generic	
<i>naltrexone hcl oral tablet 50 mg</i>	Generic	
NARCAN NASAL LIQUID 4 MG/0.1ML	Brand	QL (1 Units per 1 RX)
VISTOGARD ORAL PACKET 10 GM	Brand	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Medical Benefit	
ANTIEMETICS		
AKYNZEO ORAL CAPSULE 300-0.5 MG	Brand	PA; QL (1 EA per 1 Fill)
ANZEMET ORAL TABLET 100 MG	Brand	PA; QL (10 EA per 1 fill)
ANZEMET ORAL TABLET 50 MG	Brand	PA; QL (5 EA per 1 fill)
<i>aprepitant oral 80 & 125 mg</i>	Generic	QL (6 EA per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	Generic	QL (6 EA per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	Brand	PA
CESAMET ORAL CAPSULE 1 MG	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>dimenhydrinate oral tablet 50 mg</i>	Generic	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	Generic	PA
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Generic	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 & 125 MG, 80 MG	Brand	PA; QL (6 EA per 1 Rx)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Brand	PA; QL (3 Units per 7 days)
<i>granisetron hcl oral tablet 1 mg</i>	Generic	QL (14 EA per 1 Fill)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Generic	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	Generic	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Generic	QL (105 ML per 1 Fill)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Generic	QL (21 EA per 1 Fill)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Generic	QL (21 EA per 1 Fill)
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Brand	PA
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Generic	
SYNDROS ORAL SOLUTION 5 MG/ML	Brand	PA
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Generic	
VARUBI ORAL TABLET 90 MG	Brand	PA; ¥ (Max of 6 tablets per 30 days); QL (2 Tablets per 1 Fill)
ANTIFUNGALS		
CRESEMBA ORAL CAPSULE 186 MG	Brand	PA
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Generic	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Generic	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Generic	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Generic	
<i>griseofulvin microsize oral tablet 500 mg</i>	Generic	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Generic	
<i>itraconazole oral capsule 100 mg</i>	Generic	
<i>ketoconazole oral tablet 200 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
LAMISIL ORAL PACKET 125 MG, 187.5 MG	Brand	PA; ¥ (Max of 6 weeks); QL (2 Packets per 1 day)
NOXAFIL ORAL SUSPENSION 40 MG/ML	Brand	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	Brand	PA
<i>nystatin oral powder</i>	Generic	
<i>nystatin oral tablet 500000 unit</i>	Generic	
<i>terbinafine hcl oral tablet 250 mg</i>	Generic	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Generic	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Generic	PA
ANTIHIISTAMINES		
<i>cetirizine hcl oral solution 1 mg/ml</i>	Generic	PA
<i>cetirizine hcl oral syrup 1 mg/ml</i>	Generic	PA
CLARINEX ORAL SYRUP 0.5 MG/ML	Brand	PA
<i>clemastine fumarate oral tablet 2.68 mg</i>	Generic	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Generic	
<i>cyproheptadine hcl oral tablet 4 mg</i>	Generic	
<i>desloratadine oral tablet 5 mg</i>	Generic	PA
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Generic	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Generic	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Generic	PA
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Generic	PA
PHENERGAN RECTAL SUPPOSITORY 12.5 MG	Generic	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Generic	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Generic	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Generic	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Generic	
ANTIHYPERLIPIDEMICS		
ANTARA ORAL CAPSULE 30 MG, 90 MG	Brand	PA
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>cholestyramine light oral packet 4 gm</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine light oral powder 4 gm/dose</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine oral packet 4 gm</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>cholestyramine oral powder 4 gm/dose</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>colesevelam hcl oral tablet 625 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>colestipol hcl oral packet 5 gm</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>colestipol hcl oral tablet 1 gm</i>	Generic	¥ (Can be filled for up to a 90 day supply)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Brand	PA; QL (30 EA per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	Brand	PA
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>gemfibrozil oral tablet 600 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>icosapent ethyl oral capsule 1 gm</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Brand	PA; QL (30 EA per 30 days)
KYNAMRO SUBCUTANEOUS SOLUTION 200 MG/ML	Brand	SP; QL (4 EA per 28 days)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Brand	SP; QL (4 EA per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Brand	PA; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>micronized colestipol hcl oral tablet 1 gm</i>	Generic	¥ (Can be filled for up to a 90 day supply)
NEXLETOL ORAL TABLET 180 MG	Brand	PA
NEXLIZET ORAL TABLET 180-10 MG	Brand	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
NIACOR ORAL TABLET 500 MG	Generic	¥ (Can be filled for up to a 90 day supply)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Brand	PA; Preferred product; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Brand	PA; Preferred product; QL (2 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Brand	PA; Preferred product; QL (2 ML per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
VASCEPA ORAL CAPSULE 0.5 GM	Brand	PA
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ANTIHYPERTENSIVES		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Generic	STPA; ¥ (Can be filled for up to a 90 day supply)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Generic	
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Generic	
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG	Generic	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
EDARBI ORAL TABLET 40 MG, 80 MG	Brand	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>eprosartan mesylate oral tablet 600 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Generic	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>metyrosine oral capsule 250 mg</i>	Generic	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Generic	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>reserpine oral tablet 0.1 mg, 0.25 mg</i>	Generic	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Brand	PA; QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	Brand	PA; QL (12 EA per 1 Fill)
<i>atovaquone oral suspension 750 mg/5ml</i>	Generic	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Brand	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Generic	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Generic	
<i>dapsone oral tablet 100 mg, 25 mg</i>	Brand	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	Brand	QL (2 Bottles per 10 days)
<i>fosfomycin tromethamine oral packet 3 gm</i>	Generic	
HYOPHEN ORAL TABLET 81.6 MG	Generic	
IMPAVIDO ORAL CAPSULE 50 MG	Brand	
LAMPIT ORAL TABLET 120 MG, 30 MG	Brand	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Generic	QL (60 ML per 1 day)
<i>linezolid oral tablet 600 mg</i>	Generic	QL (2 tablets per 1 day)
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	Generic	
<i>methenamine hippurate oral tablet 1 gm</i>	Generic	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	Generic	
<i>metronidazole oral capsule 375 mg</i>	Generic	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Generic	
<i>nitazoxanide oral tablet 500 mg</i>	Generic	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Generic	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Generic	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Generic	
PHOSPHASAL ORAL TABLET 81.6 MG	Generic	
SIVEXTRO ORAL TABLET 200 MG	Brand	PA; QL (6 EA per 365 days)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Generic	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Generic	
<i>trimethoprim oral tablet 100 mg</i>	Generic	
URIMAR-T ORAL TABLET 120 MG	Generic	
UROLET MB ORAL TABLET 81.6 MG	Generic	
UROPHEN MB ORAL TABLET 81.6 MG	Generic	
URLY ORAL TABLET 81.6 MG	Generic	
XENLETA ORAL TABLET 600 MG	Brand	PA
XIFAXAN ORAL TABLET 200 MG	Brand	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Brand	PA; QL (2 tablets per 1 day)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Generic	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Generic	
COARTEM ORAL TABLET 20-120 MG	Brand	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Generic	
KRINTAFEL ORAL TABLET 150 MG	Brand	QL (2 EA per 1 Fill)
<i>mefloquine hcl oral tablet 250 mg</i>	Generic	
<i>quinine sulfate oral capsule 324 mg</i>	Generic	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE ORAL TABLET 10 MG	Brand	PA
<i>guanidine hcl oral tablet 125 mg</i>	Brand	PA
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Generic	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Generic	
RUZURGI ORAL TABLET 10 MG	Brand	PA
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine oral capsule 250 mg</i>	Generic	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Generic	
<i>isoniazid oral syrup 50 mg/5ml</i>	Generic	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Generic	
PASER ORAL PACKET 4 GM	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>pretomanid oral tablet 200 mg</i>	Brand	PA
PRIFTIN ORAL TABLET 150 MG	Brand	PA
<i>pyrazinamide oral tablet 500 mg</i>	Generic	
<i>rifabutin oral capsule 150 mg</i>	Generic	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Generic	
SIRTURO ORAL TABLET 100 MG, 20 MG	Brand	PA
TRECATOR ORAL TABLET 250 MG	Brand	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
<i>abiraterone acetate oral tablet 250 mg</i>	Generic	PA; SP
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Medical Benefit	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Brand	SP
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Brand	PA; SP
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Brand	PA; SP
ALECENSA ORAL CAPSULE 150 MG	Brand	PA; SP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	Medical Benefit	PA
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	Medical Benefit	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Brand	PA; SP
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Brand	PA; SP
<i>anastrozole oral tablet 1 mg</i>	Generic	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Brand	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Brand	PA
<i>bexarotene oral capsule 75 mg</i>	Generic	
<i>bicalutamide oral tablet 50 mg</i>	Generic	
BOSULIF ORAL TABLET 100 MG, 500 MG	Brand	PA; SP
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Brand	PA
BRUKINSA ORAL CAPSULE 80 MG	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Brand	PA; SP
CALQUENCE ORAL CAPSULE 100 MG	Brand	PA
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Generic	
CAPRELSA ORAL TABLET 100 MG, 300 MG	Brand	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	Brand	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	Brand	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Brand	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Brand	PA
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Medical Benefit	PA
COTELLIC ORAL TABLET 20 MG	Brand	PA; SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Generic	
DAURISMO ORAL TABLET 100 MG, 25 MG	Brand	PA
EMCYT ORAL CAPSULE 140 MG	Brand	
ERIVEDGE ORAL CAPSULE 150 MG	Brand	PA; SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Generic	SP
<i>etoposide oral capsule 50 mg</i>	Generic	SP
<i>exemestane oral tablet 25 mg</i>	Generic	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Brand	PA; SP
<i>flutamide oral capsule 125 mg</i>	Generic	
GAVRETO ORAL CAPSULE 100 MG	Brand	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Brand	PA
GLEOSTINE ORAL CAPSULE 5 MG	Brand	SP
HEXALEN ORAL CAPSULE 50 MG	Brand	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Brand	PA; SP
<i>hydroxyurea oral capsule 500 mg</i>	Generic	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Brand	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Brand	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Brand	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	Brand	PA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Generic	SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Brand	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Brand	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Brand	PA; SP
INQOVI ORAL TABLET 35-100 MG	Brand	PA
INREBIC ORAL CAPSULE 100 MG	Brand	PA; SP
IRESSA ORAL TABLET 250 MG	Brand	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Brand	PA; SP
KISQALI 200 DOSE ORAL TABLET 200 MG	Brand	PA
KISQALI 400 DOSE ORAL TABLET 200 MG	Brand	PA
KISQALI 600 DOSE ORAL TABLET 200 MG	Brand	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Brand	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	Generic	PA; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Brand	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Brand	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Brand	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Brand	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Brand	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>letrozole oral tablet 2.5 mg</i>	Generic	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Generic	
LEUKERAN ORAL TABLET 2 MG	Brand	
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Generic	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Brand	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Brand	PA; SP
LUMAKRAS ORAL TABLET 120 MG	Brand	PA; SP
LYNPARZA ORAL CAPSULE 50 MG	Brand	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Brand	PA
LYSODREN ORAL TABLET 500 MG	Brand	
MATULANE ORAL CAPSULE 50 MG	Brand	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	Generic	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Generic	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Brand	PA; SP
MEKTOVI ORAL TABLET 15 MG	Brand	PA
<i>melphalan oral tablet 2 mg</i>	Generic	
<i>mercaptopurine oral tablet 50 mg</i>	Generic	
MESNEX ORAL TABLET 400 MG	Brand	
<i>methotrexate oral tablet 2.5 mg</i>	Generic	
MYLERAN ORAL TABLET 2 MG	Brand	
NERLYNX ORAL TABLET 40 MG	Brand	PA
NEXAVAR ORAL TABLET 200 MG	Brand	PA; SP
<i>nilutamide oral tablet 150 mg</i>	Generic	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Brand	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Brand	PA
ONUREG ORAL TABLET 200 MG, 300 MG	Brand	PA; SP
ORGOVYX ORAL TABLET 120 MG	Brand	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	Medical Benefit	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Brand	PA; SP
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Brand	PA; SP
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Brand	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Brand	PA; SP
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Medical Benefit	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Brand	
QINLOCK ORAL TABLET 50 MG	Brand	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Brand	PA
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Brand	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Brand	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA
RYDAPT ORAL CAPSULE 25 MG	Brand	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Brand	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Brand	PA; SP
STIVARGA ORAL TABLET 40 MG	Brand	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Generic	PA; SP
TABLOID ORAL TABLET 40 MG	Brand	SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Brand	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Brand	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
TAGRISSO ORAL TABLET 40 MG, 80 MG	Brand	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Brand	PA; SP
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Generic	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Brand	PA; SP
TAZVERIK ORAL TABLET 200 MG	Brand	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Generic	
TEPMETKO ORAL TABLET 225 MG	Brand	PA
TIBSOVO ORAL TABLET 250 MG	Brand	PA
<i>toremifene citrate oral tablet 60 mg</i>	Generic	
<i>tretinoin oral capsule 10 mg</i>	Generic	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Brand	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	Brand	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	Brand	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	Brand	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	Brand	PA
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Medical Benefit	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Brand	PA
TURALIO ORAL CAPSULE 200 MG	Brand	PA
UKONIQ ORAL TABLET 200 MG	Brand	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Brand	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Brand	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Brand	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
VITRAKVI ORAL SOLUTION 20 MG/ML	Brand	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Brand	PA; SP
VOTRIENT ORAL TABLET 200 MG	Brand	PA; SP
WELIREG ORAL TABLET 40 MG	Brand	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Brand	PA; SP
XATMEP ORAL SOLUTION 2.5 MG/ML	Brand	PA
XOSPATA ORAL TABLET 40 MG	Brand	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Brand	PA
XTANDI ORAL CAPSULE 40 MG	Brand	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Brand	PA; SP
ZEJULA ORAL CAPSULE 100 MG	Brand	PA
ZELBORAF ORAL TABLET 240 MG	Brand	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	Medical Benefit	PA; QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	Medical Benefit	PA; QL (1 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	Brand	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Brand	PA
ZYKADIA ORAL CAPSULE 150 MG	Brand	PA; SP
ZYKADIA ORAL TABLET 150 MG	Brand	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ANTIPARKINSON AND RELATED THERAPY AGENTS		
<i>amantadine hcl oral capsule 100 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>amantadine hcl oral syrup 50 mg/5ml</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>amantadine hcl oral tablet 100 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Generic	
<i>bromocriptine mesylate oral capsule 5 mg</i>	Generic	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Generic	
<i>carbidopa oral tablet 25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>entacapone oral tablet 200 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	Brand	PA
INBRIJA INHALATION CAPSULE 42 MG	Brand	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Brand	PA
NOURIANZ ORAL TABLET 20 MG, 40 MG	Brand	PA; QL (1 EA per 1 day)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Brand	PA; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	Generic	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>selegiline hcl oral capsule 5 mg</i>	Generic	
<i>selegiline hcl oral tablet 5 mg</i>	Generic	
<i>tolcapone oral tablet 100 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (6 EA per 1 day)
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	Generic	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Generic	
XADAGO ORAL TABLET 100 MG, 50 MG	Brand	PA
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Brand	PA; QL (60 EA per 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	MB/RX	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	MB/RX	PA
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Brand	PA; QL (1 EA per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	Generic	PA; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Generic	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Generic	PA; QL (30 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	MB/RX	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	MB/RX	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Generic	PA; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	Brand	PA; QL (1 capsule per 1 day)
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Generic	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Generic	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Generic	QL (60 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG	Generic	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Brand	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Brand	PA
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Generic	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Generic	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Generic	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Generic	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Generic	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Generic	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Generic	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Generic	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	MB/RX	PA; ¥ (2 vials for first month); QL (1 vial per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	MB/RX	PA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Brand	PA; QL (30 EA per 30 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Generic	
<i>lithium carbonate oral tablet 300 mg</i>	Generic	
<i>lithium oral solution 8 meq/5ml</i>	Generic	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Generic	
NUPLAZID ORAL CAPSULE 34 MG	Brand	PA; SP; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	Brand	PA; SP; QL (60 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	Brand	PA; SP; QL (60 Tablets per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Generic	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Generic	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Generic	PA; QL (30 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Generic	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	MB/RX	PA; QL (1 Syringe per 30 days)
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	Generic	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Generic	
<i>prochlorperazine rectal suppository 25 mg</i>	Generic	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Generic	PA
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Generic	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Brand	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG	MB/RX	PA; QL (2 injections per 28 days)
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Generic	
<i>risperidone oral solution 1 mg/ml</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Generic	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	Generic	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Generic	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Brand	PA
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Generic	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Generic	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Generic	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Brand	PA
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Brand	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Generic	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	MB/RX	PA; QL (2 vials per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	MB/RX	PA; QL (1 vial per 28 days)
ANTIVIRALS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Generic	
<i>abacavir sulfate oral tablet 300 mg</i>	Generic	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Generic	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Generic	
<i>acyclovir oral capsule 200 mg</i>	Generic	
<i>acyclovir oral suspension 200 mg/5ml</i>	Generic	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Generic	
<i>adefovir dipivoxil oral tablet 10 mg</i>	Generic	
APTIVUS ORAL CAPSULE 250 MG	Brand	
APTIVUS ORAL SOLUTION 100 MG/ML	Brand	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	Generic	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Brand	
BIKTARVY ORAL TABLET 50-200-25 MG	Brand	
CIMDUO ORAL TABLET 300-300 MG	Brand	
COMPLERA ORAL TABLET 200-25-300 MG	Brand	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Brand	
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	Brand	PA; SP
DELSTRIGO ORAL TABLET 100-300-300 MG	Brand	
DESCOVY ORAL TABLET 200-25 MG	Brand	
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	Generic	
DOVATO ORAL TABLET 50-300 MG	Brand	
EDURANT ORAL TABLET 25 MG	Brand	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Generic	
<i>efavirenz oral tablet 600 mg</i>	Generic	
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	Generic	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Generic	
<i>emtricitabine oral capsule 200 mg</i>	Generic	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Generic	
EMTRIVA ORAL SOLUTION 10 MG/ML	Brand	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Generic	
EPCLUSA ORAL TABLET 400-100 MG	Brand	PA; SP
<i>etravirine oral tablet 100 mg, 200 mg</i>	Generic	
EVOTAZ ORAL TABLET 300-150 MG	Brand	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Generic	
<i>fosamprenavir calcium oral tablet 700 mg</i>	Generic	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Brand	SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
GENVOYA ORAL TABLET 150-150-200-10 MG	Brand	
HARVONI ORAL TABLET 45-200 MG	Brand	PA; SP; QL (30 EA per 30 days)
HARVONI ORAL TABLET 90-400 MG	Brand	PA; SP
INTELENCE ORAL TABLET 25 MG	Brand	
INVIRASE ORAL CAPSULE 200 MG	Brand	
INVIRASE ORAL TABLET 500 MG	Brand	
ISENTRESS HD ORAL TABLET 600 MG	Brand	
ISENTRESS ORAL PACKET 100 MG	Brand	
ISENTRESS ORAL TABLET 400 MG	Brand	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Brand	
JULUCA ORAL TABLET 50-25 MG	Brand	
KALETRA ORAL SOLUTION 400-100 MG/5ML	Brand	
<i>lamivudine oral solution 10 mg/ml</i>	Generic	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	Generic	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Generic	
LEXIVA ORAL SUSPENSION 50 MG/ML	Brand	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Generic	
MAVYRET ORAL TABLET 100-40 MG	Brand	SP
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	Generic	
<i>nevirapine oral suspension 50 mg/5ml</i>	Generic	
<i>nevirapine oral tablet 200 mg</i>	Generic	
NORVIR ORAL CAPSULE 100 MG	Brand	
NORVIR ORAL PACKET 100 MG	Brand	
NORVIR ORAL SOLUTION 80 MG/ML	Brand	
ODEFSEY ORAL TABLET 200-25-25 MG	Brand	
OLYSIO ORAL CAPSULE 150 MG	Brand	PA; SP
<i>oseltamivir phosphate oral capsule 30 mg</i>	Generic	¥ (Max of 2 fills per year); QL (20 EA per 1 Fill)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Generic	¥ (Max of 2 fills per year); QL (10 EA per 1 Fill)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Generic	¥ (Max of 2 fills per year); QL (180 ML per 1 Fill)
PIFELTRO ORAL TABLET 100 MG	Brand	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	Medical Benefit	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Brand	PA
PREZCOBIX ORAL TABLET 800-150 MG	Brand	
PREZISTA ORAL SUSPENSION 100 MG/ML	Brand	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Brand	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	Brand	¥ (Max of 2 fills per year); QL (20 Blisters per 1 Rx)
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	Brand	
REYATAZ ORAL PACKET 50 MG	Brand	
RIBASPHERE ORAL CAPSULE 200 MG	Generic	QL (210 EA per 30 days)
RIBASPHERE ORAL TABLET 200 MG	Generic	QL (210 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	Generic	
<i>ribavirin oral tablet 200 mg</i>	Generic	
<i>rimantadine hcl oral tablet 100 mg</i>	Generic	
<i>ritonavir oral tablet 100 mg</i>	Generic	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Brand	
SELZENTRY ORAL SOLUTION 20 MG/ML	Brand	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	Brand	
SOVALDI ORAL TABLET 200 MG	Brand	PA; SP; QL (60 EA per 30 days)
SOVALDI ORAL TABLET 400 MG	Brand	PA; SP
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Generic	
<i>stavudine oral solution reconstituted 1 mg/ml</i>	Generic	
STRIBILD ORAL TABLET 150-150-200-300 MG	Brand	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
SYMTUZA ORAL TABLET 800-150-200-10 MG	Brand	
TECHNIVIE ORAL TABLET 12.5-75-50 MG	Brand	PA; SP
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Generic	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Brand	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Brand	
TRIUMEQ ORAL TABLET 600-50-300 MG	Brand	
TYBOST ORAL TABLET 150 MG	Brand	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Generic	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Generic	
<i>valganciclovir hcl oral tablet 450 mg</i>	Generic	
VEMLIDY ORAL TABLET 25 MG	Brand	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	Brand	
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG	Brand	PA; SP
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG	Brand	PA; SP
VIRACEPT ORAL TABLET 250 MG, 625 MG	Brand	
VIREAD ORAL POWDER 40 MG/GM	Brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Brand	
VOSEVI ORAL TABLET 400-100-100 MG	Brand	STPA; SP
ZEPATIER ORAL TABLET 50-100 MG	Brand	PA; SP
<i>zidovudine oral capsule 100 mg</i>	Generic	
<i>zidovudine oral syrup 50 mg/5ml</i>	Generic	
<i>zidovudine oral tablet 300 mg</i>	Generic	
BETA BLOCKERS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Generic	PA; STPA; ¥ (Can be filled for up to a 90 day supply)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	Generic	PA
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Generic	STPA
<i>pindolol oral tablet 10 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>sotalol hcl (af) oral tablet 120 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	Brand	PA
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Generic	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 420 MG	Generic	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	Generic	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>nimodipine oral capsule 30 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
CARDIOTONICS		
DIGITEK ORAL TABLET 125 MCG	Generic	¥ (Can be filled for up to a 90 day supply)
DIGITEK ORAL TABLET 250 MCG	Generic	
DIGOX ORAL TABLET 125 MCG, 250 MCG	Generic	
<i>digoxin oral solution 0.05 mg/ml</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Brand	PA; SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Generic	PA; SP; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
BIDIL ORAL TABLET 20-37.5 MG	Brand	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Generic	PA; SP; QL (60 EA per 30 days)
CIALIS ORAL TABLET 5 MG	Brand	PA; QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	Brand	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Brand	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Brand	PA
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	MB/RX	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
OPSUMIT ORAL TABLET 10 MG	Brand	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	Brand	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	Brand	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Medical Benefit	PA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Generic	PA; SP
<i>sildenafil citrate oral tablet 20 mg</i>	Generic	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	Generic	PA; SP; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	Generic	PA; QL (30 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	Brand	PA; SP; QL (120 EA per 30 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML	MB/RX	PA; SP
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	MB/RX	PA; SP
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	MB/RX	PA; SP
UPTRA VI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Brand	PA; SP
UPTRA VI ORAL TABLET THERAPY PACK 200 & 800 MCG	Brand	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	MB/RX	PA; SP; QL (9 Vials per 1 day)
VYNDAMAX ORAL CAPSULE 61 MG	Brand	PA; SP; QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	Brand	PA; SP; QL (120 EA per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Generic	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Generic	
<i>cefadroxil oral capsule 500 mg</i>	Generic	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Generic	
<i>cefadroxil oral tablet 1 gm</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>cefдинир oral capsule 300 mg</i>	Generic	
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Generic	
<i>cefditoren pivoxil oral tablet 200 mg</i>	Generic	
<i>cefixime oral capsule 400 mg</i>	Generic	PA
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Generic	
<i>cefподoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Generic	
<i>cefподoxime proxetil oral tablet 100 mg, 200 mg</i>	Generic	
<i>cefпроzil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Generic	
<i>cefпроzil oral tablet 250 mg, 500 mg</i>	Generic	
<i>ceftibuten oral capsule 400 mg</i>	Generic	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML	Brand	PA
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Generic	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Generic	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Generic	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Generic	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Brand	PA
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG	Brand	PA
CONTRACEPTIVES		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Generic	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Generic	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Generic	
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	Generic	
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	Generic	
AMETHYST ORAL TABLET 90-20 MCG	Generic	
APRI ORAL TABLET 0.15-30 MG-MCG	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Generic	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	Generic	
AUBRA ORAL TABLET 0.1-20 MG-MCG	Generic	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Generic	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Generic	
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Generic	
CAMILA ORAL TABLET 0.35 MG	Generic	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Generic	
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	Generic	
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Generic	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	Generic	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Generic	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	Generic	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	
CYRED ORAL TABLET 0.15-30 MG-MCG	Generic	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	Generic	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	Generic	
DEBLITANE ORAL TABLET 0.35 MG	Generic	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	Generic	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	Generic	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Generic	
ELINEST ORAL TABLET 0.3-30 MG-MCG	Generic	
ELLA ORAL TABLET 30 MG	Brand	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	Generic	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	Generic	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Generic	
ERRIN ORAL TABLET 0.35 MG	Generic	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Generic	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Generic	
FALMINA ORAL TABLET 0.1-20 MG-MCG	Generic	
GIANVI ORAL TABLET 3-0.02 MG	Generic	
GILDAGIA ORAL TABLET 0.4-35 MG-MCG	Generic	
GILDESS 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
GILDESS 1/20 ORAL TABLET 1-20 MG-MCG	Generic	
GILDESS 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	
GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
GILDESS FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	
HEATHER ORAL TABLET 0.35 MG	Generic	
INTROVALE ORAL TABLET 0.15-0.03 MG	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
JENCYCLA ORAL TABLET 0.35 MG	Generic	
JOLESSA ORAL TABLET 0.15-0.03 MG	Generic	
JOLIVETTE ORAL TABLET 0.35 MG	Generic	
JULEBER ORAL TABLET 0.15-30 MG-MCG	Generic	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Generic	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Generic	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Generic	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Generic	
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	
KURVELO ORAL TABLET 0.15-30 MG-MCG	Generic	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Generic	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Generic	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Generic	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
LEVONEST ORAL TABLET 50-30/75-40/125-30 MCG	Generic	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	Generic	
<i>levonorgestrel oral tablet 1.5 mg</i>	Generic	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	Generic	
<i>levonorg-eth estrad triphasic oral tablet</i>	Generic	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Generic	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Generic	
LOMEDIA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Generic	
LORYNA ORAL TABLET 3-0.02 MG	Generic	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Generic	
LUTERA ORAL TABLET 0.1-20 MG-MCG	Generic	
LYZA ORAL TABLET 0.35 MG	Generic	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Generic	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Generic	
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	Generic	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Generic	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Generic	
MONONESSA ORAL TABLET 0.25-35 MG-MCG	Generic	
MY WAY ORAL TABLET 1.5 MG	Generic	
MYZILRA ORAL TABLET 50-30/75-40/ 125-30 MCG	Generic	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Generic	
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG	Generic	
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	Generic	
NECON 10/11 (28) ORAL TABLET 35 MCG	Generic	
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	Generic	
NIKKI ORAL TABLET 3-0.02 MG	Generic	
NORA-BE ORAL TABLET 0.35 MG	Generic	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	Generic	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	Generic	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Generic	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Generic	
<i>norethindrone oral tablet 0.35 mg</i>	Generic	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	Generic	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Generic	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	Generic	
<i>norgestrel-ethinyl estradiol oral tablet 0.3-30 mg-mcg</i>	Generic	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Generic	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Generic	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	
OCELLA ORAL TABLET 3-0.03 MG	Generic	
OGESTREL ORAL TABLET 0.5-50 MG-MCG	Generic	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Generic	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Generic	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Generic	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	Generic	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Generic	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Generic	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Generic	
QUASENSE ORAL TABLET 0.15-0.03 MG	Generic	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Generic	
SETLAKIN ORAL TABLET 0.15-0.03 MG	Generic	
SHAROBEL ORAL TABLET 0.35 MG	Generic	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Generic	
SRONYX ORAL TABLET 0.1-20 MG-MCG	Generic	
SYEDA ORAL TABLET 3-0.03 MG	Generic	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Generic	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Generic	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Generic	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Generic	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Generic	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Generic	
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Generic	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Generic	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	Generic	
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Generic	
VESTURA ORAL TABLET 3-0.02 MG	Generic	
VIENVA ORAL TABLET 0.1-20 MG-MCG	Generic	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Generic	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Generic	
WERA ORAL TABLET 0.5-35 MG-MCG	Generic	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Generic	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Generic	
ZARAH ORAL TABLET 3-0.03 MG	Generic	
ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Generic	
ZENCHENT ORAL TABLET 0.4-35 MG- MCG	Generic	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG- MCG	Generic	
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG- MCG	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
CORTICOSTEROIDS		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Generic	PA
<i>budesonide oral capsule delayed release particles 3 mg</i>	Generic	
<i>cortisone acetate oral tablet 25 mg</i>	Generic	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Generic	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Generic	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Generic	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Brand	PA; QL (26 ML per 30 days)
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Brand	PA; QL (30 EA per 30 days)
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Generic	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Generic	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Generic	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Generic	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	Generic	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	Brand	PA
<i>prednisolone oral solution 15 mg/5ml</i>	Generic	
<i>prednisolone oral syrup 15 mg/5ml</i>	Generic	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Generic	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Generic	
<i>prednisone oral solution 5 mg/5ml</i>	Generic	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Generic	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Generic	
COUGH/COLD/ALLERGY		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Generic	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Brand	PA
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	Generic	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	Generic	QL (60 ML per 1 day)
<i>guaifenesin-codeine oral syrup 100-10 mg/5ml</i>	Generic	QL (60 ML per 1 day)
<i>phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml</i>	Generic	
<i>phenylephrine-guaifenesin oral liquid 1.5-20 mg/ml</i>	Generic	
<i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>	Generic	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	Generic	QL (30 ML per 1 day)
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Generic	QL (30 ML per 1 day)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Generic	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Generic	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	Generic	
SEMPREX-D ORAL CAPSULE 8-60 MG	Brand	PA
DERMATOLOGICALS		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Brand	PA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Generic	
<i>acne medication 5 external gel 5 %</i>	Generic	
<i>acyclovir external cream 5 %</i>	Generic	PA; QL (5 GM per 1 Fill)
<i>acyclovir external ointment 5 %</i>	Generic	
ACZONE EXTERNAL GEL 7.5 %	Brand	PA; QL (60 GM per 30 days)
<i>adapalene external cream 0.1 %</i>	Generic	STPA
<i>adapalene external gel 0.1 %, 0.3 %</i>	Generic	STPA
<i>adapalene external lotion 0.1 %</i>	Generic	STPA
<i>alclometasone dipropionate external cream 0.05 %</i>	Generic	
<i>alclometasone dipropionate external ointment 0.05 %</i>	Generic	
ALTRENO EXTERNAL LOTION 0.05 %	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>amcinonide external cream 0.1 %</i>	Generic	PA
<i>amcinonide external lotion 0.1 %</i>	Generic	PA
<i>amcinonide external ointment 0.1 %</i>	Generic	PA
<i>ammonium lactate external cream 12 %</i>	Generic	
<i>ammonium lactate external lotion 12 %</i>	Generic	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Generic	PA
APEXICON E EXTERNAL CREAM 0.05 %	Brand	PA
AVAR CLEANSER EXTERNAL EMULSION 10-5 %	Generic	
AVITA EXTERNAL CREAM 0.025 %	Generic	PA; Age Limit (Max 26 Years)
AVITA EXTERNAL GEL 0.025 %	Generic	PA; Age Limit (Max 26 Years)
<i>azelaic acid external gel 15 %</i>	Generic	
AZELEX EXTERNAL CREAM 20 %	Brand	PA; QL (30 grams per 1 fill)
<i>benzoyl peroxide cleanser external liquid 6 %</i>	Generic	
<i>benzoyl peroxide creamy wash external liquid† 4 %</i>	Generic	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	Generic	
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	Generic	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Generic	PA
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Generic	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Generic	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Generic	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Generic	
<i>betamethasone dipropionate external cream 0.05 %</i>	Generic	
<i>betamethasone dipropionate external lotion 0.05 %</i>	Generic	
<i>betamethasone dipropionate external ointment 0.05 %</i>	Generic	
<i>betamethasone valerate external cream 0.1 %</i>	Generic	
<i>betamethasone valerate external foam 0.12 %</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>betamethasone valerate external lotion 0.1 %</i>	Generic	
<i>betamethasone valerate external ointment 0.1 %</i>	Generic	
<i>bp foaming wash external liquid 10 %</i>	Generic	
<i>bp wash external liquid 10 %, 5 %</i>	Generic	
<i>bp wash external liquid 2.5 %</i>	Generic	PA
<i>bpo external gel 4 %, 8 %</i>	Brand	PA
BRYHALI EXTERNAL LOTION 0.01 %	Brand	PA
<i>calcipotriene external cream 0.005 %</i>	Generic	
<i>calcipotriene external ointment 0.005 %</i>	Generic	
<i>calcipotriene external solution 0.005 %</i>	Generic	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Generic	PA
CALCITRENE EXTERNAL OINTMENT 0.005 %	Generic	
<i>calcitriol external ointment 3 mcg/gm</i>	Generic	
CAPEX EXTERNAL SHAMPOO 0.01 %	Brand	PA
CEROVEL EXTERNAL LOTION 40 %	Generic	
CICLODAN EXTERNAL CREAM 0.77 %	Generic	
CICLODAN EXTERNAL SOLUTION 8 %	Generic	
<i>ciclopirox external gel 0.77 %</i>	Generic	
<i>ciclopirox external shampoo 1 %</i>	Generic	PA
<i>ciclopirox external solution 8 %</i>	Generic	
<i>ciclopirox olamine external cream 0.77 %</i>	Generic	
<i>ciclopirox olamine external suspension 0.77 %</i>	Generic	PA
CIDALEAZE EXTERNAL CREAM 3 %	Generic	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Generic	PA; ¥ (Max of 5 months)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	Generic	PA
<i>clindamycin phosphate external foam 1 %</i>	Generic	PA
<i>clindamycin phosphate external gel 1 %</i>	Generic	
<i>clindamycin phosphate external lotion 1 %</i>	Generic	
<i>clindamycin phosphate external solution 1 %</i>	Generic	
<i>clindamycin phosphate external swab 1 %</i>	Generic	
<i>clobetasol propionate e external cream 0.05 %</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>clobetasol propionate external cream 0.05 %</i>	Generic	PA
<i>clobetasol propionate external foam 0.05 %</i>	Generic	
<i>clobetasol propionate external gel 0.05 %</i>	Generic	PA
<i>clobetasol propionate external liquid 0.05 %</i>	Generic	PA
<i>clobetasol propionate external lotion 0.05 %</i>	Generic	
<i>clobetasol propionate external ointment 0.05 %</i>	Generic	PA
<i>clobetasol propionate external shampoo 0.05 %</i>	Generic	
<i>clobetasol propionate external solution 0.05 %</i>	Generic	PA
<i>clocortolone pivalate external cream 0.1 %</i>	Generic	PA
<i>clocortolone pivalate pump external cream 0.1 %</i>	Generic	PA
<i>clotrimazole anti-fungal external cream 1 %</i>	Generic	
<i>clotrimazole external cream 1 %</i>	Generic	
<i>clotrimazole external solution 1 %</i>	Generic	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Generic	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Generic	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Brand	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Brand	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Brand	PA; SP; QL (2 Syringes per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Brand	PA; SP; QL (1 Syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Brand	PA; SP; QL (1 Syringe per 28 days)
<i>dapsone external gel 5 %, 7.5 %</i>	Generic	PA
DENAVIR EXTERNAL CREAM 1 %	Brand	PA; QL (5 GM per 1 Fill)
<i>desonide external cream 0.05 %</i>	Generic	PA
<i>desonide external lotion 0.05 %</i>	Generic	PA
<i>desonide external ointment 0.05 %</i>	Generic	PA
<i>desoximetasone external cream 0.05 %</i>	Generic	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>desoximetasone external cream 0.25 %</i>	Generic	
<i>desoximetasone external gel 0.05 %</i>	Generic	
<i>desoximetasone external ointment 0.05 %</i>	Generic	PA
<i>desoximetasone external ointment 0.25 %</i>	Generic	
<i>diclofenac epolamine transdermal patch 1.3 %</i>	Generic	PA; ¥ (Max of 3 months); QL (60 EA per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	Generic	¥ (Max of 90 days per year); QL (200 GM per 30 days)
<i>diclofenac sodium transdermal solution 1.5 %</i>	Generic	PA
<i>diflorasone diacetate external cream 0.05 %</i>	Generic	PA
<i>diflorasone diacetate external ointment 0.05 %</i>	Generic	PA
<i>doxepin hcl external cream 5 %</i>	Generic	QL (45 grams per 1 Fill)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Brand	PA; SP; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Brand	PA; SP; QL (2 syringes per 28 days)
DYSPORT (GLABELLAR LINES) INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT	Medical Benefit	PA
<i>econazole nitrate external cream 1 %</i>	Generic	
ECOZA EXTERNAL FOAM 1 %	Brand	PA
<i>erythromycin external gel 2 %</i>	Generic	
<i>erythromycin external solution 2 %</i>	Generic	
EXELDERM EXTERNAL CREAM 1 %	Brand	PA
EXELDERM EXTERNAL SOLUTION 1 %	Brand	PA
FABIOR EXTERNAL FOAM 0.1 %	Brand	PA
FINACEA EXTERNAL FOAM 15 %	Brand	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	Generic	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Generic	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Generic	
<i>fluocinolone acetonide external solution 0.01 %</i>	Generic	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Generic	
<i>fluocinonide external cream 0.05 %</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>fluocinonide external cream 0.1 %</i>	Generic	PA
<i>fluocinonide external gel 0.05 %</i>	Generic	
<i>fluocinonide external ointment 0.05 %</i>	Generic	
<i>fluocinonide external solution 0.05 %</i>	Generic	
<i>fluorouracil external cream 0.5 %, 5 %</i>	Generic	
<i>fluorouracil external solution 2 %, 5 %</i>	Generic	
<i>flurandrenolide external cream 0.05 %</i>	Generic	PA
<i>flurandrenolide external lotion 0.05 %</i>	Generic	PA
<i>flurandrenolide external ointment 0.05 %</i>	Generic	PA
<i>fluticasone propionate external cream 0.05 %</i>	Generic	
<i>fluticasone propionate external lotion 0.05 %</i>	Generic	
<i>fluticasone propionate external ointment 0.005 %</i>	Generic	
<i>gentamicin sulfate external cream 0.1 %</i>	Generic	
<i>gentamicin sulfate external ointment 0.1 %</i>	Generic	
GLYDO EXTERNAL GEL 2 %	Generic	
<i>halcinonide external cream 0.1 %</i>	Generic	PA
<i>halobetasol propionate external cream 0.05 %</i>	Generic	PA
<i>halobetasol propionate external ointment 0.05 %</i>	Generic	PA
HALOG EXTERNAL OINTMENT 0.1 %	Brand	PA
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	Generic	
<i>hydrocortisone butyrate external cream 0.1 %</i>	Generic	PA
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Generic	PA
<i>hydrocortisone butyrate external solution 0.1 %</i>	Generic	PA
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Generic	
<i>hydrocortisone external lotion 1 %, 2.5 %</i>	Generic	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Generic	
<i>hydrocortisone valerate external cream 0.2 %</i>	Generic	
<i>hydrocortisone valerate external ointment 0.2 %</i>	Generic	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Medical Benefit	PA
<i>imiquimod external cream 3.75 %</i>	Generic	PA; QL (28 packets per 14 days)
<i>imiquimod external cream 5 %</i>	Generic	
<i>imiquimod pump external cream 3.75 %</i>	Generic	PA; QL (7.5 GM per 14 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	Generic	PA
<i>ivermectin external cream 1 %</i>	Generic	PA
<i>ivermectin external lotion 0.5 %</i>	Generic	STPA
JUBLIA EXTERNAL SOLUTION 10 %	Brand	PA
<i>ketoconazole external cream 2 %</i>	Generic	
<i>ketoconazole external foam 2 %</i>	Generic	
<i>ketoconazole external shampoo 2 %</i>	Generic	
KETODAN EXTERNAL FOAM 2 %	Generic	
KLISYRI EXTERNAL OINTMENT 1 %	Brand	PA
LATRIX EXTERNAL SUSPENSION 50 %	Generic	
LEXETTE EXTERNAL FOAM 0.05 %	Brand	PA
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Brand	PA; QL (30 EA per 30 days)
<i>lidocaine external ointment 5 %</i>	Generic	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Generic	
<i>lidocaine hcl external cream 3 %</i>	Generic	
<i>lidocaine hcl external gel 2 %</i>	Generic	
<i>lidocaine hcl external lotion 3 %</i>	Generic	
<i>lidocaine hcl external solution 4 %</i>	Generic	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Generic	
<i>lidocaine-prilocaine external kit 2.5-2.5 %</i>	Generic	
<i>lindane external lotion 1 %</i>	Generic	
<i>lindane external shampoo 1 %</i>	Generic	
<i>luliconazole external cream 1 %</i>	Generic	PA
<i>malathion external lotion 0.5 %</i>	Generic	
<i>methoxsalen rapid oral capsule 10 mg</i>	Generic	
<i>metronidazole external cream 0.75 %</i>	Generic	
<i>metronidazole external gel 0.75 %, 1 %</i>	Generic	
<i>metronidazole external lotion 0.75 %</i>	Generic	
MIRVASO EXTERNAL GEL 0.33 %	Brand	PA
<i>mometasone furoate external cream 0.1 %</i>	Generic	
<i>mometasone furoate external ointment 0.1 %</i>	Generic	
<i>mometasone furoate external solution 0.1 %</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>mupirocin calcium external cream 2 %</i>	Generic	PA
<i>mupirocin external ointment 2 %</i>	Generic	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Generic	PA
<i>naftifine hcl external cream 1 %, 2 %</i>	Generic	PA
NEUAC EXTERNAL GEL 1.2-5 %	Brand	PA
NORITATE EXTERNAL CREAM 1 %	Brand	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Generic	
<i>nystatin external cream 100000 unit/gm</i>	Generic	
<i>nystatin external ointment 100000 unit/gm</i>	Generic	
<i>nystatin external powder 100000 unit/gm</i>	Generic	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Generic	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Generic	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Generic	
<i>oxiconazole nitrate external cream 1 %</i>	Generic	PA
OXISTAT EXTERNAL LOTION 1 %	Brand	PA
PANRETIN EXTERNAL GEL 0.1 %	Brand	PA
PENNSAID TRANSDERMAL SOLUTION 2 %	Brand	PA
<i>permethrin external cream 5 %</i>	Generic	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	Brand	PA; QL (1 Box per 1 Rx)
<i>pimecrolimus external cream 1 %</i>	Generic	PA
<i>podofilox external solution 0.5 %</i>	Generic	
<i>prednicarbate external cream 0.1 %</i>	Generic	
<i>premium lidocaine external ointment 5 %</i>	Generic	QL (50 GM per 30 days)
QBREXZA EXTERNAL PAD 2.4 %	Brand	PA; QL (1 EA per 1 day)
REA LO 40 EXTERNAL CREAM 40 %	Generic	
REA LO 40 EXTERNAL LOTION 40 %	Generic	
REMEVEN EXTERNAL CREAM 50 %	Generic	
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	Brand	PA; Age Limit (Max 26 Years)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ROSANIL CLEANSER EXTERNAL EMULSION 10-5 %	Generic	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Medical Benefit	PA
<i>selenium sulfide external lotion 2.5 %</i>	Generic	
<i>selenium sulfide external shampoo 2.25 %</i>	Generic	
<i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>	Generic	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	Brand	PA; SP; QL (3 ML per 28 days)
<i>silver sulfadiazine external cream 1 %</i>	Generic	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	Brand	PA; SP; QL (2 EA per 84 days)
<i>spinosad external suspension 0.9 %</i>	Brand	PA; STPA; QL (120 ML per 1 Fill)
SSD EXTERNAL CREAM 1 %	Generic	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Brand	PA; SP; QL (1 Syringe per 84 days)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Generic	
<i>sulfacetamide sodium external suspension 10 %</i>	Generic	
<i>sulfacetamide sodium-sulfur external emulsion 10-5 %</i>	Generic	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	Generic	
SYNALAR (CREAM) EXTERNAL KIT 0.025 %	Brand	PA
SYNALAR (OINTMENT) EXTERNAL KIT 0.025 %	Brand	PA
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	Brand	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Generic	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Brand	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Brand	PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>tazarotene external cream 0.1 %</i>	Generic	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %	Brand	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Brand	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Brand	PA; SP; QL (1 ML per 54 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Brand	PA; SP; QL (1 ML per 54 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Generic	PA; ^ (Preferred Product); Age Limit (Max 26 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Generic	PA; ^ (Preferred Product); Age Limit (Max 26 Years)
<i>tretinoin external gel 0.05 %</i>	Generic	PA; Age Limit (Max 26 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	Generic	PA; Age Limit (Max 26 Years)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	Generic	PA; Age Limit (Max 26 Years)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	Generic	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Generic	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Generic	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Generic	
ULESFIA EXTERNAL LOTION 5 %	Brand	PA; QL (12 Bottles per 1 Rx)
<i>urea external cream 40 %, 50 %</i>	Generic	
<i>urea external lotion 40 %</i>	Generic	
<i>urea external suspension 40 %, 50 %</i>	Generic	
<i>urea nail film external suspension 40 %</i>	Generic	
<i>urea-c40 external lotion 40 %</i>	Generic	
<i>ure-k external cream 50 %</i>	Generic	
VEREGEN EXTERNAL OINTMENT 15 %	Brand	PA
VOLTAREN TRANSDERMAL GEL 1 %	Brand	^ (OTC Only); QL (200 GM per 30 days)
WINLEVI EXTERNAL CREAM 1 %	Brand	PA
XEPI EXTERNAL CREAM 1 %	Brand	PA; QL (30 GM per 1 Fill)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG	Generic	PA
ZENATANE ORAL CAPSULE 40 MG	Brand	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	Brand	PA; QL (7.5 GM per 14 days)
DIAGNOSTIC PRODUCTS		
FREESTYLE INSULINX TEST IN VITRO STRIP	\$0	QL (300 EA per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP	\$0	QL (300 EA per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	\$0	QL (300 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP	\$0	QL (300 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	\$0	QL (300 EA per 30 days)
DIGESTIVE AIDS		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Brand	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	Brand	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT	Brand	
DIURETICS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>amiloride hcl oral tablet 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>chlorthalidone oral tablet 100 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>furosemide injection solution 10 mg/ml</i>	Generic	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
KEVEYIS ORAL TABLET 50 MG	Brand	PA
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>methyclothiazide oral tablet 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>triamterene oral capsule 100 mg, 50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>triamterene-hctz oral capsule 37.5-25 mg, 50-25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTHAR INJECTION GEL 80 UNIT/ML	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
<i>alendronate sodium oral tablet 40 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 6 Months)
BRINEURA SOLUTION 2 X 150 MG/5ML	Medical Benefit	PA
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML)	Brand	PA; SP
<i>cabergoline oral tablet 0.5 mg</i>	Generic	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>calcitriol oral solution 1 mcg/ml</i>	Generic	¥ (Can be filled for up to a 90 day supply)
CARBAGLU ORAL TABLET 200 MG	Brand	PA
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Generic	PA; SP
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Medical Benefit	PA
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>	Generic	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Generic	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Generic	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Generic	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG, 2 MG	Brand	PA; SP
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Generic	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	Medical Benefit	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Medical Benefit	PA
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (PED)	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Brand	PA; QL (4 EA per 28 days)
GALAFOLD ORAL CAPSULE 123 MG	Brand	PA
<i>ibandronate sodium oral tablet 150 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply); QL (1 EA per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Brand	PA; SP
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Brand	PA
JYNARQUE ORAL TABLET 15 MG, 30 MG	Brand	
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Brand	
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Medical Benefit	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	Brand	PA; QL (30 EA per 30 days)
<i>levocarnitine oral solution 1 gm/10ml</i>	Generic	
<i>levocarnitine oral tablet 330 mg</i>	Generic	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Brand	PA; QL (30 Vials per 30 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Brand	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	Brand	SP; QL (2 Cartridges per 21 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Generic	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Brand	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Brand	PA; SP
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Medical Benefit	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Generic	PA; SP; QL (30 ML per 30 days)
<i>octreotide acetate injection solution 500 mcg/ml</i>	Brand	PA; SP; QL (30 ML per 30 days)
ORFADIN ORAL CAPSULE 20 MG	Brand	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Brand	PA
ORILISSA ORAL TABLET 150 MG	Brand	PA; QL (30 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ORLISSA ORAL TABLET 200 MG	Brand	PA; QL (60 EA per 30 days)
OSPHENA ORAL TABLET 60 MG	Brand	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	Brand	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Brand	PA; QL (1 ML per 1 day)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Generic	PA
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	Medical Benefit	PA; QL (1 syringe per 180 days)
<i>raloxifene hcl oral tablet 60 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
RAVICTI ORAL LIQUID 1.1 GM/ML	Brand	PA; SP
<i>risedronate sodium oral tablet 150 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Generic	PA; SP
<i>sapropterin dihydrochloride oral tablet soluble 100 mg</i>	Generic	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Brand	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 30 MG	Medical Benefit	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Brand	PA; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Brand	PA; SP; QL (30 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Brand	PA; QL (24 Vials per 28 days)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Medical Benefit	PA; SP
SYNAREL NASAL SOLUTION 2 MG/ML	Brand	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Medical Benefit	PA
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	Generic	PA; SP; QL (1 pen per 30 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Brand	PA; QL (2 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Medical Benefit	PA; QL (1 vial per 30 days)
XURIDEN ORAL PACKET 2 GM	Brand	PA; QL (120 Packets per 30 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	Brand	PA; SP
ESTROGENS		
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Brand	PA; QL (30 EA per 30 days)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Brand	PA; QL (56 EA per 28 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
PREMPHASE ORAL TABLET 0.625-5 MG	Brand	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Brand	
FLUOROQUINOLONES		
BAXDELA ORAL TABLET 450 MG	Brand	PA
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Generic	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	Generic	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Generic	
<i>levofloxacin oral solution 25 mg/ml</i>	Generic	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Generic	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Generic	
<i>ofloxacin oral tablet 400 mg</i>	Generic	
GASTROINTESTINAL AGENTS - MISC.		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Generic	
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	Brand	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA
<i>balsalazide disodium oral capsule 750 mg</i>	Generic	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Brand	PA
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Brand	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Brand	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	Brand	PA; SP; QL (2 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	Brand	PA; SP; ¥ (For first 4 weeks of treatment); QL (1 Fill per 1 Lifetime)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Brand	PA; SP; QL (2 EA per 28 days)
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Generic	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Medical Benefit	PA
<i>enulose oral solution 10 gm/15ml</i>	Generic	
GATTEX SUBCUTANEOUS KIT 5 MG	Brand	SP
<i>generlac oral solution 10 gm/15ml</i>	Generic	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Generic	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Brand	PA; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Generic	PA; QL (60 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>mesalamine oral tablet delayed release 800 mg</i>	Generic	
<i>mesalamine rectal enema 4 gm</i>	Generic	
<i>mesalamine rectal suppository 1000 mg</i>	Generic	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Generic	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Generic	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Brand	PA; QL (30 EA per 30 days)
MOVANTI^K ORAL TABLET 12.5 MG, 25 MG	Brand	PA
OICALIVA ORAL TABLET 10 MG, 5 MG	Brand	PA; SP; QL (30 TABS per 30 days)
RELISTOR ORAL TABLET 150 MG	Brand	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Brand	PA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Medical Benefit	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Medical Benefit	PA; ¥ (1 Fill per life of plan); QL (4 VIALS per 1 Fill)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>sulfasalazine oral tablet 500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
SYMPROIC ORAL TABLET 0.2 MG	Brand	PA
<i>ursodiol oral capsule 300 mg</i>	Generic	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Generic	
VIBERZI ORAL TABLET 100 MG, 75 MG	Brand	PA
XERMELO ORAL TABLET 250 MG	Brand	PA
GENITOURINARY AGENTS - MISCELLANEOUS		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Brand	SP
<i>cytra-2 oral solution 500-334 mg/5ml</i>	Generic	
<i>dutasteride oral capsule 0.5 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply); QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	Medical Benefit	PA
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Generic	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Generic	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
GOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>colchicine oral tablet 0.6 mg</i>	Generic	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Generic	STPA; ¥ (Can be filled for up to a 90 day supply)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Medical Benefit	PA
<i>probenecid oral tablet 500 mg</i>	Generic	
HEMATOLOGICAL AGENTS - MISC.		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA; SP
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	MB/RX	PA; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1000-1500 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 250-500 UNIT, 500 UNIT	MB/RX	PA; SP
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB/RX	PA; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA; SP
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Generic	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 UNIT	MB/RX	PA; SP
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
BENEFIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	MB/RX	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
BERINERT INTRAVENOUS KIT 500 UNIT	MB/RX	SP
BRILINTA ORAL TABLET 60 MG, 90 MG	Brand	PA
CABLIVI INJECTION KIT 11 MG	Brand	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Generic	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	MB/RX	PA
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	MB/RX	PA; SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	MB/RX	PA; SP
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	MB/RX	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Medical Benefit	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	MB/RX	PA; SP
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Medical Benefit	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	Brand	PA; QL (40 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	Brand	PA; QL (27 EA per 30 days)
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 1701-2000 UNIT, 220-400 UNIT, 250 UNIT, 500 UNIT, 801-1500 UNIT, 801-1700 UNIT	MB/RX	PA; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2000 UNIT, 1000-2400 UNIT, 250-500 UNIT, 250-600 UNIT, 500-1000 UNIT, 500-1200 UNIT	MB/RX	PA; SP
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	Generic	PA; SP; QL (6 ML per 1 FILL)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	MB/RX	PA; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	MB/RX	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
NOVOSEVEN INTRAVENOUS SOLUTION RECONSTITUTED 1200 MCG, 2400 MCG, 4800 MCG	MB/RX	PA; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	MB/RX	PA; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	MB/RX	PA; SP
<i>obizur intravenous solution reconstituted 500 unit</i>	MB/RX	PA; SP
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Brand	PA; QL (1 capsule per 1 day)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Generic	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB/RX	PA; SP
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	MB/RX	PA; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	MB/RX	PA; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	MB/RX	PA; SP
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	MB/RX	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	MB/RX	SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
SAJAZIR SUBCUTANEOUS SOLUTION 30 MG/3ML	Generic	PA; QL (6 ML per 1 Fill)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	MB/RX	PA; SP
SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML	Medical Benefit	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Brand	PA; QL (2 vials per 28 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG	Brand	QL (60 EA per 30 days)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT	MB/RX	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/30ML, 300 MG/3ML	Medical Benefit	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	MB/RX	PA; SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	MB/RX	PA; SP
WILATE INTRAVENOUS SOLUTION RECONSTITUTED 1000-1000 UNIT, 450-450 UNIT, 500-500 UNIT, 900-900 UNIT	MB/RX	PA; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	MB/RX	PA; SP
ZONTIVITY ORAL TABLET 2.08 MG	Brand	PA
HEMATOPOIETIC AGENTS		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	Medical Benefit	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (4 ML per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Brand	SP; QL (4 ML per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (4 ML per 30 days)
CERDELGA ORAL CAPSULE 84 MG	Brand	SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT, 400 UNIT	Medical Benefit	PA
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Generic	
<i>cyanocobalamin injection solution 2000 mcg/ml</i>	Generic	
DOPTELET ORAL TABLET 20 MG	Brand	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Brand	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	Medical Benefit	PA
ENDARI ORAL PACKET 5 GM	Brand	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 ML per 14 days)
<i>folbee oral tablet 2.5-25-1 mg</i>	Generic	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 ML per 14 days)
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered)
MULPLETA ORAL TABLET 3 MG	Brand	PA; SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 ML per 14 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 ML per 14 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 EA per 14 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 Syringes per 14 days)
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
OXBRYTA ORAL TABLET 500 MG	Brand	PA; SP
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 ML per 14 days)
PROMACTA ORAL PACKET 12.5 MG	Brand	SP
PROMACTA ORAL PACKET 25 MG	Brand	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Brand	SP
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 Vials per 14 days)
SIKLOS ORAL TABLET 100 MG, 1000 MG	Brand	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Medical Benefit	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Brand	SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (10 Syringes per 14 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Brand	PA; SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); QL (0.6 ML per 14 days)
HEMOSTATICS		
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Generic	
<i>tranexamic acid oral tablet 650 mg</i>	Generic	PA
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Brand	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG	Brand	PA
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Brand	PA; QL (30 EA per 30 days)
<i>estazolam oral tablet 1 mg</i>	Generic	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Generic	QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Generic	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Brand	PA; ¥ (158 mL bottle limited to 1 bottle per 30 days; 48 mL bottle limited to 3 bottles per 30 days); QL (158 ML per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	Brand	PA; QL (30 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	Generic	
<i>phenobarbital oral solution 20 mg/5ml</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Generic	
<i>ramelteon oral tablet 8 mg</i>	Generic	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Generic	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Generic	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Generic	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Generic	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	Generic	PA; QL (30 EA per 30 days)
LAXATIVES		
<i>constulose oral solution 10 gm/15ml</i>	Generic	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Generic	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Generic	
GAVILYTE-H ORAL KIT 5-210 MG-GM	Generic	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Generic	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Generic	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Generic	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Generic	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Generic	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	Generic	
MACROLIDES		
<i>azithromycin oral packet 1 gm</i>	Generic	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Generic	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Generic	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Generic	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Generic	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Brand	PA
DIFICID ORAL TABLET 200 MG	Brand	PA; QL (20 EA per 1 Fill)
E.E.S. 400 ORAL TABLET 400 MG	Generic	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	Generic	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Generic	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Generic	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Generic	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Generic	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Generic	
MEDICAL DEVICES AND SUPPLIES		
ACCU-CHEK SAFE-T PRO LANCETS	Brand	
ACCU-CHEK SOFT TOUCH LANCETS	Brand	
ACCU-CHEK SOFTCLIX LANCETS	Brand	
AT LAST LANCETS	Brand	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	Brand	
BD INSULIN SYRINGE 29G X 1/2" 2 ML	Brand	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.3 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Brand	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	Brand	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Brand	
BD LANCET ULTRAFINE 33G	Brand	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	Brand	
BD SYRINGE SLIP TIP 3 ML	Brand	
CLEANLET LANCETS 28G	Brand	
<i>comfort lancets</i>	Brand	
DEXCOM G6 RECEIVER DEVICE	\$0	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	\$0	PA; ¥ (1 pack/box contains 3 sensors); QL (1 PACK per 30 days)
DEXCOM G6 TRANSMITTER	\$0	PA; QL (1 EA per 90 days)
<i>easy comfort insulin syringe 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	Brand	
EZ-LETS LANCETS 26G	Brand	
FINGERSTIX LANCETS	Brand	
FREESTYLE LANCETS	Brand	
GENTLE-LET GP LANCETS	Brand	
GENTLE-LET LANCETS	Brand	
GLUCOSOURCE LANCETS	Brand	
<i>gnp lancets</i>	Brand	
<i>gnp ultra com insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Brand	
HAEMOLANCE LOW FLOW LANCETS	Brand	
HY-VEE LANCETS	Brand	
<i>hy-vee thin lancets</i>	Brand	
<i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Brand	
<i>insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	Brand	
<i>kinney lancets</i>	Brand	
<i>kinney thin lancets</i>	Brand	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml</i>	Brand	
<i>lancets</i>	Brand	
<i>lancets thin</i>	Brand	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
LIFESCAN UNISTIK II LANCETS	Brand	
<i>lite touch lancets</i>	Brand	
<i>longs lancets thin</i>	Brand	
MEDISENSE THIN LANCETS	Brand	
MEIJER LANCETS	Brand	
MICROTAINER SAFETY FLOW LANCET	Brand	
MONOJECT CONTROL SYRINGE 12 ML , 20 ML	Brand	
MONOJECT FILTER ASPIRATOR	Brand	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	Brand	
MONOJECT PHARMACY TRAY 20 ML , 3 ML , 35 ML , 6 ML , 60 ML	Brand	
MONOJECT PISTON SYRINGE 140 ML	Brand	
MONOJECT SAFETY SYRINGE/SHIELD 12 ML , 20G X 1-1/2" 12 ML, 21G X 1" 3 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 3 ML	Brand	
MONOJECT SYRINGE 12 ML , 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1" 3 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 3 ML , 6 ML	Brand	
MONOJECT SYRINGE CATH TIP 35 ML , 60 ML	Brand	
MONOJECT SYRINGE ECC LUER 35 ML	Brand	
MONOJECT SYRINGE LUER LOCK 20 ML , 35 ML , 6 ML , 60 ML	Brand	
MONOJECT SYRINGE REG LUER 12 ML , 20 ML , 3 ML , 35 ML , 6 ML	Brand	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML	Brand	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 28G X 1/2" 1 ML	Brand	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML	Brand	
MONOLET LANCETS	Brand	
OMNIPOD DASH 5 PACK PODS	\$0	QL (10 pods per 30 dayss)
ONETOUCH CLUB LANCETS FINE PT	Brand	
ONETOUCH FINEPOINT LANCETS	Brand	
ONETOUCH LANCETS	Brand	
ONETOUCH ULTRASOFT LANCETS	Brand	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML	Brand	
PRECISION THIN LANCETS	Brand	
PRECISION THINS GP LANCETS	Brand	
PRECISION ULTRA LANCET	Brand	
<i>preferred plus lancets colored</i>	Brand	
<i>preferred plus lancets thin</i>	Brand	
PSS SELECT GP LANCETS	Brand	
PSS SELECT SAFETY LANCETS	Brand	
<i>reality lancets</i>	Brand	
<i>reality trigger lancets</i>	Brand	
<i>sb lancets thin</i>	Brand	
<i>sb lancets ultra thin</i>	Brand	
<i>super thin lancets</i>	Brand	
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	Brand	
SURELITE LANCETS	Brand	
<i>tb syringe 1 ml</i>	Brand	
TECHLITE LANCETS	Brand	
THINLETS GP LANCETS	Brand	
THINLETS LANCET	Brand	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>topco insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Brand	
ULTILET CLASSIC LANCETS	Brand	
ULTILET LANCETS	Brand	
ULTRA-THIN II AUTO LANCET	Brand	
ULTRA-THIN II LANCETS	Brand	
UNILET COMFORTOUCH LANCET	Brand	
UNILET G.P. LANCET	Brand	
UNILET G.P. SUPERLITE LANCET	Brand	
UNILET LANCET	Brand	
UNILET SUPERLITE LANCET	Brand	
UNISTIK 1	Brand	
VITALET PRO LANCETS	Brand	
VITALET PRO PLUS LANCETS	Brand	
W&F LANCETS 26G	Brand	
W&F LANCETS COLORED 21G	Brand	
MIGRAINE PRODUCTS		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 70 MG/ML	Brand	PA; QL (2 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	Brand	PA; QL (1 ML per 30 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Generic	PA; QL (9 EA per 30 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Generic	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Generic	PA; QL (9 EA per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Generic	PA; QL (9 EA per 30 days)
<i>isometheptene-dichloral-apap oral capsule 65- 100-325 mg</i>	Generic	QL (300 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Generic	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Generic	STPA; QL (9 EA per 30 days)
NODOLOR ORAL CAPSULE 325-65-100 MG	Generic	QL (300 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Brand	PA; QL (8 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
REYVOW ORAL TABLET 100 MG	Brand	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	Brand	PA; QL (4 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Generic	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Generic	QL (9 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	Generic	QL (6 Units per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Generic	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Generic	QL (4 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Generic	QL (4 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Generic	QL (4 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	Generic	QL (4 EA per 30 days)
TOSYMRA NASAL SOLUTION 10 MG/ACT	Brand	PA; QL (6 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Brand	PA; QL (8 EA per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Medical Benefit	PA; QL (3 ML per 90 days)
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	Generic	STPA; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Generic	STPA; QL (9 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Generic	STPA; QL (9 EA per 30 days)
MINERALS & ELECTROLYTES		
FLUOR-A-DAY ORAL SOLUTION 0.275 (0.125 F) MG/DROP	Generic	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	Generic	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Generic	
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>	Generic	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	Generic	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Generic	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Generic	
<i>potassium chloride oral packet 20 meq</i>	Generic	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Generic	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Generic	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Generic	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Generic	
MISCELLANEOUS THERAPEUTIC CLASSES		
<i>azathioprine oral tablet 50 mg</i>	Generic	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Medical Benefit	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Brand	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Brand	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Generic	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Generic	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Generic	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Brand	PA; SP
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Generic	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG, 50 MG	Generic	
GENGRAF ORAL SOLUTION 100 MG/ML	Generic	
KIONEX ORAL POWDER	Generic	
KIONEX ORAL SUSPENSION 15 GM/60ML	Generic	
LOKELMA ORAL PACKET 10 GM, 5 GM	Brand	PA
<i>mycophenolate mofetil oral capsule 250 mg</i>	Generic	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Generic	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Generic	
<i>penicillamine oral tablet 250 mg</i>	Generic	
PROGRAF ORAL PACKET 1 MG	Brand	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Brand	PA; SP
REZUROCK ORAL TABLET 200 MG	Brand	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML	Medical Benefit	PA
<i>sirolimus oral solution 1 mg/ml</i>	Generic	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Generic	
<i>sodium polystyrene sulfonate oral powder</i>	Generic	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Generic	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	Generic	
SPS ORAL SUSPENSION 15 GM/60ML	Generic	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Generic	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Brand	SP
<i>trientine hcl oral capsule 250 mg</i>	Generic	PA
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML	Medical Benefit	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Brand	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Medical Benefit	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Brand	PA
ZORTRESS ORAL TABLET 1 MG	Brand	SP
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	Generic	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Generic	
CLINPRO 5000 DENTAL PASTE 1.1 %	Generic	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	Generic	
<i>clotrimazole mouth/throat troche 10 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Generic	
DENTAGEL DENTAL GEL 1.1 %	Generic	
FLUORIDEX DAILY DEFENSE DENTAL GEL 1.1 %	Generic	
FLUORIDEX ENHANCED WHITENING DENTAL GEL 1.1 %	Generic	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Generic	
<i>lidocaine viscous mouth/throat solution 2 %</i>	Generic	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Generic	
PAROEX MOUTH/THROAT SOLUTION 0.12 %	Generic	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Generic	
PHOS-FLUR DENTAL GEL 1.1 %	Generic	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Generic	
<i>sf 5000 plus dental cream 1.1 %</i>	Generic	
<i>sf dental gel 1.1 %</i>	Generic	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Generic	
MULTIVITAMINS		
<i>bp multinatal plus oral tablet chewable 40-1 mg</i>	Generic	
<i>daily multi oral tablet</i>	Brand	
ELITE-OB ORAL TABLET 50-1.25 MG	Generic	
INATAL ADVANCE ORAL TABLET 90-1 MG	Generic	
MULTI COMPLETE ORAL CAPSULE	Generic	
<i>multi vitamin/fluoride oral tablet chewable 0.25 mg, 1 mg</i>	Brand	
<i>multi vitamin/minerals oral tablet</i>	Generic	
<i>multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Generic	
<i>multi-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	Generic	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.25-0.3 mg, 0.5 mg, 0.5-0.3 mg, 1 mg, 1-0.3 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>multi-vitamin/fluoride oral tablet chewable 0.5 mg</i>	Brand	
<i>mynephrocaps oral capsule 1 mg</i>	Generic	
<i>prenatabs fa oral tablet</i>	Generic	
<i>prenatal 19 oral tablet</i>	Generic	
<i>prenatal 19 oral tablet chewable</i>	Generic	
<i>prenatal oral tablet 27-0.8 mg</i>	Generic	
RENAL ORAL CAPSULE 1 MG	Generic	
TRINATE ORAL TABLET	Generic	
<i>tri-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	Brand	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Generic	
<i>weight loss daily multi oral tablet</i>	Generic	
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Generic	
<i>carisoprodol oral tablet 350 mg</i>	Generic	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Generic	
<i>chlorzoxazone oral tablet 500 mg</i>	Generic	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Generic	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Generic	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Medical Benefit	PA
<i>metaxalone oral tablet 800 mg</i>	Generic	STPA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Generic	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Generic	
OZOBAX ORAL SOLUTION 5 MG/5ML	Brand	PA
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Generic	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
<i>azelastine hcl nasal solution 0.1 %</i>	Brand	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>budesonide nasal suspension 32 mcg/act</i>	Generic	
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY	Brand	PA
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Generic	PA
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Generic	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Generic	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Generic	PA
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Brand	PA
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Generic	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Brand	PA
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Brand	PA
<i>triamcinolone acetanide nasal aerosol 55 mcg/act</i>	Generic	
VERAMYST NASAL SUSPENSION 27.5 MCG/SPRAY	Brand	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	Brand	PA
NEUROMUSCULAR AGENTS		
<i>amondys 45 intravenous solution 100 mg/2ml</i>	Medical Benefit	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Medical Benefit	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	Medical Benefit	PA
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML	Medical Benefit	PA
EXSERVAN ORAL FILM 50 MG	Brand	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Medical Benefit	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	Medical Benefit	PA
<i>riluzole oral tablet 50 mg</i>	Generic	
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Brand	
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML	Medical Benefit	PA
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML	Medical Benefit	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	Medical Benefit	PA
NUTRIENTS		
DOJOLVI ORAL LIQUID 100 %	Brand	PA
<i>n-acetyl-l-cysteine oral capsule 600 mg</i>	Generic	
NUTRESTORE ORAL PACKET 5 GM	Brand	PA
OPHTHALMIC AGENTS		
ALOCRIL OPHTHALMIC SOLUTION 2 %	Brand	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Brand	PA
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Brand	PA
<i>atropine sulfate ophthalmic solution 1 %</i>	Generic	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Generic	PA
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Generic	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Generic	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Generic	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Generic	PA
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Generic	
<i>bimatoprost ophthalmic solution 0.03 %</i>	Generic	PA
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Generic	PA
<i>brinzolamide ophthalmic suspension 1 %</i>	Generic	PA
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Generic	
<i>bromfenac sodium ophthalmic solution 0.09 %</i>	Generic	
<i>carteolol hcl ophthalmic solution 1 %</i>	Generic	
CEQUA OPHTHALMIC SOLUTION 0.09 %	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Generic	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Brand	PA
<i>cromolyn sodium ophthalmic solution 4 %</i>	Generic	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	Generic	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Brand	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Brand	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Generic	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Generic	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Generic	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Generic	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Generic	
EMADINE OPHTHALMIC SOLUTION 0.05 %	Brand	PA
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Generic	PA
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Generic	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Generic	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Generic	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Generic	
<i>gentamicin sulfate ophthalmic ointment 0.3 %</i>	Generic	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Generic	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Generic	
<i>homatropine hbr ophthalmic solution 5 %</i>	Generic	
INVELTYS OPHTHALMIC SUSPENSION 1 %	Brand	PA
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Generic	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	Generic	
LASTACFT OPHTHALMIC SOLUTION 0.25 %	Brand	PA
<i>latanoprost ophthalmic solution 0.005 %</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Generic	
<i>levofloxacin ophthalmic solution 0.5 %</i>	Generic	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Brand	PA
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Generic	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Brand	PA
<i>metipranolol ophthalmic solution 0.3 %</i>	Generic	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	Generic	
<i>naphazoline hcl ophthalmic solution 0.1 %</i>	Generic	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Generic	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Generic	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Generic	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Generic	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Generic	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Generic	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Generic	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Generic	PA
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Brand	PA
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Generic	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Generic	
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	Generic	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Generic	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Generic	
RESCULA OPHTHALMIC SOLUTION 0.15 %	Brand	PA
RESTASIS OPHTHALMIC EMULSION 0.05 %	Brand	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Brand	PA
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Brand	PA
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Generic	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Generic	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Generic	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Generic	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Generic	
<i>tobramycin ophthalmic solution 0.3 %</i>	Generic	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Generic	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Brand	PA
<i>trifluridine ophthalmic solution 1 %</i>	Generic	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	Generic	
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Brand	PA
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Brand	PA
XELPROS OPHTHALMIC EMULSION 0.005 %	Brand	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Brand	PA
ZIRGAN OPHTHALMIC GEL 0.15 %	Brand	PA
OTIC AGENTS		
ACETASOL HC OTIC SOLUTION 2-1 %	Generic	
<i>acetic acid otic solution 2 %</i>	Generic	
<i>acetic acid-aluminum acetate otic solution 2 %</i>	Generic	
<i>antipyrine-benzocaine otic solution 5.4-1.4 %, 54-14 mg/ml</i>	Generic	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Brand	PA
<i>fluocinolone acetonide otic oil 0.01 %</i>	Generic	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Generic	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Generic	
<i>ofloxacin otic solution 0.3 %</i>	Generic	
<i>otic care otic solution 5.4-1.4-0.0097 %</i>	Generic	
OXYTOCICS		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Generic	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML	MB/RX	PA; SP
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	Medical Benefit	PA
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	Medical Benefit	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	Medical Benefit	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	MB/RX	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Medical Benefit	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	Medical Benefit	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA
GAMMAGARD INJECTION SOLUTION 20 GM/200ML	MB/RX	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Medical Benefit	PA

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Medical Benefit	PA
GAMMAPLEX INTRAVENOUS SOLUTION 5 GM/50ML	Medical Benefit	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Medical Benefit	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB/RX	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	MB/RX	PA; SP
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	Medical Benefit	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	MB/RX	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Medical Benefit	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Medical Benefit	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Medical Benefit	PA; SP
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML	Medical Benefit	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Generic	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Generic	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Generic	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Generic	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Generic	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Generic	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Generic	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Generic	
<i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Generic	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Generic	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	Generic	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Generic	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Generic	
PROGESTINS		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	MB/RX	¥ (Single Dose Vial Preferred); QL (1 ML per 7 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Generic	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Generic	
<i>norethindrone acetate oral tablet 5 mg</i>	Generic	
<i>progesterone intramuscular oil 50 mg/ml</i>	Generic	PA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Generic	
<i>progesterone micronized transdermal cream 10 %</i>	Generic	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
AUBAGIO ORAL TABLET 14 MG, 7 MG	Brand	SP; QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG	Brand	PA; QL (4 EA per 1 day)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
AUSTEDO ORAL TABLET 6 MG, 9 MG	Brand	PA; QL (2 EA per 1 day)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Brand	SP; QL (4 auto-injectors per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Brand	SP; QL (4 auto-injectors per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	Brand	SP; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Brand	SP; QL (15 vials per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Generic	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Generic	PA; SP; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Generic	SP; QL (60 EA per 30 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Generic	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>eq nicotine mouth/throat gum 4 mg</i>	Generic	
<i>eq nicotine mouth/throat lozenge 4 mg</i>	Generic	
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Generic	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Generic	
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Generic	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Generic	
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Generic	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Generic	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Generic	
<i>ergoloid mesylates oral tablet 1 mg</i>	Generic	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Brand	QL (15 EA per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>	Generic	PA
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	Generic	PA
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Brand	SP; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Generic	SP; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Generic	SP; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Generic	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Generic	QL (12 ML per 28 days)
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	Generic	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Generic	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Generic	
GRALISE ORAL TABLET 300 MG, 600 MG	Brand	PA; QL (90 EA per 30 days)
GRALISE STARTER ORAL 300 & 600 MG	Brand	PA
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Generic	
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Generic	
<i>hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	Generic	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Brand	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	Brand	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Brand	PA; QL (1 Fill per 1 Lifetime)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Brand	SP; QL (1 auto-injector per 30 days)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	Medical Benefit	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Brand	PA; SP; QL (10 EA per 30 days)
MAYZENT ORAL TABLET 0.25 MG	Brand	SP; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	Brand	SP; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	Brand	SP; QL (1 pack per 1 lifetime)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>memantine hcl oral solution 2 mg/ml</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
NICORELIEF MOUTH/THROAT GUM 2 MG, 4 MG	Generic	
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Generic	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Generic	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Generic	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Generic	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Generic	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Generic	
NICOTROL INHALATION INHALER 10 MG	Brand	PA
NICOTROL NS NASAL SOLUTION 10 MG/ML	Brand	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	Brand	PA
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Medical Benefit	PA
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Generic	PA; QL (30 EA per 30 days)
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	Medical Benefit	PA
<i>pimozide oral tablet 1 mg, 2 mg</i>	Generic	PA
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	Generic	PA; QL (30 EA per 30 days)
<i>qc nicotine polacrilex mouth/throat gum 4 mg</i>	Generic	
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Generic	
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	Generic	
<i>ra nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Generic	
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Generic	
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Generic	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION 22 MCG/0.5ML, 44 MCG/0.5ML	Brand	SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Brand	SP; QL (12 auto-injectors per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION 6X8.8 & 6X22 MCG	Brand	SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Brand	SP; QL (1 Fill per 1 Lifetime)
REBIF SUBCUTANEOUS SOLUTION 22 MCG/0.5ML, 44 MCG/0.5ML	Brand	SP

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Brand	SP; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION 6X8.8 & 6X22 MCG	Brand	SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Brand	SP; QL (1 Fill per 1 Lifetime)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Generic	¥ (Can be filled for up to a 90 day supply)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Brand	STPA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Brand	STPA; QL (60 EA per 30 days)
<i>sr nicotine mouth/throat gum 2 mg</i>	Generic	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Brand	PA; QL (6 ML per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Brand	SP; QL (3 EA per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	Brand	SP; QL (4 EA per 1 day)
<i>tgt nicotine mouth/throat gum 2 mg, 4 mg</i>	Generic	
<i>tgt nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Generic	
<i>tgt nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Generic	
<i>tgt nicotine step one transdermal patch 24 hour 21 mg/24hr</i>	Generic	
<i>tgt nicotine step three transdermal patch 24 hour 7 mg/24hr</i>	Generic	
<i>tgt nicotine step two transdermal patch 24 hour 14 mg/24hr</i>	Generic	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Medical Benefit	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Generic	PA
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG	Brand	SP; QL (1 Fill per 1 Lifetime)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Brand	SP; QL (120 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	Brand	PA
XYWAV ORAL SOLUTION 500 MG/ML	Brand	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Brand	SP; QL (1 Fill per 1 Lifetime)
ZEPOSIA ORAL CAPSULE 0.92 MG	Brand	SP; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	Brand	SP; QL (1 Fill per 1 Lifetime)
RESPIRATORY AGENTS - MISC.		
BRONCHITOL INHALATION CAPSULE 40 MG	Brand	PA; QL (560 EA per 28 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Brand	PA; QL (560 EA per 28 days)
ESBRIET ORAL CAPSULE 267 MG	Brand	SP; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	Brand	SP; QL (270 EA per 30 days)
KALYDECO ORAL PACKET 25 MG	Brand	PA; SP; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	Brand	PA; SP; QL (60 EA per 30 days)
KALYDECO ORAL TABLET 150 MG	Brand	PA; SP; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	Brand	QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Brand	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 200-125 MG	Brand	PA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	Brand	SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Brand	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	Brand	PA; QL (84 EA per 28 days)
TETRACYCLINES		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Generic	PA
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Generic	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Generic	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Generic	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Generic	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Generic	
NUZYRA ORAL TABLET 150 MG	Brand	PA
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Generic	
THYROID AGENTS		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Generic	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Generic	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Generic	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Generic	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	Generic	
<i>propylthiouracil oral tablet 50 mg</i>	Generic	
UNITHROID DIRECT ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Generic	
UNITHROID ORAL TABLET 137 MCG	Generic	
UNITHROID ORAL TABLET 50 MCG, 75 MCG, 88 MCG	Brand	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG	Brand	PA
<i>amoxicill-clarithro-lansopraz oral</i>	Generic	
CANTIL ORAL TABLET 25 MG	Brand	PA
CARAFATE ORAL SUSPENSION 1 GM/10ML	Brand	PA; ¥ (PA applies to members 12 years and older)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Generic	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Generic	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Generic	
DEXILANT ORAL CAPSULE DELAYED RELEASE 60 MG	Brand	PA
<i>dicyclomine hcl oral capsule 10 mg</i>	Generic	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Generic	
<i>dicyclomine hcl oral tablet 20 mg</i>	Generic	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Generic	PA; ¥ (Rx and OTC require PA. Can be filled for up to a 90 day supply.)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	Generic	PA
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Generic	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Generic	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Brand	PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age))
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Brand	PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age))
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Generic	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Generic	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Generic	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Generic	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Generic	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Generic	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Generic	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Generic	
<i>hyosyne oral solution 0.125 mg/ml</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	Generic	PA; ¥ (Age Limit: Max 2 years. Can be filled for up to a 90 day supply.)
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Generic	PA
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Generic	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	Brand	PA
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Generic	
<i>nizatidine oral solution 15 mg/ml</i>	Generic	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	Brand	PA
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	Generic	PA; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	Generic	PA; QL (1 EA per 1 day)
<i>pantoprazole sodium oral packet 40 mg</i>	Generic	PA
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
PHENOHYTRO ORAL TABLET 16.2 MG	Generic	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	Brand	PA
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	Generic	
<i>ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	Generic	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Generic	
<i>sucralfate oral tablet 1 gm</i>	Generic	¥ (Can be filled for up to a 90 day supply)
URINARY ANTISPASMODICS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	Generic	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	Generic	PA; ¥ (Can be filled for up to a 90 day supply)

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
<i>flavoxate hcl oral tablet 100 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
GELNIQUE TRANSDERMAL GEL 10 %, 3 (28) % (MG/ACT)	Brand	PA
GEMTESA ORAL TABLET 75 MG	Brand	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Brand	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Brand	PA
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>oxybutynin chloride oral tablet 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Brand	PA
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Brand	PA
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>trospium chloride oral tablet 20 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
VESICARE LS ORAL SUSPENSION 5 MG/5ML	Brand	PA
VAGINAL AND RELATED PRODUCTS		
<i>clindamycin phosphate vaginal cream 2 %</i>	Generic	
CRINONE VAGINAL GEL 8 %	Brand	PA
INTRAROSA VAGINAL INSERT 6.5 MG	Brand	PA
<i>metronidazole vaginal gel 0.75 %</i>	Generic	
<i>miconazole 3 vaginal suppository 200 mg</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Drug	Status	Notes
PREMARIN VAGINAL CREAM 0.625 MG/GM	Brand	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Generic	
<i>terconazole vaginal suppository 80 mg</i>	Generic	
VANDAZOLE VAGINAL GEL 0.75 %	Generic	
VASOPRESSORS		
ADRENALIN INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	Brand	PA; QL (2 EA per 1 Fill)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Brand	PA; QL (2 EA per 1 Fill)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Generic	PA
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Generic	QL (2 EA per 1 Fill)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	Brand	PA; QL (2 EA per 1 Fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	Brand	PA; QL (2 EA per 1 Fill)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Generic	
VITAMINS		
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Generic	
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	Generic	¥ (Can be filled for up to a 90 day supply)
<i>phytonadione oral tablet 5 mg</i>	Generic	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Generic	

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

^ = Mandates May Apply

¥ = Additional Limits May Apply

= Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

Index

<i>abacavir sulfate</i>	55	AEMCOLO	42	<i>amiodarone hcl</i>	19
<i>abacavir sulfate-lamivudine</i>	55	AFINITOR	44	<i>amitriptyline hcl</i>	26
<i>abacavir-lamivudine-zidovudine</i>	55	AFINITOR DISPERZ	44	<i>amlodipine besy-benazepril hcl</i> ..	39
ABILIFY MAINTENA	52	AFSTYLA	92	<i>amlodipine besylate</i>	60
ABILIFY MYCITE	52	AIMOVIG	105	<i>amlodipine besylate-valsartan</i>	39
<i>abiraterone acetate</i>	44	AIMOVIG (140 MG DOSE) ..	105	<i>amlodipine-atorvastatin</i>	62
ABRAXANE	44	AKYNZEO	34	<i>amlodipine-olmesartan</i>	39
ABSORICA LD	73	<i>albendazole</i>	17	<i>amlodipine-valsartan-hctz</i>	39
ABSTRAL	11	<i>albuterol sulfate</i>	19	<i>ammonium lactate</i>	74
<i>acamprosate calcium</i>	118	<i>albuterol sulfate er</i>	19	AMNESTEEM	74
<i>acarbose</i>	29	<i>albuterol sulfate hfa</i>	19	<i>amondys 45</i>	111
ACCU-CHEK SAFE-T PRO		<i>alclometasone dipropionate</i>	73	<i>amoxapine</i>	26
LANCETS	101	ALECENSA	44	<i>amoxicill-clarithro-lansopraz</i> ...	125
ACCU-CHEK SOFT TOUCH		<i>alendronate sodium</i>	85	<i>amoxicillin</i>	117, 118
LANCETS	101	ALFERON N	44	<i>amoxicillin-pot clavulanate</i>	118
ACCU-CHEK SOFTCLIX		<i>alfuzosin hcl er</i>	91	<i>amoxicillin-pot clavulanate er</i> ..	118
LANCETS	101	ALIQOPA	44	<i>amphetamine-dextroamphet er</i>	3
<i>acebutolol hcl</i>	59	<i>aliskiren fumarate</i>	39	<i>amphetamine-</i>	
<i>acetaminophen-codeine</i>	11, 12	ALLI	3	<i>dextroamphetamine</i>	3
<i>acetaminophen-codeine #2</i>	11	<i>allopurinol</i>	91	<i>ampicillin</i>	118
<i>acetaminophen-codeine #3</i>	11	<i>almotriptan malate</i>	105	ANADROL-50	16
<i>acetaminophen-codeine #4</i>	11	ALOCRIL	112	<i>anagrelide hcl</i>	92
ACETASOL HC	115	<i>alogliptin benzoate</i>	29	<i>anastrozole</i>	44
<i>acetazolamide</i>	83	<i>alogliptin-metformin hcl</i>	29	ANDRODERM	16
<i>acetazolamide er</i>	83	<i>alogliptin-pioglitazone</i>	29	ANORO ELLIPTA	20
<i>acetic acid</i>	115	ALOMIDE	112	ANTARA	36
<i>acetic acid-aluminum acetate</i> ...	115	<i>alosetron hcl</i>	89	<i>antipyrine-benzocaine</i>	115
<i>acetylcysteine</i>	72	ALPHAGAN P	112	ANZEMET	34
ACIPHEX SPRINKLE	125	ALPHANATE	92	APADAZ	12
<i>acitretin</i>	73	ALPHANATE/VWF		APEXICON E	74
<i>acne medication 5</i>	73	COMPLEX/HUMAN	92	<i>aprepitant</i>	34
ACTEMRA	7	ALPHANINE SD	92	APRI	64
ACTEMRA ACTPEN	7	<i>alprazolam</i>	18	APTOM	23
ACTHAR	84	<i>alprazolam er</i>	18	APTIVUS	55
ACTIMMUNE	44	<i>alprazolam xr</i>	18	ARANELLE	65
ACTOPLUS MET XR	29	ALPROLIX	92	ARANESP (ALBUMIN	
<i>acyclovir</i>	55, 73	ALTAVERA	64	FREE)	96, 97
ACZONE	73	ALTRENO	73	ARCALYST	7
ADAKVEO	96	ALUNBRIG	44	ARIKAYCE	7
<i>adapalene</i>	73	ALVESCO	19	<i>aripiprazole</i>	52
<i>adefovir dipivoxil</i>	55	<i>alyacen 1/35</i>	64	ARISTADA	52
ADEMPAS	62	<i>alyacen 7/7/7</i>	64	ARISTADA INITIO	52
ADHANSIA XR	3	<i>amantadine hcl</i>	51	<i>armodafinil</i>	3
ADLYXIN	29	<i>ambrisentan</i>	62	ARNUTY ELLIPTA	20
ADLYXIN STARTER PACK	29	<i>amcinonide</i>	74	ARYMO ER	12
ADMELOG	29	AMETHIA	64	ASCENIV	116
ADMELOG SOLOSTAR	29	AMETHIA LO	64	ASCOMP-CODEINE	12
ADRENACLICK	129	AMETHYST	64	<i>asenapine maleate</i>	53
ADVAIR HFA	19	<i>amiloride hcl</i>	83	ASHLYNA	65
ADVATE	92	<i>amiloride-hydrochlorothiazide</i> ...	83	<i>aspirin-dipyridamole er</i>	92
<i>adynovate</i>	92	<i>aminocaproic acid</i>	99	AT LAST LANCETS	101

<i>atazanavir sulfate</i>	56	BD SYRINGE SLIP TIP	102	BRILINTA	93
<i>atenolol</i>	59	BEBULIN	92	<i>brimonidine tartrate</i>	112
<i>atenolol-chlorthalidone</i>	39	BECONASE AQ	110	BRINEURA	85
<i>atomoxetine hcl</i>	3	BEKYREE	65	<i>brinzolamide</i>	112
<i>atorvastatin calcium</i>	36	BELBUCA	12	BRIVIACT	23
<i>atovaquone</i>	42	BELSOMRA	99	<i>bromfenac sodium</i>	112
<i>atovaquone-proguanil hcl</i>	43	BELVIQ	3	<i>bromfenac sodium (once-daily)</i>	112
<i>atropine sulfate</i>	112	BELVIQ XR	3	<i>bromocriptine mesylate</i>	51
ATROVENT HFA	20	<i>benazepril hcl</i>	39	BRONCHITOL	124
AUBAGIO	118	<i>benazepril-hydrochlorothiazide</i> ..	39	BRONCHITOL	
AUBRA	65	BENEFIX	92	TOLERANCE TEST	124
AURYXIA	89	BENLYSTA	107	BRUKINSA	44
AUSTEDO	118, 119	<i>benznidazole</i>	17	BRYHALI	75
AUVI-Q	129	<i>benzonatate</i>	72	<i>budesonide</i>	20, 72, 111
AVANDAMET	29	<i>benzoyl peroxide</i>	74	<i>budesonide er</i>	72
AVANDIA	29	<i>benzoyl peroxide cleanser</i>	74	<i>budesonide-formoterol fumarate</i>	20
AVAR CLEANSER	74	<i>benzoyl peroxide creamy wash</i> ...	74	<i>bumetanide</i>	83
AVEED	16	<i>benzoyl peroxide wash</i>	74	BUNAVAIL	12
AVIANE	65	<i>benzoyl peroxide-erythromycin</i> ...	74	<i>buprenorphine</i>	12
AVITA	74	<i>benzphetamine hcl</i>	3	<i>buprenorphine hcl</i>	12
AVONEX PEN	119	<i>benztropine mesylate</i>	51	<i>buprenorphine hcl-naloxone hcl</i>	12
AVONEX PREFILLED	119	<i>bepotastine besilate</i>	112	<i>bupropion hcl</i>	26
AVSOLA	89	BERINERT	93	<i>bupropion hcl er (smoking det)</i>	119
AYVAKIT	44	<i>betamethasone dipropionate</i>	74	<i>bupropion hcl er (sr)</i>	26
<i>azathioprine</i>	107	<i>betamethasone dipropionate</i>		<i>bupropion hcl er (xl)</i>	26
<i>azelaic acid</i>	74	<i>aug</i>	74	<i>buspirone hcl</i>	18
<i>azelastine hcl</i>	110, 112	<i>betamethasone valerate</i>	74, 75	<i>butalbital-acetaminophen</i>	11
AZELEX	74	BETASERON	119	<i>butalbital-apap-caffeine</i>	11
<i>azithromycin</i>	100	<i>betaxolol hcl</i>	59, 112	<i>butalbital-asa-caff-codeine</i>	12
AZURETTE	65	<i>bethanechol chloride</i>	127	<i>butalbital-aspirin-caffeine</i>	11
<i>bacitracin</i>	112	<i>bexarotene</i>	44	<i>butorphanol tartrate</i>	12
<i>bacitracin-polymyxin b</i>	112	<i>bicalutamide</i>	44	BYDUREON	30
<i>bacitra-neomycin-polymyxin-hc</i>	112	BIDIL	62	BYETTA 10 MCG PEN	30
<i>baclofen</i>	110	BIKTARVY	56	BYETTA 5 MCG PEN	30
BAFIERTAM	119	<i>bimatoprost</i>	112	BYLVAY	89
<i>balsalazide disodium</i>	89	<i>bisoprolol fumarate</i>	60	BYLVAY (PELLETS)	89
BALVERSA	44	<i>bisoprolol-hydrochlorothiazide</i> ..	39	BYNFEZIA PEN	85
BALZIVA	65	BIVIGAM	116	<i>cabergoline</i>	85
BANZEL	23	BLISOVI 24 FE	65	CABLIVI	93
BARACLUDE	56	BLISOVI FE 1.5/30	65	CABOMETYX	45
BASAGLAR KWIKPEN	29	BLISOVI FE 1/20	65	<i>caffeine citrate</i>	3
BAXDELA	89	BONJESTA	34	<i>calcipotriene</i>	75
BD INSULIN SYRINGE	101	<i>bosentan</i>	62	<i>calcipotriene-betameth diprop</i>	75
BD INSULIN SYRINGE		BOSULIF	44	<i>calcitonin (salmon)</i>	85
MICROFINE	101	BOTOX	111	CALCITRENE	75
BD INSULIN SYRINGE U/F	101	<i>bp foaming wash</i>	75	<i>calcitriol</i>	75, 85
BD INSULIN SYRINGE		<i>bp multinatal plus</i>	109	<i>calcium acetate (phos binder)</i>	89
ULTRAFINE	101	<i>bp wash</i>	75	CALQUENCE	45
BD LANCET ULTRAFINE		<i>bpo</i>	75	CAMILA	65
33G	101	BRAFTOVI	44	CAMRESE	65
BD SAFETY-LOK INSULIN		BREO ELLIPTA	20	CAMRESE LO	65
SYRINGE	102	<i>briellyn</i>	65	<i>candesartan cilexetil</i>	39

<i>candesartan cilexetil-hctz</i>	39	<i>chlorpropamide</i>	30	<i>clotrimazole anti-fungal</i>	76
CANTIL	125	<i>chlorthalidone</i>	84	<i>clotrimazole-betamethasone</i>	76
<i>capecitabine</i>	45	<i>chlorzoxazone</i>	110	<i>clozapine</i>	53
CAPEX	75	CHOLBAM	89	COAGADEX	93
CAPLYTA	53	<i>cholestyramine</i>	37	COARTEM	43
CAPRELSA	45	<i>cholestyramine light</i>	37	<i>codeine sulfate</i>	13
<i>captopril</i>	39	<i>choline & mag trisalicylate</i>	11	<i>colchicine</i>	91
<i>captopril-hydrochlorothiazide</i>	39	<i>choline-mag trisalicylate</i>	11	<i>colchicine-probenecid</i>	91
CARAFATE	125	CIALIS	62	<i>colesevelam hcl</i>	37
CARBAGLU	85	CICLODAN	75	<i>colestipol hcl</i>	37
<i>carbamazepine</i>	23	<i>ciclopirox</i>	75	COLOCORT	17
<i>carbamazepine er</i>	23	<i>ciclopirox olamine</i>	75	COMBIGAN	113
<i>carbidopa</i>	51	CIDALEAZE	75	COMBIVENT RESPIMAT	20
<i>carbidopa-levodopa</i>	51	<i>cilostazol</i>	93	COMETRIQ (100 MG	
<i>carbidopa-levodopa er</i>	51	CIMDUO	56	DAILY DOSE)	45
<i>carbidopa-levodopa-entacapone</i> 51		<i>cimetidine</i>	126	COMETRIQ (140 MG	
CARDIZEM LA	60	<i>cimetidine hcl</i>	126	DAILY DOSE)	45
CARIMUNE NF	116	CIMZIA	90	COMETRIQ (60 MG DAILY	
<i>carisoprodol</i>	110	CIMZIA PREFILLED	89	DOSE)	45
<i>carisoprodol-aspirin</i>	110	CIMZIA STARTER KIT	89	<i>comfort lancets</i>	102
<i>carteolol hcl</i>	112	<i>cinacalcet hcl</i>	85	COMPLERA	56
<i>cartia xt</i>	60	CINQAIR	20	COMPRO	53
<i>carvedilol</i>	60	CINRYZE	93	<i>constulose</i>	100
<i>carvedilol phosphate er</i>	60	<i>ciprofloxacin</i>	89	CONTRAVE	3
CAYSTON	42	<i>ciprofloxacin hcl</i>	89, 113	COPIKTRA	45
CAZANT	65	<i>ciprofloxacin-ciproflox hcl er</i>	89	CORDRAN	76
<i>cefaclor</i>	63	<i>citalopram hydrobromide</i>	26	CORIFACT	93
<i>cefadroxil</i>	63	CLARAVIS	75	CORLANOR	62
<i>cefdinir</i>	64	CLARINEX	36	<i>cortisone acetate</i>	72
<i>cefditoren pivoxil</i>	64	CLARINEX-D 12 HOUR	73	CORTISPORIN-TC	115
<i>cefixime</i>	64	<i>clarithromycin</i>	101	COSELA	45
<i>cefpodoxime proxetil</i>	64	<i>clarithromycin er</i>	100	COSENTYX	76
<i>cefprozil</i>	64	CLEANLET LANCETS 28G 102		COSENTYX (300 MG DOSE) .76	
<i>ceftibuten</i>	64	<i>clemastine fumarate</i>	36	COSENTYX SENSOREADY	
CEFTIN	64	<i>clindamycin hcl</i>	42	(300 MG)	76
<i>cefuroxime axetil</i>	64	<i>clindamycin palmitate hcl</i>	42	COSENTYX SENSOREADY	
<i>celecoxib</i>	7	<i>clindamycin phos-benzoyl perox</i> .75		PEN	76
<i>cephalexin</i>	64	<i>clindamycin phosphate</i>	75, 128	COTELLIC	45
CEQUA	112	CLINPRO 5000	108	CREON	83
CERDELGA	97	<i>clobazam</i>	23	CRESEMBA	35
CEREZYME	97	<i>clobetasol propionate</i>	76	CRINONE	128
CEROVEL	75	<i>clobetasol propionate e</i>	75	CRIXIVAN	56
CESAMET	34	<i>clocortolone pivalate</i>	76	<i>cromolyn sodium</i>	20, 90, 113
<i>cetirizine hcl</i>	36	<i>clocortolone pivalate pump</i>	76	CRYSELLE-28	65
<i>cevimeline hcl</i>	108	<i>clomipramine hcl</i>	27	CRYSVITA	85
CHATEAL	65	<i>clonazepam</i>	23	CUTAQUIG	116
<i>chlordiazepoxide hcl</i>	18	<i>clonidine hcl</i>	39	CUVITRU	116
<i>chlordiazepoxide-clidinium</i>	126	<i>clonidine hcl er</i>	3	<i>cyanocobalamin</i>	97
<i>chlorhexidine gluconate</i>	108	<i>clopidogrel bisulfate</i>	93	CYCLAFEM 1/35	65
<i>chloroquine phosphate</i>	43	<i>clorazepate dipotassium</i>	18	CYCLAFEM 7/7/7	65
<i>chlorothiazide</i>	84	CLORPRES	39	<i>cyclobenzaprine hcl</i>	110
<i>chlorpromazine hcl</i>	53	<i>clotrimazole</i>	76, 108	<i>cyclopentolate hcl</i>	113

<i>cyclophosphamide</i>	45	<i>dexmethylphenidate hcl</i>	4	<i>doxycycline monohydrate</i> .	124, 125
<i>cycloserine</i>	43	<i>dexmethylphenidate hcl er</i>	3	<i>doxylamine-pyridoxine</i>	35
<i>cyclosporine</i>	107	<i>dextroamphetamine sulfate</i>	4	DRIZALMA SPRINKLE	27
<i>cyclosporine modified</i>	107	<i>dextroamphetamine sulfate er</i>	4	<i>dronabinol</i>	35
<i>cyproheptadine hcl</i>	36	DIACOMIT	23	<i>drospiren-eth estrad-levomefol</i> ...	66
CYRED	65	<i>diazepam</i>	18, 23	<i>drospirenone-ethinyl estradiol</i> ...	66
CYSTADROPS	113	DIAZEPAM INTENSOL	18	DROXIA	97
CYSTAGON	91	<i>diazoxide</i>	30	<i>droxidopa</i>	129
CYSTARAN	113	<i>diclofenac epolamine</i>	77	DULERA	20
<i>cytra-2</i>	91	<i>diclofenac potassium</i>	7	<i>duloxetine hcl</i>	27
<i>daily multi</i>	109	<i>diclofenac sodium</i>	8, 77, 113	DUPIXENT	77
DAKLINZA	56	<i>diclofenac sodium er</i>	8	<i>dutasteride</i>	91
<i>dalfampridine er</i>	119	<i>dicloxacillin sodium</i>	118	<i>dutasteride-tamsulosin hcl</i>	91
DALIRESP	20	<i>dicyclomine hcl</i>	126	DYANAVEL XR	4
<i>danazol</i>	16	<i>didanosine</i>	56	DYSPORT	111
<i>dantrolene sodium</i>	110	<i>diethylpropion hcl</i>	4	DYSPORT (GLABELLAR	
<i>dapsone</i>	42, 76	<i>diethylpropion hcl er</i>	4	LINES)	77
<i>darifenacin hydrobromide er</i>	127	DIFICID	101	E.E.S. 400	101
DASETTA 1/35	65	<i>diflorasone diacetate</i>	77	<i>easy comfort insulin syringe</i>	102
DASETTA 7/7/7	65	<i>diflunisal</i>	11	<i>econazole nitrate</i>	77
DAURISMO	45	<i>difluprednate</i>	113	ECOZA	77
DAYSEE	66	DIGITEK	62	EDARBI	39
DAYTRANA	3	DIGOX	62	EDLUAR	99
DAYVIGO	99	<i>digoxin</i>	62	EDURANT	56
DEBLITANE	66	<i>dihydroergotamine mesylate</i>	105	<i>efavirenz</i>	56
<i>deferasirox</i>	34	DILANTIN	23	<i>efavirenz-emtricitab-tenofovir</i> ...	56
DELSTRIGO	56	<i>diltiazem cd</i>	61	<i>efavirenz-lamivudine-tenofovir</i> ...	56
<i>demeclocycline hcl</i>	124	<i>diltiazem hcl</i>	61	EGRIFTA	85
DENAVIR	76	<i>diltiazem hcl er</i>	61	ELELYSO	97
DENTA 5000 PLUS	109	<i>diltiazem hcl er beads</i>	61	<i>eletriptan hydrobromide</i>	105
DENTAGEL	109	<i>diltiazem hcl er coated beads</i>	61	ELINEST	66
DESCOVY	56	<i>dilt-xr</i>	61	ELIQUIS	22
<i>desipramine hcl</i>	27	<i>dimenhydrinate</i>	35	ELIQUIS DVT/PE	
<i>desloratadine</i>	36	<i>dimethyl fumarate</i>	119	STARTER PACK	22
<i>desmopressin ace rhinal tube</i>	85	<i>diphenhydramine hcl</i>	36	ELITE-OB	109
<i>desmopressin ace spray refriger</i> ...	85	<i>diphenoxylate-atropine</i>	34	ELLA	66
<i>desmopressin acetate</i>	85	<i>dipyridamole</i>	93	ELOCTATE	93
<i>desmopressin acetate spray</i>	85	<i>disopyramide phosphate</i>	19	EMADINE	113
<i>desogestrel-ethinyl estradiol</i>	66	<i>disulfiram</i>	119	EMBEDA	13
<i>desonide</i>	76	<i>divalproex sodium</i>	23	EMCYT	45
<i>desoximetasone</i>	76, 77	<i>divalproex sodium er</i>	23	EMEND	35
<i>desvenlafaxine er</i>	27	<i>dofetilide</i>	19	EMFLAZA	72
<i>desvenlafaxine fumarate er</i>	27	DOJOLVI	112	EMOQUETTE	66
<i>dexamethasone</i>	72	<i>donepezil hcl</i>	119	EMPAVELI	93
<i>dexamethasone sodium</i>		DOPTELET	97	EMSAM	27
<i>phosphate</i>	113	<i>dorzolamide hcl</i>	113	<i>emtricitabine</i>	56
DEXCOM G6 RECEIVER	102	<i>dorzolamide hcl-timolol mal</i>	113	<i>emtricitabine-tenofovir df</i>	56
DEXCOM G6 SENSOR	102	DOVATO	56	EMTRIVA	56
DEXCOM G6		<i>doxazosin mesylate</i>	39	<i>enalapril maleate</i>	39
TRANSMITTER	102	<i>doxepin hcl</i>	27, 77	<i>enalapril-hydrochlorothiazide</i>	40
DEXEDRINE	3	<i>doxercalciferol</i>	85	ENBREL	8
DEXILANT	126	<i>doxycycline hyclate</i>	124	ENBREL MINI	8

ENBREL SURECLICK	8	<i>etidronate disodium</i>	85	FINTEPLA	24
ENDARI	97	<i>etodolac</i>	8	FIRDAPSE	43
<i>enoxaparin sodium</i>	22	<i>etodolac er</i>	8	FIRST-LANSOPRAZOLE	126
ENPRESSE-28	66	<i>etonogestrel-ethinyl estradiol</i>	66	FIRST-OMEPRAZOLE	126
ENSKYCE	66	<i>etoposide</i>	45	FIRVANQ	42
ENSPRYNG	107	<i>etravirine</i>	56	<i>flavoxate hcl</i>	128
<i>entacapone</i>	51	EUFLEXXA	110	FLEBOGAMMA DIF	116
<i>entecavir</i>	56	EVEKEO ODT	4	<i>flecainide acetate</i>	19
ENTRESTO	62	EVENITY	85	<i>flo lipid</i>	37
ENTYVIO	90	<i>everolimus</i>	107	FLONASE SENSIMIST	111
<i>enulose</i>	90	EVOTAZ	56	<i>fluconazole</i>	35
EPCLUSA	56	EXELDERM	77	<i>flucytosine</i>	35
EPIDIOLEX	23	<i>exemestane</i>	45	<i>fludrocortisone acetate</i>	72
<i>epinastine hcl</i>	113	EXONDYS 51	111	<i>flunisolide</i>	111
<i>epinephrine</i>	129	EXSERVAN	111	<i>fluocinolone acetonide</i>	77, 115
<i>epinephrine hcl</i>	20	EXTAVIA	119	<i>fluocinolone acetonide body</i>	77
EPIPEN 2-PAK	129	EZALLOR SPRINKLE	37	<i>fluocinolone acetonide scalp</i>	77
EPIPEN JR 2-PAK	129	<i>ezetimibe</i>	37	<i>fluocinonide</i>	77, 78
EPITOL	24	<i>ezetimibe-simvastatin</i>	37	FLUOR-A-DAY	106
<i>eplerenone</i>	40	EZ-LETS LANCETS 26G	102	FLUORIDEX DAILY	
EPOGEN	97	FABIOR	77	DEFENSE	109
<i>epoprostenol sodium</i>	62	FABRAZYME	85	FLUORIDEX ENHANCED	
<i>eprosartan mesylate</i>	40	FALMINA	66	WHITENING	109
<i>eq nicotine</i>	119	<i>famciclovir</i>	56	FLUORIDEX SENSITIVITY	
<i>eq nicotine polacrilex</i>	119	<i>famotidine</i>	126	RELIEF	109
<i>eq nicotine step 3</i>	119	FANAPT	53	<i>fluorometholone</i>	113
<i>eq nicotine</i>	119	FANAPT TITRATION		<i>fluorouracil</i>	78
<i>eq nicotine polacrilex</i>	119	PACK	53	<i>fluoxetine hcl</i>	27
<i>ergocalciferol</i>	129	FARXIGA	30	<i>fluoxetine hcl (pmdd)</i>	120
<i>ergoloid mesylates</i>	119	FARYDAK	45	<i>fluphenazine decanoate</i>	53
ERIVEDGE	45	FASENRA	20	<i>fluphenazine hcl</i>	53
<i>erlotinib hcl</i>	45	FASENRA PEN	20	FLURA-DROPS	106
ERRIN	66	<i>febuxostat</i>	92	<i>flurandrenolide</i>	78
ERY-TAB	101	FEIBA	93	<i>flurazepam hcl</i>	99
ERYTHROCIN STEARATE	101	<i>felbamate</i>	24	<i>flurbiprofen</i>	8
<i>erythromycin</i>	77, 113	<i>felodipine er</i>	61	<i>flurbiprofen sodium</i>	113
<i>erythromycin base</i>	101	<i>fenofibrate</i>	37	<i>flutamide</i>	45
<i>erythromycin ethylsuccinate</i>	101	<i>fenofibrate micronized</i>	37	<i>fluticasone propionate</i>	78, 111
ESBRIET	124	<i>fenofibric acid</i>	37	<i>fluticasone-salmeterol</i>	20
<i>escitalopram oxalate</i>	27	<i>fenoprofen calcium</i>	8	<i>fluvastatin sodium</i>	37
<i>esomeprazole magnesium</i>	126	FENSOLVI (6 MONTH)	85	<i>fluvastatin sodium er</i>	37
ESPEROCT	93	<i>fentanyl</i>	13	<i>fluvoxamine maleate</i>	27
<i>est estrogens-methyltest</i>	88	<i>fentanyl citrate</i>	13	<i>fluvoxamine maleate er</i>	27
<i>est estrogens-methyltest hs</i>	88	FENTORA	13	<i>folbee</i>	97
ESTARYLLA	66	FERRIPROX	34	<i>folic acid</i>	97
<i>estazolam</i>	99	FERRIPROX TWICE-A-		<i>fondaparinux sodium</i>	22
<i>estradiol</i>	88	DAY	34	<i>formoterol fumarate</i>	21
<i>estradiol-norethindrone acet</i>	88	FETZIMA	27	FOSAMAX PLUS D	86
<i>estropipate</i>	88	FETZIMA TITRATION	27	<i>fosamprenavir calcium</i>	56
<i>eszopiclone</i>	99	FINACEA	77	<i>fosfomycin tromethamine</i>	42
<i>ethambutol hcl</i>	43	<i>finasteride</i>	91	<i>fosinopril sodium</i>	40
<i>ethosuximide</i>	24	FINGERSTIX LANCETS	102	<i>fosinopril sodium-hctz</i>	40

FREESTYLE INSULINX		<i>glimepiride</i>	30	<i>hm nicotine polacrilex</i>	120
TEST	83	<i>glipizide</i>	30	HOMATROPAIRE	113
FREESTYLE LANCETS	102	<i>glipizide er</i>	30	<i>homatropine hbr</i>	113
FREESTYLE LITE TEST	83	<i>glipizide xl</i>	30	HORIZANT	120
FREESTYLE PRECISION		<i>glipizide-metformin hcl</i>	30	HUMALOG MIX 50/50	31
NEO TEST	83	GLUCAGEN HYPOKIT	30	HUMALOG MIX 50/50	
FREESTYLE TEST	83	<i>glucagon emergency</i>	30	KWIKPEN	30
<i>frovatriptan succinate</i>	105	GLUCOSOURCE LANCETS		HUMALOG MIX 50/50 PEN. ..	31
FULPHILA	97		102	HUMATE-P	94
<i>furosemide</i>	84	<i>glyburide</i>	30	HUMIRA	9
FUZEON	56	<i>glyburide micronized</i>	30	HUMIRA PEDIATRIC	
FYCOMPA	24	<i>glyburide-metformin</i>	30	CROHNS START	8
<i>gabapentin</i>	24	<i>glycopyrrolate</i>	126	HUMIRA PEN	8
GALAFOLD	86	GLYDO	78	HUMIRA PEN-CD/UC/HS	
<i>galantamine hydrobromide</i>	120	<i>gnp lancets</i>	102	STARTER	8, 9
<i>galantamine hydrobromide er.</i> ..	120	<i>gnp nicotine mini</i>	120	HUMIRA PEN-PEDIATRIC	
GAMASTAN S/D	116	<i>gnp nicotine polacrilex</i>	120	UC START	9
GAMMAGARD	116	<i>gnp ultra com insulin syringe</i> ...	102	HUMIRA PEN-PS/UV/ADOL	
GAMMAGARD S/D LESS		GOCOVRI	51	HS START	9
IGA	116	GRALISE	120	HUMIRA PEN-PSOR/UEIT	
GAMMAKED	117	GRALISE STARTER	120	STARTER	9
GAMMAPLEX	117	<i>granisetron hcl</i>	35	HUMULIN 70/30	31
GAMUNEX-C	117	GRANIX	97	HUMULIN 70/30 KWIKPEN ..	31
<i>gatifloxacin</i>	113	<i>griseofulvin microsize</i>	35	HUMULIN N	31
GATTEX	90	<i>griseofulvin ultramicrosize</i>	35	HUMULIN N KWIKPEN	31
GAVILYTE-C	100	<i>guaifenesin er</i>	73	HUMULIN R	31
GAVILYTE-G	100	<i>guaifenesin-codeine</i>	73	HUMULIN R U-500	
GAVILYTE-H	100	<i>guanfacine hcl</i>	40	(CONCENTRATED)	31
GAVRETO	45	<i>guanfacine hcl er</i>	4	HUMULIN R U-500	
GELNIQUE	128	<i>guanidine hcl</i>	43	KWIKPEN	31
<i>gemfibrozil</i>	38	HAEGARDA	93	HYCANTIN	45
GEMTESA	128	HAEMOLANCE LOW		<i>hydralazine hcl</i>	40
<i>generlac</i>	90	FLOW LANCETS	102	<i>hydrochlorothiazide</i>	84
GENGRAF	107	<i>halcinonide</i>	78	<i>hydrocodone-acetaminophen</i>	13
<i>gentamicin sulfate</i>	78, 113	<i>halobetasol propionate</i>	78	<i>hydrocodone-ibuprofen</i>	13
GENTLE-LET GP		HALOG	78	<i>hydrocortisone</i>	17, 72, 78
LANCETS	102	<i>haloperidol</i>	53	<i>hydrocortisone ace-pramoxine</i>	
GENTLE-LET LANCETS	102	<i>haloperidol decanoate</i>	53		17, 78
GENVOYA	57	<i>haloperidol lactate</i>	53	<i>hydrocortisone acetate</i>	17
GIANVI	66	HARVONI	57	<i>hydrocortisone butyrate</i>	78
GILDAGIA	66	HEATHER	66	<i>hydrocortisone valerate</i>	78
GILDESS 1.5/30	66	HELIXATE FS	93	<i>hydrocortisone-acetic acid</i>	115
GILDESS 1/20	66	HEMLIBRA	93	<i>hydromorphone hcl</i>	13
GILDESS 24 FE	66	HEMMOREX-HC	17	<i>hydromorphone hcl er</i>	13
GILDESS FE 1.5/30	66	HEMOFIL M	94	<i>hydroxychloroquine sulfate</i>	43
GILDESS FE 1/20	66	<i>heparin (porcine) in nacl</i>	22	<i>hydroxyprogesterone caproate</i> ..	118
GILENYA	120	<i>heparin sodium (porcine)</i>	22	<i>hydroxyurea</i>	45
GILOTRIF	45	HETLIOZ	99	<i>hydroxyzine hcl</i>	18
GIVLAARI	93	HETLIOZ LQ	99	<i>hydroxyzine pamoate</i>	18
<i>glatiramer acetate</i>	120	HEXALEN	45	HYOPHEN	42
GLATOPA	120	HIZENTRA	117	<i>hyoscyamine sulfate</i>	126
GLEOSTINE	45	<i>hm nicotine</i>	120	<i>hyoscyamine sulfate er</i>	126

hyosyne.....	126	ipratropium bromide.....	21, 111	ketotifen fumarate.....	113
HYQVIA	117	ipratropium-albuterol.....	21	KEVEYIS	84
HY-VEE LANCETS	102	IPRIVASK	23	KEVZARA	10
hy-vee thin lancets.....	102	irbesartan.....	40	KIMIDESS	67
ibandronate sodium.....	86	irbesartan-hydrochlorothiazide..	40	KINERET	10
IBRANCE	45, 46	IRESSA	46	kinney lancets.....	102
IBUDONE	13	ISENTRESS	57	kinney thin lancets.....	102
ibuprofen.....	9	ISENTRESS HD	57	kinray insulin syringe.....	102
icatibant acetate.....	94	isometheptene-dichloral-apap..	105	KIONEX	107
ICLUSIG	46	isoniazid.....	43	KISQALI 200 DOSE	46
icosapent ethyl.....	38	isosorbide dinitrate.....	17	KISQALI 400 DOSE	46
IDELVION	94	isosorbide dinitrate er.....	17	KISQALI 600 DOSE	46
IDHIFA	46	isosorbide mononitrate.....	17	KLISYRI	79
ILARIS	9	isosorbide mononitrate er.....	17	KOATE	94
ILARIS (150MG DELIVERED)	9	isotretinoin.....	79	KOATE-DVI	94
ILUMYA	78	isradipine.....	61	KOGENATE FS	94
imatinib mesylate.....	46	ISTURISA	86	KOGENATE FS BIO-SET	94
IMBRUVICA	46	itraconazole.....	35	KORLYM	32
IMCIVREE	4	ivermectin.....	17, 79	KOSELUGO	46
imipramine hcl.....	27	IXINITY	94	KOVALTRY	94
imipramine pamoate.....	28	JADENU SPRINKLE	34	KRINTAFEL	43
imiquimod.....	78	JAKAFI	46	KRYSTEXXA	92
imiquimod pump.....	78	JARDIANCE	31	KURVELO	67
IMPAVIDO	42	JATENZO	16	KYNAMRO	38
INATAL ADVANCE	109	JENCYCLA	67	labetalol hcl.....	60
INBRIJA	51	JIVI	94	lactulose.....	100
INCRELEX	86	JOLESSA	67	lactulose encephalopathy.....	90
INCRUSE ELLIPTA	21	JOLIVETTE	67	LAMISIL	36
indapamide.....	84	JUBLIA	79	lamivudine.....	57
indomethacin.....	9	JULEBER	67	lamivudine-zidovudine.....	57
indomethacin er.....	9	JULUCA	57	lamotrigine.....	24
INFLECTRA	90	JUNEL 1.5/30	67	lamotrigine er.....	24
INGREZZA	120	JUNEL 1/20	67	lamotrigine odt.....	24
INLYTA	46	JUNEL FE 1.5/30	67	lamotrigine starter kit-blue.....	24
INQOVI	46	JUNEL FE 1/20	67	lamotrigine starter kit-green.....	24
INREBIC	46	JUNEL FE 24	67	lamotrigine starter kit-orange....	24
insulin asp prot & asp flexpen....	31	JUXTAPID	38	lamotrigine titration.....	24
insulin aspart prot & aspart.....	31	JYNARQUE	86	LAMPIT	42
insulin lispro prot & lispro.....	31	KADIAN	13	lancets.....	102
insulin syringe.....	102	KAITLIB FE	67	lancets thin.....	102
insulin syringe/needle.....	102	KALETRA	57	lansoprazole.....	127
INTELENCE	57	KALYDECO	124	lapatinib ditosylate.....	46
INTRAROSA	128	KANUMA	86	LARIN 1.5/30	67
INTROVALE	66	KARIVA	67	LARIN 1/20	67
INVEGA SUSTENNA	53	KELNOR 1/35	67	LARIN 24 FE	67
INVEGA TRINZA	53	KERENDIA	86	LARIN FE 1.5/30	67
INVELTYS	113	KESIMPTA	120	LARIN FE 1/20	67
INVIRASE	57	ketoconazole.....	35, 79	LASTACAPT	113
INVOKAMET	31	KETODAN	79	latanoprost.....	113
INVOKAMET XR	31	ketoprofen.....	9	LATRIX	79
INVOKANA	31	ketoprofen er.....	9	LATUDA	53
		ketorolac tromethamine.....	9, 113	LAYOLIS FE	67

LEENA	67	<i>lithium</i>	54	<i>medroxyprogesterone acetate</i> ...	118
<i>leflunomide</i>	10	<i>lithium carbonate</i>	54	<i>mefenamic acid</i>	10
LEMTRADA	121	<i>lithium carbonate er</i>	53	<i>mefloquine hcl</i>	43
LENVIMA (10 MG DAILY DOSE)	46	LIVALO	38	<i>megestrol acetate</i>	47, 118
LENVIMA (12 MG DAILY DOSE)	46	LO LOESTRIN FE	68	MEIJER LANCETS	103
LENVIMA (14 MG DAILY DOSE)	46	LOKELMA	107	MEKINIST	47
LENVIMA (20 MG DAILY DOSE)	46	LOMEDIA 24 FE	68	MEKTOVI	47
LENVIMA (24 MG DAILY DOSE)	46	<i>lomustine</i>	47	<i>meloxicam</i>	10
LENVIMA (4 MG DAILY DOSE)	46	<i>longs lancets thin</i>	103	<i>melfhalan</i>	47
LESSINA	67	LONSURF	47	<i>memantine hcl</i>	121
<i>letrozole</i>	47	<i>loperamide hcl</i>	34	<i>memantine hcl er</i>	121
<i>leucovorin calcium</i>	47	<i>lopinavir-ritonavir</i>	57	<i>meperidine hcl</i>	13
LEUKERAN	47	<i>lorazepam</i>	18	<i>mercaptopurine</i>	47
LEUKINE	97	LORAZEPAM INTENSOL	18	<i>mesalamine</i>	90
<i>levalbuterol hcl</i>	21	LORBRENA	47	MESNEX	47
<i>levalbuterol tartrate</i>	21	LORYNA	68	<i>metaproterenol sulfate</i>	21
<i>levetiracetam</i>	24	<i>losartan potassium</i>	40	<i>metaxalone</i>	110
<i>levetiracetam er</i>	24	<i>losartan potassium-hctz</i>	40	<i>metformin hcl</i>	32
<i>levobunolol hcl</i>	114	LOTEMAX SM	114	<i>metformin hcl er</i>	32
<i>levocarnitine</i>	86	<i>loteprednol etabonate</i>	114	<i>metformin hcl er (mod)</i>	32
<i>levocetirizine dihydrochloride</i>	36	<i>lovastatin</i>	38	<i>metformin hcl er (osm)</i>	32
<i>levofloxacin</i>	89, 114	LOW-OGESTREL	68	<i>methadone hcl</i>	13, 14
LEVONEST	68	<i>loxapine succinate</i>	54	METHADONE HCL INTENSOL	14
<i>levonorgest-eth estrad 91-day</i>	68	<i>lubiprostone</i>	90	<i>methamphetamine hcl</i>	4
<i>levonorgestrel</i>	68	<i>luliconazole</i>	79	<i>methazolamide</i>	84
<i>levonorgestrel-ethinyl estrad</i>	68	LUMAKRAS	47	<i>methenamine hippurate</i>	42
<i>levonorg-eth estrad triphasic</i>	68	LUMIGAN	114	<i>methenamine mandelate</i>	42
LEVORA 0.15/30 (28)	68	LUTERA	68	<i>methimazole</i>	125
LEVO-T	125	LYNPARZA	47	<i>methitest</i>	16
<i>levothyroxine sodium</i>	125	LYSODREN	47	<i>methocarbamol</i>	110
LEXETTE	79	LYZA	68	<i>methotrexate</i>	47
LEXIVA	57	<i>malathion</i>	79	<i>methoxsalen rapid</i>	79
LICART	79	<i>maprotiline hcl</i>	28	<i>methscopolamine bromide</i>	127
<i>lidocaine</i>	79	<i>marlissa</i>	68	<i>methyclothiazide</i>	84
<i>lidocaine hcl</i>	79	MATULANE	47	<i>methyldopa</i>	40
<i>lidocaine viscous</i>	109	MATZIM LA	61	<i>methyldopa-</i>	
<i>lidocaine-prilocaine</i>	79	MAVENCLAD (10 TABS)	121	<i>hydrochlorothiazide</i>	40
LIFESCAN UNISTIK II		MAVENCLAD (4 TABS)	121	<i>methylergonovine maleate</i>	116
LANCETS	103	MAVENCLAD (5 TABS)	121	<i>methylphenidate hcl</i>	5
<i>lindane</i>	79	MAVENCLAD (6 TABS)	121	<i>methylphenidate hcl er</i>	5
<i>linezolid</i>	42	MAVENCLAD (7 TABS)	121	<i>methylphenidate hcl er (cd)</i>	4
LINZESS	90	MAVENCLAD (8 TABS)	121	<i>methylphenidate hcl er (la)</i>	4
<i>liothyronine sodium</i>	125	MAVENCLAD (9 TABS)	121	<i>methylprednisolone</i>	72
<i>lisinopril</i>	40	MAVYRET	57	<i>methylprednisolone sodium succ</i>	72
<i>lisinopril-hydrochlorothiazide</i>	40	MAYZENT	121	<i>methyltestosterone</i>	16
<i>lite touch lancets</i>	103	MAYZENT STARTER PACK	121	<i>metipranolol</i>	114
		<i>me/naphos/mb/hyo1</i>	42	<i>metoclopramide hcl</i>	90
		<i>meclizine hcl</i>	35	<i>metolazone</i>	84
		<i>meclofenamate sodium</i>	10	<i>metoprolol succinate er</i>	60
		MEDISENSE THIN		<i>metoprolol tartrate</i>	60
		LANCETS	103	<i>metoprolol-hydrochlorothiazide</i> .	40

<i>metronidazole</i>	42, 79, 128	MONO-LINYAH	68	<i>neбиволol hcl</i>	60
<i>metirosine</i>	40	MONONESSA	68	NECON 0.5/35 (28)	69
<i>mexiletine hcl</i>	19	MONONINE	94	NECON 1/35 (28)	69
<i>miconazole 3</i>	128	<i>montelukast sodium</i>	21	NECON 1/50 (28)	69
MICROGESTIN 1.5/30	68	MORPHABOND ER	14	NECON 10/11 (28)	69
MICROGESTIN 1/20	68	<i>morphine sulfate</i>	14	NECON 7/7/7	69
MICROGESTIN 24 FE	68	<i>morphine sulfate (concentrate)</i> ...	14	<i>nefazodone hcl</i>	28
MICROGESTIN FE 1.5/30	68	<i>morphine sulfate er</i>	14	<i>neomycin sulfate</i>	7
MICROGESTIN FE 1/20	68	<i>morphine sulfate er beads</i>	14	<i>neomycin-polymyxin-dexameth</i> ..	114
<i>micronized colestipol hcl</i>	38	MOTEGRITY	90	<i>neomycin-polymyxin-gramicidin</i>	
MICROTAINER SAFETY		MOVANTIK	90		114
FLOW LANCET	103	<i>moxifloxacin hcl</i>	89	<i>neomycin-polymyxin-hc</i>	114, 116
<i>midodrine hcl</i>	129	<i>moxifloxacin hcl (2x day)</i>	114	NEO-POLYCIN	114
MIGERGOT	105	MULPLETA	97	NEO-POLYCIN HC	114
<i>miglitol</i>	32	MULTI COMPLETE	109	NERLYNX	47
<i>minocycline hcl</i>	125	<i>multi vitamin/fluoride</i>	109	NEUAC	80
<i>minoxidil</i>	40	<i>multi vitamin/minerals</i>	109	NEULASTA	98
<i>mirtazapine</i>	28	<i>multi-vit/fluoride</i>	109	NEULASTA ONPRO	98
MIRVASO	79	<i>multi-vit/fluoride/iron</i>	109	NEUPOGEN	98
<i>misoprostol</i>	127	<i>multivitamin/fluoride</i>	109	NEUPRO	51
<i>modafinil</i>	5	<i>multi-vitamin/fluoride</i>	110	<i>nevirapine</i>	57
<i>moexipril hcl</i>	40	<i>mupirocin</i>	80	<i>nevirapine er</i>	57
<i>moexipril-hydrochlorothiazide</i> ...	40	<i>mupirocin calcium</i>	80	NEXAVAR	47
<i>mometasone furoate</i>	79, 111	MY WAY	68	NEXIUM	127
MONOCLATE-P	94	MYALEPT	86	NEXLETOL	38
MONOJECT CONTROL		MYCAPSSA	86	NEXLIZET	38
SYRINGE	103	<i>mycophenolate mofetil</i>	107	NEXT CHOICE ONE DOSE ..	69
MONOJECT FILTER		<i>mycophenolic acid</i>	108	<i>niacin er</i>	129
ASPIRATOR	103	MYFEMBREE	88	<i>niacin er (antihyperlipidemic)</i>	38
MONOJECT INSULIN		MYLERAN	47	NIACOR	38
SYRINGE	103	<i>mynephrocaps</i>	110	<i>nicardipine hcl</i>	61
MONOJECT PHARMACY		MYOBLOC	111	NICORELIEF	121
TRAY	103	MYORISAN	80	<i>nicotine</i>	122
MONOJECT PISTON		MYRBETRIQ	128	<i>nicotine mini</i>	121
SYRINGE	103	MYZILRA	68	<i>nicotine polacrilex</i>	121
MONOJECT SAFETY		<i>nabumetone</i>	10	<i>nicotine step 1</i>	121
SYRINGE/SHIELD	103	<i>n-acetyl-l-cysteine</i>	112	<i>nicotine step 2</i>	121
MONOJECT SYRINGE	103	<i>nadolol</i>	60	<i>nicotine step 3</i>	121
MONOJECT SYRINGE		<i>nadolol-bendroflumethiazide</i>	41	NICOTROL	122
CATH TIP	103	<i>naftifine hcl</i>	80	NICOTROL NS	122
MONOJECT SYRINGE ECC		<i>naloxone hcl</i>	34	NIFEDIAC CC	61
LUER	103	<i>naltrexone hcl</i>	34	<i>nifedipine</i>	61
MONOJECT SYRINGE		<i>naphazoline hcl</i>	114	<i>nifedipine er</i>	61
LUER LOCK	103	<i>naproxen</i>	10	<i>nifedipine er osmotic release</i>	61
MONOJECT SYRINGE REG		<i>naproxen dr</i>	10	NIKKI	69
LUER	103	<i>naproxen sodium</i>	10	<i>nilutamide</i>	47
MONOJECT TB SAFETY		<i>naratriptan hcl</i>	105	<i>nimodipine</i>	62
SYRINGE	104	NARCAN	34	NINLARO	47
MONOJECT TB SYRINGE ..	104	NATAZIA	68	<i>nisoldipine er</i>	62
MONOJECT ULTRA		<i>nateglinide</i>	32	<i>nitazoxanide</i>	42
COMFORT SYRINGE	104	NATPARA	86	<i>nitisinone</i>	86
MONOLET LANCETS	104	NAYZILAM	25	<i>nitrofurantoin</i>	42

<i>nitrofurantoin macrocrystal</i>	42	<i>obizur</i>	95	ORGOVYX	47
<i>nitrofurantoin monohyd macro</i> ...	42	OICALIVA	90	ORIAHNN	88
<i>nitroglycerin</i>	17, 18	OCELLA	70	ORILISSA	86, 87
NITYR	86	OCREVUS	122	ORKAMBI	124
NIVESTYM	98	OCTAGAM	117	ORLADEYO	95
<i>nizatidine</i>	127	<i>octreotide acetate</i>	86	<i>orphenadrine citrate er</i>	110
NODOLOR	105	ODACTRA	6	ORSYTHIA	70
NORA-BE	69	ODEFSEY	57	ORTIKOS	72
NORDITROPIN FLEXPRO ...	86	ODOMZO	47	<i>oseltamivir phosphate</i>	57, 58
<i>norethin ace-eth estrad-fe</i>	69	OFEV	124	OSPHERA	87
<i>norethindrone</i>	69	<i>ofloxacin</i>	89, 114, 116	OTEZLA	10
<i>norethindrone acetate</i>	118	OGESTREL	70	<i>otic care</i>	116
<i>norethindrone acet-ethinyl est</i>	69	<i>olanzapine</i>	54	<i>oxandrolone</i>	16
<i>norethindrone-eth estradiol</i>	88	<i>olanzapine-fluoxetine hcl</i>	122	<i>oxaprozin</i>	10
<i>norethin-eth estradiol-fe</i>	69	OLEPTRO	28	<i>oxazepam</i>	18
<i>norgestimate-eth estradiol</i>	69	<i>olmesartan medoxomil</i>	41	OXBRYTA	98
<i>norgestim-eth estrad triphasic</i>	69	<i>olmesartan medoxomil-hctz</i>	41	<i>oxcarbazepine</i>	25
<i>norgestrel-ethinyl estradiol</i>	69	<i>olopatadine hcl</i>	114	OXERVATE	114
NORITATE	80	OLUMIANT	10	<i>oxiconazole nitrate</i>	80
NORTREL 0.5/35 (28)	69	OLYSIO	57	OXISTAT	80
NORTREL 1/35 (21)	69	<i>omeprazole</i>	127	OXLUMO	91
NORTREL 1/35 (28)	69	OMEPRAZOLE+SYRSPEN		OXTELLAR XR	25
NORTREL 7/7/7	70	D SF ALKA	127	<i>oxybutynin chloride</i>	128
<i>nortriptyline hcl</i>	28	<i>omeprazole-sodium bicarbonate</i>		<i>oxybutynin chloride er</i>	128
NORVIR	57		127	<i>oxycodone hcl</i>	14, 15
NOURIANZ	51	OMNARIS	111	<i>oxycodone hcl er</i>	14
NOVOEIGHT	95	OMNIPOD DASH 5 PACK		<i>oxycodone-acetaminophen</i>	15
NOVOLIN 70/30	32	PODS	104	<i>oxycodone-aspirin</i>	15
NOVOLIN 70/30 RELION	32	<i>ondansetron</i>	35	<i>oxycodone-ibuprofen</i>	15
NOVOLIN N	32	<i>ondansetron hcl</i>	35	OXYCONTIN	15
NOVOLIN N RELION	32	ONETOUCH CLUB		<i>oxymorphone hcl</i>	15
NOVOLIN R	32	LANCETS FINE PT	104	<i>oxymorphone hcl er</i>	15
NOVOLIN R RELION	32	ONETOUCH FINEPOINT		OXYTROL	128
NOVOSEVEN	95	LANCETS	104	OZEMPIC (0.25 OR 0.5	
NOVOSEVEN RT	95	ONETOUCH LANCETS	104	MG/DOSE)	32
NOXAFIL	36	ONETOUCH ULTRASOFT		OZEMPIC (1 MG/DOSE)	32
<i>np thyroid</i>	125	LANCETS	104	OZOBAX	110
NUCALA	21	ONGENTYS	51	PALFORZIA (12 MG DAILY	
NUCYNTA	14	ONPATTRO	122	DOSE)	6
NUCYNTA ER	14	ONUREG	47	PALFORZIA (120 MG	
NUEDEXTA	122	OPANA ER	14	DAILY DOSE)	6
NULIBRY	86	<i>opium</i>	34	PALFORZIA (160 MG	
NUPLAZID	54	OPSUMIT	63	DAILY DOSE)	6
NURTEC	105	ORALAIR	6	PALFORZIA (20 MG DAILY	
NUTRESTORE	112	ORALAIR ADULT		DOSE)	6
NUWIQ	95	STARTER PACK	6	PALFORZIA (200 MG	
NUZYRA	125	ORALAIR CHILDRENS		DAILY DOSE)	6
NYAMYC	80	STARTER PACK	6	PALFORZIA (240 MG	
<i>nystatin</i>	36, 80, 109	ORENCIA	10	DAILY DOSE)	6
<i>nystatin-triamcinolone</i>	80	ORENCIA CLICKJECT	10	PALFORZIA (3 MG DAILY	
NYSTOP	80	ORENITRAM	63	DOSE)	6
NYVEPRIA	98	ORFADIN	86		

PALFORZIA (300 MG MAINTENANCE)	6	<i>phenytoin sodium extended</i>	25	PRECISION THINS GP LANCETS	104
PALFORZIA (300 MG TITRATION)	7	PHESGO	48	PRECISION ULTRA LANCET	104
PALFORZIA (40 MG DAILY DOSE)	7	PHILITH	70	PRECISION XTRA BLOOD GLUCOSE	83
PALFORZIA (6 MG DAILY DOSE)	7	PHOS-FLUR	109	<i>prednicarbate</i>	80
PALFORZIA (80 MG DAILY DOSE)	7	PHOSPHA 250 NEUTRAL ...	106	<i>prednisolone</i>	72
PALFORZIA INITIAL ESCALATION	7	PHOSPHASAL	42	<i>prednisolone acetate</i>	114
<i>paliperidone er</i>	54	<i>phytonadione</i>	129	<i>prednisolone sodium phosphate</i> ..	72
PALYNZIQ	87	PICATO	80	<i>prednisone</i>	72
PANRETIN	80	PIFELTRO	58	<i>preferred plus lancets colored</i> ..	104
<i>pantoprazole sodium</i>	127	<i>pilocarpine hcl</i>	109, 114	<i>preferred plus lancets thin</i>	104
PANZYGA	117	<i>pimecrolimus</i>	80	<i>pregabalin</i>	25
<i>paregoric</i>	34	<i>pimozide</i>	122	<i>pregabalin er</i>	122
<i>paricalcitol</i>	87	PIMTREA	70	PREMARIN	129
PAROEX	109	<i>pindolol</i>	60	<i>premium lidocaine</i>	80
<i>paromomycin sulfate</i>	7	<i>pioglitazone hcl</i>	32	PREMPHASE	89
<i>paroxetine hcl</i>	28	<i>pioglitazone hcl-glimepiride</i>	32	PREMPRO	89
<i>paroxetine hcl er</i>	28	<i>pioglitazone hcl-metformin hcl</i> ...	32	<i>prenatabs fa</i>	110
PASER	43	PIQRAY (200 MG DAILY DOSE)	48	<i>prenatal</i>	110
<i>peg 3350/electrolytes</i>	100	PIQRAY (250 MG DAILY DOSE)	48	<i>prenatal 19</i>	110
<i>peg 3350-kcl-na bicarb-nacl</i>	100	PIQRAY (300 MG DAILY DOSE)	48	<i>pretomanid</i>	44
<i>peg-3350/electrolytes</i>	100	PIRMELLA 1/35	70	PREVIFEM	70
PEGANONE	25	PIRMELLA 7/7/7	70	PREVYMIS	58
PEMAZYRE	47	<i>piroxicam</i>	10	PREZCOBIX	58
<i>penicillamine</i>	108	<i>podofilox</i>	80	PREZISTA	58
<i>penicillin g procaine</i>	118	<i>polyethylene glycol 3350</i>	100	PRIFTIN	44
<i>penicillin v potassium</i>	118	<i>polymyxin b-trimethoprim</i>	114	PRIOSEC	127
PENNSAID	80	<i>polyvinyl alcohol</i>	114	<i>primidone</i>	25
<i>pentoxifylline er</i>	95	POMALYST	48	PRISTIQ	28
<i>perindopril erbumine</i>	41	PORTIA-28	70	PRIVIGEN	117
PERIOGARD	109	<i>pot bicarb-pot chloride</i>	106	PROAIR DIGIHALER	21
<i>permethrin</i>	80	<i>potassium bicarbonate</i>	106	PROAIR RESPICLICK	21
<i>perphenazine</i>	54	<i>potassium chloride</i>	107	<i>probenecid</i>	92
PERSERIS	54	<i>potassium chloride crys er</i>	106	PROBUPHINE IMPLANT KIT	15
<i>phenazopyridine hcl</i>	91	<i>potassium chloride er</i>	107	<i>prochlorperazine</i>	54
<i>phendimetrazine tartrate</i>	5	<i>potassium citrate er</i>	91	<i>prochlorperazine edisylate</i>	54
<i>phendimetrazine tartrate er</i>	5	PRADAXA	23	<i>prochlorperazine maleate</i>	54
<i>phenelzine sulfate</i>	28	<i>pramcort</i>	17	PROCRT	98
PHENERGAN	36	<i>pramipexole dihydrochloride</i>	52	PROCTO-PAK	17
<i>phenobarbital</i>	99, 100	<i>pramipexole dihydrochloride er</i>	51, 52	PROCTOSOL HC	17
PHENOHYTRO	127	<i>prasugrel hcl</i>	95	PROCTOZONE-HC	17
<i>phenoxybenzamine hcl</i>	41	<i>pravastatin sodium</i>	38	PROFILNINE	95
<i>phentermine hcl</i>	5	<i>praziquantel</i>	17	PROFILNINE SD	95
<i>phenyleph-promethazine-cod</i>	73	<i>prazosin hcl</i>	41	<i>progesterone</i>	118
<i>phenylephrine-guaifenesin</i>	73	PRECISION SURE-DOSE SYRINGE	104	<i>progesterone micronized</i>	118
<i>phenytoin</i>	25	PRECISION THIN LANCETS	104	PROGRAF	108
PHENYTOIN INFATABS	25			PROLEUKIN	48
				PROLIA	87
				PROMACTA	98

<i>promethazine hcl</i>	36	<i>rasagiline mesylate</i>	52	<i>ritonavir</i>	58
<i>promethazine vc plain</i>	73	RAVICTI	87	RITUXAN	48
<i>promethazine vc/codeine</i>	73	REA LO 40	80	<i>rivastigmine</i>	123
<i>promethazine-codeine</i>	73	<i>reality lancets</i>	104	<i>rivastigmine tartrate</i>	123
<i>promethazine-dm</i>	73	<i>reality trigger lancets</i>	104	<i>rixubis</i>	95
<i>promethazine-phenylephrine</i>	73	REBIF	122, 123	<i>rizatriptan benzoate</i>	106
<i>propafenone hcl</i>	19	REBIF REBIDOSE	122	<i>ropinirole hcl</i>	52
<i>propafenone hcl er</i>	19	REBIF REBIDOSE		<i>ropinirole hcl er</i>	52
<i>proparacaine hcl</i>	114	TITRATION PACK	122	ROSANIL CLEANSER	81
<i>propranolol hcl</i>	60	REBIF TITRATION PACK ..	123	<i>rosuvastatin calcium</i>	38
<i>propranolol hcl er</i>	60	REBINYN	95	ROZLYTREK	48
<i>propranolol-hctz</i>	41	REBLOZYL	98	RUBRACA	48
<i>propylthiouracil</i>	125	RECLIPSEN	70	RUCONEST	95
<i>protriptyline hcl</i>	28	RECOMBINATE	95	<i>rufinamide</i>	25
<i>pseudoephedrine hcl</i>	111	RELENZA DISKHALER	58	RUKOBIA	58
PSS SELECT GP LANCETS	104	RELISTOR	90	RUXIENCE	48
PSS SELECT SAFETY		REMEVEN	80	RUZURGI	43
LANCETS	104	REMICADE	90	RYBELSUS	33
PULMOZYME	124	REMODULIN	63	RYDAPT	48
PURIXAN	48	RENAL	110	SAJAZIR	96
<i>pyrazinamide</i>	44	RENFLEXIS	90	<i>salsalate</i>	11
<i>pyridostigmine bromide</i>	43	<i>repaglinide</i>	32	SANCUSO	35
<i>pyridostigmine bromide er</i>	43	<i>repaglinide-metformin hcl</i>	33	SAPHNELO	108
QBREXZA	80	REPATHA	38	<i>sapropterin dihydrochloride</i>	87
<i>qc nicotine polacrilex</i>	122	REPATHA PUSHTRONEX		SAVELLA	123
QELBREE	5	SYSTEM	38	SAVELLA TITRATION	
QINLOCK	48	REPATHA SURECLICK	38	PACK	123
QNASL	111	RESCRIPTOR	58	SAXENDA	5
QNASL CHILDRENS	111	RESCULA	114	<i>sb lancets thin</i>	104
QSYMIA	5	<i>reserpine</i>	41	<i>sb lancets ultra thin</i>	104
QUASENSE	70	RESTASIS	114	SCENESSE	81
<i>quetiapine fumarate</i>	54	RETACRIT	99	<i>scopolamine</i>	35
<i>quetiapine fumarate er</i>	54	RETEVMO	48	SECUADO	55
QUILLIVANT XR	5	RETIN-A MICRO PUMP	80	SEGLUROMET	33
<i>quinapril hcl</i>	41	REVLIMID	108	<i>selegiline hcl</i>	52
<i>quinapril-hydrochlorothiazide</i>	41	REXULTI	54	<i>selenium sulfide</i>	81
<i>quinidine gluconate er</i>	19	REYATAZ	58	<i>selenium sulf-pyrithione-urea</i>	81
<i>quinidine sulfate</i>	19	REYVOW	106	SELZENTRY	58
<i>quinidine sulfate er</i>	19	REZUROCK	108	SEMPREX-D	73
<i>quinine sulfate</i>	43	RHOPRESSA	115	SEROSTIM	87
QVAR	21	RIABNI	48	<i>sertraline hcl</i>	28
QVAR REDIHALER	21	RIBASPHERE	58	SETLAKIN	70
<i>ra mini nicotine</i>	122	<i>ribavirin</i>	58	SEVENFACT	96
<i>ra nicotine</i>	122	<i>rifabutin</i>	44	<i>sf</i>	109
<i>ra nicotine polacrilex</i>	122	<i>rifampin</i>	44	<i>sf 5000 plus</i>	109
<i>rabeprazole sodium</i>	127	<i>riluzole</i>	111	SHAROBEL	70
RADICAVA	111	<i>rimantadine hcl</i>	58	SIGNIFOR	87
<i>raloxifene hcl</i>	87	RINVOQ	10	SIGNIFOR LAR	87
<i>ramelteon</i>	100	<i>risedronate sodium</i>	87	SIKLOS	99
<i>ramipril</i>	41	RISPERDAL CONSTA	54	<i>sildenafil citrate</i>	63
<i>ranitidine hcl</i>	127	<i>risperidone</i>	54, 55	SILIQ	81
<i>ranolazine er</i>	18	RISPERIDONE M-TAB	54	<i>silodosin</i>	91

<i>silver sulfadiazine</i>	81	<i>sumatriptan succinate</i>	106	<i>temozolomide</i>	49
SIMBRINZA	115	<i>sumatriptan succinate refill</i>	106	<i>tenofovir disoproxil fumarate</i>	59
SIMPONI	11	<i>sunitinib malate</i>	48	TEPEZZA	88
SIMPONI ARIA	11	SUNOSI	6	TEPMETKO	49
<i>simvastatin</i>	38	<i>super thin lancets</i>	104	<i>terazosin hcl</i>	41
<i>sirolimus</i>	108	SUPPRELIN LA	88	<i>terbinafine hcl</i>	36
SIRTURO	44	SUPRAX	64	<i>terbutaline sulfate</i>	22
SIVEXTRO	42	SUPRENZA	6	<i>terconazole</i>	129
SKYRIZI (150 MG DOSE)	81	<i>sure comfort insulin syringe</i>	104	<i>teriparatide (recombinant)</i>	88
<i>sodium fluoride</i>	107	SURELITE LANCETS	104	TESTOPEL	16
<i>sodium polystyrene sulfonate</i>	108	SYEDA	70	<i>testosterone</i>	16, 17
<i>solifenacin succinate</i>	128	SYMDEKO	124	<i>testosterone cypionate</i>	16
SOLIRIS	96	SYMLINPEN 120	33	<i>testosterone enanthate</i>	16
SOLOSEC	7	SYMLINPEN 60	33	<i>tetrabenazine</i>	123
SOLTAMOX	48	SYMPAZAN	25	<i>tetracycline hcl</i>	125
SOMAVERT	87	SYMPROIC	91	<i>tgt nicotine</i>	123
<i>sotalol hcl</i>	60	SYMTUZA	59	<i>tgt nicotine polacrilex</i>	123
<i>sotalol hcl (af)</i>	60	SYNAGIS	117	<i>tgt nicotine step one</i>	123
SOVALDI	58	SYNALAR (CREAM)	81	<i>tgt nicotine step three</i>	123
<i>spinosad</i>	81	SYNALAR (OINTMENT)	81	<i>tgt nicotine step two</i>	123
SPINRAZA	111	SYNAREL	88	THALOMID	108
SPIRIVA RESPIMAT	22	SYNDROS	35	<i>theophylline</i>	22
<i>spironolactone</i>	84	SYNJARDY	33	<i>theophylline er</i>	22
<i>spironolactone-hctz</i>	84	SYNJARDY XR	33	THINLETS GP LANCETS	104
SPRAVATO (56 MG DOSE)	28	TABLOID	48	THINLETS LANCET	104
SPRAVATO (84 MG DOSE)	28	TABRECTA	48	<i>thioridazine hcl</i>	55
SPRINTEC 28	70	TACLONEX	81	<i>thiothixene</i>	55
SPRITAM	25	<i>tacrolimus</i>	81, 108	<i>tiagabine hcl</i>	25
SPRYCEL	48	<i>tadalafil</i>	63	TIBSOVO	49
SPS	108	<i>tadalafil (pah)</i>	63	TIGLUTIK	112
<i>sr nicotine</i>	123	TAFINLAR	48	TILIA FE	70
SRONYX	70	TAGRISSO	49	<i>timolol maleate</i>	60, 115
SSD	81	TAKHZYRO	96	<i>tinidazole</i>	43
<i>stavudine</i>	58	TALTZ	81	TIVICAY	59
STEGLATRO	33	TALZENNA	49	TIVICAY PD	59
STELARA	81, 90	<i>tamoxifen citrate</i>	49	<i>tizanidine hcl</i>	110
STIVARGA	48	<i>tamsulosin hcl</i>	91	TOBI PODHALER	7
STRENSIQ	88	TANZEUM	33	<i>tobramycin</i>	7, 115
STRIANT	16	TARINA FE 1/20	70	<i>tobramycin-dexamethasone</i>	115
STRIBILD	58	TASIGNA	49	<i>tolazamide</i>	33
STRIVERDI RESPIMAT	22	TAVALISSE	96	<i>tolbutamide</i>	33
SUBLOCADE	15	<i>tazarotene</i>	82	<i>tolcapone</i>	52
<i>sucralfate</i>	127	TAZORAC	82	<i>tolmetin sodium</i>	11
<i>sulfacetamide sodium</i>	81, 115	TAZVERIK	49	<i>tolterodine tartrate</i>	128
<i>sulfacetamide sodium (acne)</i>	81	<i>tb syringe 1 ml</i>	104	<i>tolterodine tartrate er</i>	128
<i>sulfacetamide sodium-sulfur</i>	81	TECHLITE LANCETS	104	<i>topco insulin syringe</i>	105
<i>sulfacetamide-prednisolone</i>	115	TECHNIVIE	59	<i>topiramate</i>	25
<i>sulfamethoxazole-trimethoprim</i>	42, 43	TEGSEDI	123	<i>topiramate er</i>	25
<i>sulfasalazine</i>	91	TEKTURN HCT	41	<i>toremifene citrate</i>	49
<i>sulindac</i>	11	<i>telmisartan</i>	41	<i>torsemide</i>	84
<i>sumatriptan</i>	106	<i>telmisartan-hctz</i>	41	TOSYMRA	106
		<i>temazepam</i>	100	TOVIAZ	128

TRACLEER	63	<i>trosipium chloride er</i>	128	<i>ursodiol</i>	91
<i>tramadol hcl</i>	15	TRULICITY	33	URYL	43
<i>tramadol hcl er</i>	15	TRUSELTIQ (100MG		<i>valacyclovir hcl</i>	59
<i>tramadol hcl er (biphasic)</i>	15	DAILY DOSE)	49	<i>valganciclovir hcl</i>	59
<i>tramadol-acetaminophen</i>	15	TRUSELTIQ (125MG		<i>valproic acid</i>	25
<i>trandolapril</i>	41	DAILY DOSE)	49	<i>valsartan</i>	41
<i>trandolapril-verapamil hcl er</i>	41	TRUSELTIQ (50MG DAILY		<i>valsartan-hydrochlorothiazide</i> ...	41
<i>tranexamic acid</i>	99	DOSE)	49	VALTOCO 10 MG DOSE	26
<i>tranylcypromine sulfate</i>	28	TRUSELTIQ (75MG DAILY		VALTOCO 15 MG DOSE	26
TRAVATAN Z	115	DOSE)	49	VALTOCO 20 MG DOSE	26
<i>trazodone hcl</i>	28	TRUXIMA	49	VALTOCO 5 MG DOSE	26
TRECATOR	44	TUKYSA	49	VANDAZOLE	129
TREMFYA	82	TURALIO	49	<i>varenicline tartrate</i>	123
TRESIBA	33	TYBOST	59	VARUBI	35
TRESIBA FLEXTOUCH	33	TYMLOS	88	VASCEPA	38
<i>tretinoin</i>	49, 82	TYSABRI	123	VELIVET	71
<i>tretinoin microsphere</i>	82	TYVASO	63	VELTASSA	108
<i>tretinoin microsphere pump</i>	82	TYVASO REFILL	63	VEMLIDY	59
TRETTEN	96	TYVASO STARTER	63	VENCLEXTA	49
TREXALL	49	UBRELVY	106	VENCLEXTA STARTING	
<i>triamcinolone acetonide</i>		UCERIS	17	PACK	49
.....	82, 109, 111	UDENYCA	99	<i>venlafaxine hcl</i>	29
<i>triamterene</i>	84	UKONIQ	49	<i>venlafaxine hcl er</i>	29
<i>triamterene-hctz</i>	84	ULESFIA	82	VENTAVIS	63
<i>trientine hcl</i>	108	ULTILET CLASSIC		VERAMYST	111
TRI-ESTARYLLA	70	LANCETS	105	<i>verapamil hcl</i>	62
<i>trifluoperazine hcl</i>	55	ULTILET LANCETS	105	<i>verapamil hcl er</i>	62
<i>trifluridine</i>	115	ULTOMIRIS	96	VEREGEN	82
<i>trihexyphenidyl hcl</i>	52	ULTRA-THIN II AUTO		VERZENIO	49
TRIKAFTA	124	LANCET	105	VESICARE LS	128
TRI-LEGEST FE	70	ULTRA-THIN II LANCETS	105	VESTURA	71
TRI-LINYAH	70	UNILET COMFORTOUCH		VIBERZI	91
TRI-LO-ESTARYLLA	71	LANCET	105	VICTOZA	33
TRI-LO-MARZIA	71	UNILET G.P. LANCET	105	VIDEX	59
TRI-LO-SPRINTEC	71	UNILET G.P. SUPERLITE		VIEKIRA PAK	59
TRILYTE	100	LANCET	105	VIEKIRA XR	59
<i>trimethobenzamide hcl</i>	35	UNILET LANCET	105	VIENVA	71
<i>trimethoprim</i>	43	UNILET SUPERLITE		<i>vigabatrin</i>	26
<i>trimipramine maleate</i>	28	LANCET	105	VIIBRYD	29
TRINATE	110	UNISTIK 1	105	VIIBRYD STARTER PACK ..	29
TRINESSA (28)	71	UNITHROID	125	VILTEPSO	112
TRINESSA LO	71	UNITHROID DIRECT	125	VIMPAT	26
TRINTELLIX	28	UPLIZNA	108	VIOKACE	83
TRI-PREVIFEM	71	UPNEEQ	115	<i>viorele</i>	71
TRI-SPRINTEC	71	UPTRAVI	63	VIRACEPT	59
TRIUMEQ	59	<i>urea</i>	82	VIREAD	59
<i>tri-vit/fluoride/iron</i>	110	<i>urea nail film</i>	82	VISTOGARD	34
<i>tri-vitamin/fluoride</i>	110	<i>urea-c40</i>	82	VITALET PRO LANCETS ..	105
TRIVORA (28)	71	<i>ure-k</i>	82	VITALET PRO PLUS	
TROKENDI XR	25	URIMAR-T	43	LANCETS	105
<i>tropicamide</i>	115	UROLET MB	43	<i>vitamin d (ergocalciferol)</i>	129
<i>trosipium chloride</i>	128	UROPHEN MB	43	VITRAKVI	49, 50

VIVITROL	34	XOSPATA	50	<i>zolpidem tartrate</i>	100
VIZIMPRO	50	XPOVIO (100 MG ONCE		<i>zolpidem tartrate er</i>	100
VOLTAREN	82	WEEKLY)	50	<i>zonisamide</i>	26
VONVENDI	96	XPOVIO (40 MG ONCE		ZONTIVITY	96
<i>voriconazole</i>	36	WEEKLY)	50	ZORBTIVE	88
VOSEVI	59	XPOVIO (40 MG TWICE		ZORTRESS	108
VOTRIENT	50	WEEKLY)	50	ZOVIA 1/35E (28)	71
VPRIV	99	XPOVIO (60 MG ONCE		ZOVIA 1/50E (28)	71
VRAYLAR	55	WEEKLY)	50	ZUBSOLV	16
VUMERITY	124	XPOVIO (60 MG TWICE		ZULRESSO	29
VUMERITY (STARTER)	123	WEEKLY)	50	ZYCLARA PUMP	83
VYEPTI	106	XPOVIO (80 MG ONCE		ZYDELIG	50
VYFEMLA	71	WEEKLY)	50	ZYKADIA	50
VYNDAMAX	63	XPOVIO (80 MG TWICE		ZYPITAMAG	38
VYNDAQEL	63	WEEKLY)	50	ZYPREXA RELPREVV	55
VYONDYS 53	112	XTANDI	50		
VYVANSE	6	XULANE	71		
VYZULTA	115	XURIDEN	88		
W&F LANCETS 26G	105	XYNTHA	96		
W&F LANCETS COLORED		XYNTHA SOLOFUSE	96		
21G	105	XYOSTED	17		
WAKIX	6	XYREM	124		
<i>warfarin sodium</i>	23	XYWAV	124		
<i>weight loss daily multi</i>	110	<i>zafirlukast</i>	22		
WELIREG	50	<i>zaleplon</i>	100		
WERA	71	ZARAH	71		
WILATE	96	ZARXIO	99		
WINLEVI	82	ZEJULA	50		
WIXELA INHUB	22	ZELAPAR	52		
WYMZYA FE	71	ZELBORAF	50		
XADAGO	52	ZENATANE	83		
XALKORI	50	ZENCHENT	71		
XATMEP	50	ZENCHENT FE	71		
XCOPRI	26	ZENPEP	83		
XCOPRI (250 MG DAILY		ZENZEDI	6		
DOSE)	26	ZEPATIER	59		
XCOPRI (350 MG DAILY		ZEPOSIA	124		
DOSE)	26	ZEPOSIA 7-DAY STARTER			
XELJANZ	11	PACK	124		
XELJANZ XR	11	ZEPOSIA STARTER KIT	124		
XELPROS	115	ZETONNA	111		
XEMBIFY	117	<i>zidovudine</i>	59		
XENICAL	6	ZIEXTENZO	99		
XENLETA	43	ZINPLAVA	117		
XEOMIN	112	ZIOPTAN	115		
XEPI	82	<i>ziprasidone hcl</i>	55		
XERMELO	91	ZIRGAN	115		
XGEVA	88	ZOHYDRO ER	16		
XIAFLEX	108	ZOKINVY	108		
XIFAXAN	43	ZOLADEX	50		
XIGDUO XR	33, 34	ZOLINZA	50		
XOLAIR	22	<i>zolmitriptan</i>	106		