

Performance Drug List – Standard Control for Arkansas Blue Cross and Blue Shield Standard with Step Therapy

The **Arkansas Blue Cross and Blue Shield Standard with Step Therapy Drug List** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list and does not guarantee coverage. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with prescription drug coverage that is administered by Arkansas Blue Cross and Blue Shield. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list the next time you or a covered family member sees a doctor.

- Your specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document. Medications and products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered immediately upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and cost sharing, or if you have additional questions, please sign in or register on www.arkansasbluecross.com or contact an Arkansas Blue Cross and Blue Shield Customer Care representative at 1-800-863-5561.
- When a generic medication that is equivalent to a brand-name drug is released to the market, in most instances, that brand-name drug will be designated as a non-preferred option.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by Arkansas Blue Cross and Blue Shield. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is medically necessary, consider prescribing a brand name on this list.

- The member's prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- This drug list represents a summary of prescription coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered immediately upon release to the market.
- The member's prescription benefit plan may have different cost sharing for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

- Log in to www.arkansasbluecross.com to check coverage and cost sharing information for a specific medicine.

LEGEND

AGE = Prior Authorization applies for members age 35 and older

MB = Coverage determined under the Medical Benefit

OTC = Over the Counter

PA = Prior Authorization

PA* = Prior Authorization may apply

QL = Quantity Limit

SGM = Specialty Guideline Management

ST = Step Therapy

delayed-rel = Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification

ext-rel = Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

ANALGESICS

COX-2 INHIBITORS

celecoxib

GOUT

allopurinol

colchicine tablet

probenecid

MITIGARE

NSAIDS

diclofenac sodium

diclofenac sodium solution 1.5%

ibuprofen

meloxicam tablet

naproxen (except naproxen CR or naproxen suspension)

NSAIDS, COMBINATIONS

diclofenac sodium-misoprostol

OPIOID ANALGESICS

*codeine-acetaminophen QL; PA**

*fentanyl transdermal QL; PA**

*fentanyl transmucosal lozenge QL; PA**

*hydrocodone ext-rel QL; PA**

*hydrocodone-acetaminophen QL; PA**

*hydromorphone QL; PA**

*hydromorphone ext-rel QL; PA**

*methadone QL; PA**

*morphine QL; PA**

*morphine ext-rel QL; PA**

*oxycodone QL; PA**

*oxycodone ext-rel QL; PA**

*oxycodone-acetaminophen QL; PA**

tramadol (except tramadol tablet 100 mg) **QL; PA***

*tramadol ext-rel tablet QL; PA**

OPIOID PARTIAL AGONISTS

buprenorphine transdermal PA

BELBUCA PA

VISCOSUPPLEMENTS

DUROLANE MB

EUFLEXXA MB

GELSYN-3 MB

SUPARTZ FX MB

ANTI-INFECTIVES

ANTHELMINTICS

ivermectin tablet

EMVERM QL

ANTI-BACTERIALS - MISCELLANEOUS

sulfamethoxazole-trimethoprim

ANTIFUNGALS

fluconazole

itraconazole PA

terbinafine tablet

ANTIRETROVIRAL AGENTS

abacavir QL

atazanavir QL

darunavir QL

efavirenz QL

etravirine QL

lamivudine QL

maraviroc QL

ritonavir QL

ISENTRESS QL

TIVICAY QL

ANTIRETROVIRAL COMBINATION AGENTS

abacavir-lamivudine QL

efavirenz-emtricitabine-tenofovir

disoproxil fumarate QL

efavirenz-lamivudine-tenofovir

disoproxil fumarate QL

emtricitabine-tenofovir disoproxil

fumarate QL

lopinavir-ritonavir QL

BIKTARVY QL

CABENUVA SGM, QL

CIMDUO QL

DESCOVY QL

DOVATO QL

GENVOYA QL

ODEFSEY QL

STRIBILD QL

SYM TUZA QL

TRIUMEQ QL

ANTIVIRALS

acyclovir capsule, tablet

oseltamivir QL

valacyclovir

valganciclovir QL

RELENZA QL

CEPHALOSPORINS

cefdinir

cefprozil

cefuroxime axetil

cephalexin

SUPRAX

ERYTHROMYCINS/MACROLIDES

azithromycin

clarithromycin

clarithromycin ext-rel

erythromycins

DIFICID PA

FLUOROQUINOLONES

ciprofloxacin

levofloxacin

moxifloxacin

HEPATITIS B

entecavir QL

lamivudine

tenofovir disoproxil fumarate QL

VEMLIDY QL

HEPATITIS C

ribavirin SGM, QL

EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) **SGM, QL**

HARVONI (genotypes 1, 4, 5, 6) **SGM, QL**

VOSEVI SGM, QL

MISCELLANEOUS

clindamycin

linezolid

metronidazole

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

nitrofurantoin (except NDC 16571074024)
pyrimethamine **PA**
vancomycin capsule **QL**
XIFAXAN 550 MG **PA**

NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate **QL**

PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin vk

TETRACYCLINES

doxycycline hyclate 20 mg
doxycycline hyclate capsule
minocycline
tetracycline **QL**

ANTINEOPLASTIC AGENTS

ANTIMETABOLITES

pemetrexed **MB**
LONSURF **SGM, QL**

BIOLOGIC RESPONSE MODIFIERS

ERIVEDGE **SGM, QL**
REVLIMID **SGM, QL**
THALOMID **SGM, QL**

BIOSIMILARS

HERZUMA **MB**
OGIVRI **MB**
RUXIENCE **MB**
ZIRABEV **MB**

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone **SGM, QL**
bicalutamide
ELIGARD **SGM**
ERLEADA **SGM, QL**
NUBEQA **SGM, QL**
XTANDI **SGM, QL**
YONSA **SGM, QL**

KINASE INHIBITORS

everolimus **SGM, QL**
gefitinib **SGM, QL**
imatinib mesylate **SGM, QL**
pazopanib **SGM, QL**
sorafenib **SGM, QL**
sunitinib **SGM, QL**
ALECENSA **SGM, QL**
ALUNBRIG **SGM, QL**
AUGTYRO **SGM, QL**
BOSULIF **SGM, QL**
BRAFTOVI **SGM, QL**
BRUKINSA **SGM, QL**
CABOMETYX **SGM, QL**

CALQUENCE **SGM, QL**
COPIKTRA **SGM, QL**
COTELLIC **SGM, QL**
GAVRETO **SGM, QL**
IBRANCE **SGM, QL**
INLYTA **SGM, QL**
KISQALI **SGM, QL**
KISQALI FEMARA CO-PACK **SGM, QL**

KOSELUGO **SGM, QL**
LENVIMA **SGM, QL**
MEKTOVI **SGM, QL**
RETEVMO **SGM, QL**
ROZLYTREK **SGM, QL**
RYDAPT **SGM, QL**
SPRYCEL **SGM, QL**
STIVARGA **SGM, QL**
TAGRISSO **SGM, QL**
VITRAKVI **SGM, QL**
XOSPATA **SGM, QL**
ZELBORAF **SGM, QL**
ZYDELIG **SGM, QL**
ZYKADIA **SGM, QL**

MISCELLANEOUS

bexarotene **SGM**
KRAZATI **SGM, QL**
LUMAKRAS **SGM, QL**
LYNPARZA **SGM, QL**
ODOMZO **SGM, QL**
VISTOGARD **SGM, QL**
ZEJULA **SGM, QL**

MONOCLONAL ANTIBODIES

PERJETA **MB**
PHESGO **SGM**

PROTEASOME INHIBITORS

bortezomib **MB**
NINLARO **SGM, QL**

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

ACE INHIBITORS

enalapril
fosinopril
lisinopril
quinapril
ramipril

ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

amlodipine-olmesartan

amlodipine-telmisartan
amlodipine-valsartan
*amlodipine-valsartan-
hydrochlorothiazide*
candesartan-hydrochlorothiazide
irbesartan-hydrochlorothiazide
losartan-hydrochlorothiazide
*olmesartan-amlodipine-
hydrochlorothiazide*
olmesartan-hydrochlorothiazide
telmisartan-hydrochlorothiazide
valsartan-hydrochlorothiazide

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan
irbesartan
losartan
olmesartan
telmisartan
valsartan

ANTIARRHYTHMICS

amiodarone
disopyramide
sotalol
MULTAQ **PA**

ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS

NEXLETOL **PA**
NEXLIZET **PA**

ANTILIPEMICS, BILE ACID RESINS

cholestyramine
colesevelam

ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR

ezetimibe

ANTILIPEMICS, FIBRATES

fenofibrate (except fenofibrate capsule 30 mg,
50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg,
120 mg)
fenofibric acid delayed-rel

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS

atorvastatin 10mg, 20mg **AGE**
atorvastatin 40mg, 80mg
fluvastatin **AGE**
lovastatin **AGE**
pitavastatin **AGE**
pravastatin **AGE**
rosuvastatin 5mg, 10mg **AGE**
rosuvastatin 20mg, 40mg
*simvastatin 5mg, 10mg, 20mg,
40mg* **AGE**
simvastatin 80mg

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS

ezetimibe-simvastatin

ANTILIPEMICS, MISCELLANEOUS

niacin ext-rel

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

icosapent ethyl
omega-3 acid ethyl esters

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA **PA, QL**

BETA-BLOCKERS

acebutolol
atenolol
carvedilol
carvedilol phosphate ext-rel
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
nebivolol
pindolol
propranolol
propranolol ext-rel

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

amlodipine-atorvastatin

CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem ext-rel (except generics for
CARDIZEM LA)
nifedipine ext-rel
verapamil ext-rel

DIGITALIS GLYCOSIDES

digoxin

DIRECT RENIN INHIBITORS/COMBINATIONS

aliskiren

DIURETICS

amiloride
chlorthalidone
ethacrynic acid
furosemide
hydrochlorothiazide
metolazone
*spironolactone-
hydrochlorothiazide*
toremide
triamterene
triamterene-hydrochlorothiazide

HEART FAILURE

isosorbide dinitrate-hydralazine

CORLANOR
ENTRESTO
VERQUVO **PA**

MISCELLANEOUS

midodrine
ranolazine ext-rel

NITRATES

isosorbide dinitrate (except isosorbide
dinitrate 40 mg)
isosorbide mononitrate
nitroglycerin lingual spray
nitroglycerin sublingual

PULMONARY ARTERIAL HYPERTENSION

ambrisentan SGM, QL
bosentan SGM, QL
sildenafil SGM, QL
treprostinil MB
ADEMPAS **SGM, QL**
OPSUMIT **SGM, QL**
ORENITRAM **SGM**
TADLIQ **SGM, QL**
UPTRAVI **SGM, QL**

CENTRAL NERVOUS SYSTEM

ANTIANKXIETY

alprazolam QL
lorazepam QL
oxazepam QL

ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMZARIC **PA**

ANTIDEPRESSANTS

bupropion
bupropion ext-rel (except bupropion ext-rel
tablet 450 mg)
citalopram
desvenlafaxine ext-rel
duloxetine
escitalopram
fluoxetine (except fluoxetine tablet 60 mg,
fluoxetine tablet [generics for SARAFEM])
mirtazapine
paroxetine hcl
paroxetine hcl ext-rel (except NDC
60505367503)
sertraline
trazodone
venlafaxine
venlafaxine ext-rel capsule
vilazodone

TRINTELLIX **ST, PA**

ANTIPARKINSONIAN AGENTS

amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
entacapone
pramipexole
pramipexole ext-rel
rasagiline
ropinirole
ropinirole ext-rel
selegiline
INBRIJA **SGM, QL**
NEUPRO
RYTARY

ANTIPSYCHOTICS

aripiprazole
clozapine
lurasidone
olanzapine
quetiapine
quetiapine ext-rel
risperidone
ziprasidone
ABILIFY MAINTENA
PERSERIS
VRAYLAR

ANTISEIZURE AGENTS

carbamazepine
carbamazepine ext-rel
clobazam
clonazepam QL
diazepam QL
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lacosamide
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
pregabalin ST, PA, QL
primidone
rufinamide
tiagabine
topiramate
valproic acid
vigabatrin SGM, QL
zonisamide
APTIOM
FYCOMPA
NAYZILAM

OXTELLAR XR
VALTOCO
XCOPRI

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine
mixed salts QL
amphetamine-dextroamphetamine
mixed salts ext-rel QL
atomoxetine QL
dexmethylphenidate ext-rel QL
guanfacine ext-rel
lisdexamfetamine QL
methylphenidate QL
methylphenidate ext-rel QL
AZSTARYS **QL**
QELBREE **QL**

BOTULINUM TOXINS

DYSPORT **MB**
XEOMIN **MB**

HYPNOTICS

doxepin
eszopiclone
ramelteon
zolpidem
zolpidem ext-rel
BELSOMRA **ST, PA**
DAYVIGO **ST, PA**

MIGRAINE

eletriptan QL
naratriptan QL
rizatriptan QL
sumatriptan QL
zolmitriptan QL
AJOVY **ST, PA, QL**
EMGALITY **ST, PA, QL**
NURTEC ODT **ST, PA, QL**
ONZETRA XSAIL **ST, PA, QL**
QULIPTA **ST, PA, QL**
UBRELVY **ST, PA, QL**
ZEMBRACE SYMTOUCH **ST, PA, QL**

MISCELLANEOUS

RADICAVA ORS **SGM, QL**

MOVEMENT DISORDERS

tetrabenazine SGM, QL
AUSTEDO **SGM, QL**
AUSTEDO XR **SGM, QL**
INGREZZA **SGM, QL**

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel
SGM, QL
fingolimod SGM, QL
glatiramer SGM, QL
teriflunomide SGM, QL
AVONEX **SGM, QL**

BETASERON **SGM, QL**
COPAXONE 40 MG/ML **SGM, QL**
KESIMPTA **SGM, QL**
MAYZENT **SGM, QL**
OCREVUS **MB**
REBIF **SGM, QL**
TYSABRI **MB**
VUMERITY **SGM, QL**
ZEPOSIA **SGM, QL**

MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine (except cyclobenzaprine
tablet 7.5 mg)
LYVISPAH **PA**

NARCOLEPSY/CATAPLEXY

armodafinil PA
modafinil PA
SUNOSI **PA**
WAKIX **SGM, QL**
XYWAV **SGM, QL**

OPIOID AGONIST/ANTAGONIST

buprenorphine-naloxone
sublingual QL
ZUBSOLV **QL**

OPIOID ANTAGONIST

naloxone

POSTHERPETIC NEURALGIA (PHN)

pregabalin ext-rel ST, PA, QL
GRALISE **ST, PA**

ENDOCRINE AND METABOLIC

ACROMEGALY

SOMATULINE DEPOT **SGM, QL**

ANDROGENS

testosterone gel (except authorized generics
for TESTIM and VOGELXO) **PA**
testosterone solution PA
NATESTO **PA**
XYOSTED **PA**

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN

ANTIDIABETICS, BIGUANIDE

metformin
metformin ext-rel (except generics for
FORTAMET and GLUMETZA)

ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

glipizide-metformin

ANTI-DIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

saxagliptin-metformin ext-rel
JANUMET
JANUMET XR
TRIJARDY XR

ANTI-DIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

saxagliptin
JANUVIA

ANTI-DIABETICS, INCRETIN MIMETIC AGENTS

OZEMPIC **PA, QL**
RYBELSUS **PA, QL**
TRULICITY **PA, QL**
VICTOZA **PA, QL**

ANTI-DIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA
XULTOPHY

ANTI-DIABETICS, INSULIN

FIASP
HUMULIN R U-500
LANTUS
NOVOLIN 70/30 **OTC**
NOVOLIN N **OTC**
NOVOLIN R **OTC**
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO
TRESIBA

ANTI-DIABETICS, INSULIN SENSITIZER

pioglitazone

ANTI-DIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

pioglitazone-metformin

ANTI-DIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

pioglitazone-glimepiride

ANTI-DIABETICS, MEGLITINIDE

nateglinide
repaglinide

ANTI-DIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS

SYNJARDY
SYNJARDY XR
XIGDUO XR

ANTI-DIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS

GLYXAMBI

ANTI-DIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS

FARXIGA
JARDIANCE

ANTI-DIABETICS, SULFONYLUREA

glimepiride
glipizide
glipizide ext-rel

CALCIUM RECEPTOR AGONISTS

cinacalcet **SGM, QL**

CALCIUM REGULATORS, BIPHOSPHONATES

alendronate
ibandronate
risedronate

CALCIUM REGULATORS, MISCELLANEOUS

calcitonin-salmon
PROLIA **MB**

CALCIUM REGULATORS, PARATHYROID HORMONES

teriparatide **SGM, QL**
TYMLOS **SGM, QL**

CARNITINE DEFICIENCY AGENTS

levocarnitine

CENTRAL PRECOCIOUS PUBERTY

FENSOLVI **MB**
LUPRON DEPOT-PED **MB**
SUPPRELIN LA **SGM**

CHELATING AGENTS

deferasirox **SGM**
deferiprone **PA**
deferoxamine **MB**
penicillamine **SGM, QL**
trientine **SGM**

CONTRACEPTIVES

ethinyl estradiol-drospirenone
ethinyl estradiol-drospirenone-levomefolate
ethinyl estradiol-etonogestrel **QL**
ethinyl estradiol-levonorgestrel
ethinyl estradiol-levonorgestrel-iron
ethinyl estradiol-norelgestromin
ethinyl estradiol-norethindrone acetate

ethinyl estradiol-norethindrone acetate-iron
ethinyl estradiol-norgestimate
ANNOVERA **QL**
KYLEENA **MB**
MIRENA **MB**
SKYLA **MB**

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS **OTC**
ACCU-CHEK GUIDE STRIPS AND KITS **OTC**
ACCU-CHEK SMARTVIEW STRIPS AND KITS **OTC**
BD ULTRAFINE INSULIN SYRINGES AND NEEDLES **OTC**
DEXCOM CONTINUOUS GLUCOSE MONITORING SENSOR **PA, QL**
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM **PA**
OMNIPOD 5 INSULIN INFUSION PUMP **PA, QL**
OMNIPOD DASH INSULIN INFUSION PUMP **QL**
ONETOUCH LANCETS / LANCING DEVICE **OTC**
ONETOUCH ULTRA STRIPS AND KITS **OTC**
ONETOUCH VERIO STRIPS AND KITS **OTC**

ENDOMETRIOSIS

ORILISSA **PA**

ENZYME REPLACEMENTS

betaine **PA**
sapropterin **SGM**
sodium phenylbutyrate **SGM, QL**
ELFABRIO **MB**
FABRAZYME **MB**
GALAFOLD **SGM, QL**
PHEBURANE **SGM, QL**

ESTROGENS

estradiol
estradiol vaginal cream
estradiol-norethindrone
CLIMARA PRO
COMBIPATCH
DUAVEE
IMVEXXY
PREMPHASE
PREMPRO
VAGIFEM

FERTILITY REGULATORS

FOLLISTIM AQ **SGM, QL**
GANIRELIX ACETATE **SGM**
MENOPUR **SGM**
OVIDREL **SGM**

GAUCHER DISEASE

CERDELGA **SGM, QL**
CEREZYME **MB**

GLUCOCORTICOIDS

dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone solution (except
prednisolone solution 10 mg/5 mL, 20 mg/5 mL)
prednisone

GLUCOSE ELEVATING AGENTS

glucagon, human recombinant
BAQSIMI
GVOKE
ZEGALOGUE

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

ORFADIN **SGM**

HUMAN GROWTH HORMONES

HUMATROPE **SGM**
NORDITROPIN **SGM**
SOGROYA **SGM**

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA **PA**

MISCELLANEOUS

rалoxifene

PHOSPHATE BINDER AGENTS

calcium acetate
sevelamer carbonate
AURYXIA

POLYNEUROPATHY

TEGSEDI **SGM, QL**

POTASSIUM-REMOVING AGENTS

VELTASSA

PROGESTINS

medroxyprogesterone
megestrol acetate
progesterone, micronized
CRINONE **PA**
ENDOMETRIN **PA**

THYROID AGENTS

levothyroxine
liothyronine
SYNTHROID

UTERINE FIBROIDS

MYFEMBREE **PA**
ORIAHNN **PA**

GASTROINTESTINAL

ANTICHOLINERGICS

dicyclomine

ANTIDIARRHEALS

diphenoxylate-atropine
loperamide

ANTIEMETICS

aprepitant **QL**
doxylamine-pyridoxine delayed-rel
dronabinol **PA, QL**
granisetron **QL**
meclizine

metoclopramide
ondansetron **QL**
prochlorperazine
promethazine
scopolamine transdermal
trimethobenzamide
SANCUSO **PA, QL**

H2-RECEPTOR ANTAGONISTS

famotidine

INFLAMMATORY BOWEL DISEASE

balsalazide
budesonide delayed-rel capsule
hydrocortisone enema
mesalamine delayed-rel
mesalamine ext-rel
mesalamine suppository
mesalamine suspension
sulfasalazine
sulfasalazine delayed-rel
CORTIFOAM

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

lubiprostone
LINZESS

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

alosectron
VIBERZI

LAXATIVES

lactulose solution
peg 3350-electrolytes (except generics for MOVIPREP)
sodium sulfate-potassium sulfate-magnesium sulfate
CLENPIQ **AGE**

MISCELLANEOUS

sucralfate tablet
MOVANTIK **PA**
SYMPROIC

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

PROTON PUMP INHIBITORS

esomeprazole delayed-rel
lansoprazole delayed-rel capsule
omeprazole delayed-rel
pantoprazole delayed-rel tablet **QL**

RECTAL, CORTICOSTEROIDS

hydrocortisone
PROCTOFOAM-HC

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
doxazosin
dutasteride
dutasteride-tamsulosin
finasteride
silodosin
tamsulosin
terazosin

MISCELLANEOUS

tiopronin **PA**

URINARY ANTISPASMODICS

darifenacin ext-rel
fesoterodine ext-rel
oxybutynin
oxybutynin ext-rel
solifenacin
tolterodine
tolterodine ext-rel
tropium
tropium ext-rel
GEMTESA **ST, PA**

HEMATOLOGIC

ANTICOAGULANTS

enoxaparin
fondaparinux
warfarin
ELIQUIS
XARELTO

BLEEDING DISORDERS AGENTS

NOVOSEVEN RT **MB**
SEVENFACT **MB**

HEMATOPOIETIC GROWTH FACTORS

ARANESP **MB**
FYLNETRA **SGM, QL**
NIVESTYM **SGM**
NYVEPRIA **SGM, QL**

PROCRIPT **MB**
RETACRIT **MB**

HEMOPHILIA A AGENTS

ADVATE **MB**
ADYNOVATE **MB**
AFSTYLA **MB**
ELOCTATE **MB**
ESPEROCT **MB**
JIVI **MB**
KOGENATE FS **MB**
KOVALTRY **MB**
NOVOEIGHT **MB**
NUWIQ **MB**
XYNTHA **MB**

HEMOPHILIA B AGENTS

ALPROLIX **MB**
REBINYN **MB**

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI **SGM, QL**

PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole ext-rel-aspirin
prasugrel
BRILINTA

SICKLE CELL DISEASE

ENDARI **SGM, QL**

THROMBOCYTOPENIA AGENTS

DOPTELET **SGM, QL**
PROMACTA **SGM, QL**
TAVALISSE **SGM, QL**

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

GRASTEK **PA**
ORALAIR **PA**
RAGWITEK **PA**

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

AVSOLA **MB**
ILUMYA **MB**
REMICADE **MB**
SIMPONI ARIA **MB**
SKYRIZI INTRAVENOUS **MB**
STELARA INTRAVENOUS **MB**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)

ADALIMUMAB-ADAZ **SGM, QL**
COSENTYX **SGM, QL**
ENBREL **SGM, QL**
HYRIMOZ **SGM, QL**
OTEZLA **SGM, QL**

RINVOQ **SGM, QL**
SKYRIZI SUBCUTANEOUS **SGM, QL**
STELARA SUBCUTANEOUS **SGM, QL**

TREMFYA **SGM, QL**
XELJANZ **SGM, QL**
XELJANZ XR **SGM, QL**

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

RASUVO **SGM, QL**

HEREDITARY ANGIOEDEMA

icatibant **SGM, QL**
ORLADEYO **SGM, QL**
RUCONEST **MB**
TAKHZYRO **SGM, QL**

IMMUNOGLOBULIN

CUTAQUIG **SGM**

IMMUNOSUPPRESSANTS

everolimus
ENSPRYNG **SGM, QL**

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

potassium chloride liquid

PRENATAL VITAMINS

prenatal vitamins

VITAMINS

folic acid
multivitamins

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

neomycin-polymyxin b-bacitracin-hydrocortisone
neomycin-polymyxin b-dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT

ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin **QL**
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
trifluridine
BESIVANCE

ANTI-INFLAMMATORIES

bromfenac

dexamethasone
diclofenac
difluprednate
ketorolac
loteprednol
prednisolone acetate 1%
ILEVRO
PROLENSA

ANTIALLERGICS

azelastine
bepotastine
cromolyn sodium
olopatadine

ANTI GLAUCOMA

bimatoprost
brimonidine solution
brimonidine-timolol
brinzolamide
dorzolamide
dorzolamide-timolol
latanoprost
timolol maleate solution
travoprost
ALPHAGAN P
BETOPTIC S
SIMBRINZA

DRY EYE DISEASE

RESTASIS
XIIDRA

RETINAL DISORDERS

BYOOVIZ MB
CIMERLI MB

RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

PROLASTIN-C MB
ZEMAIRA MB

ANAPHYLAXIS TREATMENT AGENTS

epinephrine (except NDCs 00093-XXXX-XX,
49502-XXXX-XX)
AUVI-Q

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium-albuterol inhalation solution QL
ANORO ELLIPTA QL
STIOLTO RESPIMAT QL

ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS

BREZTRI AEROSPHERE QL
TRELEGY ELLIPTA QL

ANTICHOLINERGICS

ipratropium inhalation solution QL
SPIRIVA QL

ANTI HISTAMINE COMBINATIONS

azelastine-fluticasone QL

ANTI HISTAMINES

azelastine QL
levocetirizine
olopatadine QL

BETA AGONISTS

albuterol inhalation solution QL
albuterol sulfate cfc-free aerosol (except NDCs 00093317431, 66993001968) QL
formoterol inhalation solution QL
levalbuterol tartrate cfc-free aerosol QL
SEREVENT QL
STRIVERDI RESPIMAT QL

COLD/COUGH

benzonatate (except NDCs 69336012615,
69499032915)

CYSTIC FIBROSIS

tobramycin inhalation solution SGM, QL

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast
zafirlukast

MISCELLANEOUS

roflumilast

NASAL STEROIDS

flunisolide QL
fluticasone QL
mometasone QL

PULMONARY FIBROSIS AGENTS

pirfenidone SGM, QL
OFEV SGM, QL

SEVERE ASTHMA AGENTS

DUPIXENT SGM, QL
FASENRA SGM, QL
NUCALA (except lyophilized powder) SGM, QL
TEZSPIRE SGM, QL
XOLAIR SGM, QL

STEROID INHALANTS

budesonide inhalation suspension QL
PULMICORT FLEXHALER QL

STEROID/BETA-AGONIST COMBINATIONS

fluticasone-salmeterol (except certain NDCs) QL
Wixela Inhub QL
AIRSUPRA QL
BREO ELLIPTA (except certain NDCs) QL

TOPICAL

DERMATOLOGY, ACNE

adapalene (except adapalene pad) PA
benzoyl peroxide
clindamycin gel (except NDC 68682046275) QL
clindamycin solution QL
clindamycin-benzoyl peroxide QL
dapson
erythromycin solution
erythromycin-benzoyl peroxide QL
isotretinoin capsule 20 mg, 30 mg, 40 mg PA
tretinoin
AKLIEF
EPIDUO
ONEXTON QL
TWYNEO
WINLEVI PA

DERMATOLOGY, ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod

DERMATOLOGY, ANTIBIOTICS

gentamicin QL
mupirocin ointment QL

DERMATOLOGY, ANTIFUNGALS

ciclopirox crea; gel; sham; soln
ciclopirox kit; susp QL
clotrimazole
econazole QL
ketoconazole cream 2% QL
nystatin crea; oint
nystatin powd QL
NAFTIN PA

DERMATOLOGY, ANTIPSORIATICS

acitretin PA
calcipotriene ointment, solution QL
methoxsalen
ENSTILAR QL
VTAMA PA

ZORYVE CREAM PA

DERMATOLOGY, ANTISEBORRHEICS

ketoconazole shampoo 2%
selenium sulfide lotion 2.5%
ZORYVE FOAM PA

DERMATOLOGY, ATOPIC DERMATITIS

pimecrolimus PA
tacrolimus PA
ADBRY SGM, QL
CIBINQO SGM, QL
DUPIXENT SGM, QL
EUCRISA ST, PA, QL
OPZELURA PA
RINVOQ SGM, QL

DERMATOLOGY, CORTICOSTEROIDS

clobetasol cream, foam, gel, lotion, ointment, shampoo (except clobetasol emollient foam) QL
desonide (except desonide gel) QL
desoximetasone QL
fluocinonide (except fluocinonide cream 0.1%) QL
halobetasol cream, ointment QL
hydrocortisone QL
hydrocortisone butyrate cream, ointment, solution QL
mometasone QL
triamcinolone cream, lotion, ointment (except triamcinolone ointment 0.05%) QL
BRYHALI PA

DERMATOLOGY, LOCAL ANESTHETICS

lidocaine patch PA
lidocaine-prilocaine QL

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

diclofenac sodium gel 1% QL

DERMATOLOGY, ROSACEA

azelaic acid gel PA
brimonidine gel PA
metronidazole QL
FINACEA FOAM PA
ORACEA
SOOLANTRA PA

OTIC

acetic acid
ciprofloxacin-dexamethasone
neomycin-polymyxin b-hydrocortisone
ofloxacin otic

QUICK REFERENCE DRUG LIST

A

abacavir **QL**
abacavir-lamivudine **QL**
 ABILIFY MAINTENA
abiraterone **SGM, QL**
 ACCU-CHEK AVIVA PLUS STRIPS
 AND KITS **OTC**
 ACCU-CHEK GUIDE STRIPS AND
 KITS **OTC**
 ACCU-CHEK SMARTVIEW STRIPS
 AND KITS **OTC**
acebutolol
acetic acid
acitretin **PA**
acyclovir capsule, tablet
 ADALIMUMAB-ADAZ **SGM, QL**
adapalene (except adapalene pad) **PA**
 ADBRY **SGM, QL**
 ADEMPAS **SGM, QL**
 ADVATE **MB**
 ADYNOVATE **MB**
 AFSTYLA **MB**
 AIRSUPRA **QL**
 AJOVY **ST, PA, QL**
 AKLIEF
albuterol inhalation solution **QL**
albuterol sulfate cfc-free aerosol
 (except NDCs 00093317431, 66993001968)
QL
 ALECENSA **SGM, QL**
alendronate
alfuzosin ext-rel
aliskiren
allopurinol
alosetron
 ALPHAGAN P
alprazolam **QL**
 ALPROLIX **MB**
 ALUNBRIG **SGM, QL**
amantadine
ambrisentan **SGM, QL**
amiloride
amiodarone
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
*amlodipine-valsartan-
 hydrochlorothiazide*
amoxicillin
amoxicillin-clavulanate
*amphetamine-
 dextroamphetamine mixed
 salts* **QL**

*amphetamine-
 dextroamphetamine mixed
 salts ext-rel* **QL**
 ANNOVERA **QL**
 ANORO ELLIPTA **QL**
aprepitant **QL**
 APTIOM
 ARANESP **MB**
aripiprazole
armodafinil **PA**
atazanavir **QL**
atenolol
atomoxetine **QL**
atorvastatin 10mg, 20mg **AGE**
atorvastatin 40mg, 80mg
 AUGTYRO **SGM, QL**
 AURYXIA
 AUSTEDO **SGM, QL**
 AUSTEDO XR **SGM, QL**
 AUVI-Q
 AVONEX **SGM, QL**
 AVSOLA **MB**
azelaic acid gel **PA**
azelastine
azelastine **QL**
azelastine-fluticasone **QL**
azithromycin
 AZSTARYS **QL**

B

balsalazide
 BAQSIMI
 BD ULTRAFINE INSULIN SYRINGES
 AND NEEDLES **OTC**
 BELBUCA **PA**
 BELSOMRA **ST, PA**
benzonatate (except NDCs 69336012615,
 69499032915)
benzoyl peroxide
bepotastine
 BESIVANCE
betaine **PA**
 BETASERON **SGM, QL**
 BETOPTIC S
bexarotene **SGM**
bicalutamide
 BIKTARVY **QL**
bimatoprost
bortezomib **MB**
bosentan **SGM, QL**
 BOSULIF **SGM, QL**
 BRAFTOVI **SGM, QL**
 BREO ELLIPTA (except certain NDCs) **QL**
 BREZTRI AEROSPHERE **QL**
 BRILINTA
brimonidine gel **PA**

brimonidine solution
brimonidine-timolol
brinzolamide
bromfenac
 BRUKINSA **SGM, QL**
 BRYHALI **PA**
budesonide delayed-rel capsule
budesonide inhalation suspension
QL
buprenorphine transdermal **PA**
buprenorphine-naloxone
sublingual **QL**
bupropion
bupropion ext-rel (except bupropion ext-
 rel tablet 450 mg)
 BYOOVIZ **MB**

C

CABENUVA **SGM, QL**
 CABOMETYX **SGM, QL**
calcipotriene ointment, solution
QL
calcitonin-salmon
calcium acetate
 CALQUENCE **SGM, QL**
candesartan
candesartan-hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
carvedilol
carvedilol phosphate ext-rel
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
 CERDELGA **SGM, QL**
 CEREZYME **MB**
chlorthalidone
cholestyramine
 CIBINQO **SGM, QL**
ciclopirox crea; gel; sham; soln
ciclopirox kit; susp **QL**
 CIMDUO **QL**
 CIMERLI **MB**
cinacalcet **SGM, QL**
ciprofloxacin
ciprofloxacin
ciprofloxacin-dexamethasone
citalopram
clarithromycin
clarithromycin ext-rel
 CLENPIQ **AGE**

CLIMARA PRO
clindamycin
clindamycin gel (except NDC
 68682046275) **QL**
clindamycin solution **QL**
clindamycin-benzoyl peroxide **QL**
clobazam
*clobetasol cream, foam, gel,
 lotion, ointment, shampoo*
 (except clobetasol emollient foam) **QL**
clonazepam **QL**
clodogrel
clotrimazole
clozapine
codeine-acetaminophen **QL; PA***
colchicine tablet
colesevelam
 COMBIPATCH
 COPAXONE 40 MG/ML **SGM, QL**
 COPIKTRA **SGM, QL**
 CORLANOR
 CORTIFOAM
 COSENTYX **SGM, QL**
 COTELLIC **SGM, QL**
 CREON
 CRINONE **PA**
cromolyn sodium
 CUTAQUIG **SGM**
cyclobenzaprine (except cyclobenzaprine
 tablet 7.5 mg)

D

dapsone
darifenacin ext-rel
darunavir **QL**
 DAYVIGO **ST, PA**
deferasirox **SGM**
deferiprone **PA**
deferoxamine **MB**
 DESCOVY **QL**
desonide (except desonide gel) **QL**
desoximetasone **QL**
desvenlafaxine ext-rel
dexamethasone
dexamethasone
 DEXCOM CONTINUOUS GLUCOSE
 MONITORING SENSOR **PA, QL**
 DEXCOM CONTINUOUS GLUCOSE
 MONITORING SYSTEM **PA**
dexmethylphenidate ext-rel **QL**
diazepam **QL**
diazepam rectal gel
diclofenac
diclofenac sodium
diclofenac sodium gel 1% **QL**
diclofenac sodium solution 1.5%

diclofenac sodium-misoprostol
dicloxacillin
dicyclomine
DIFICID **PA**
difluprednate
digoxin
diltiazem ext-rel (except generics for
CARDIZEM LA)
dimethyl fumarate delayed-rel
SGM, QL
diphenoxylate-atropine
dipyridamole ext-rel-aspirin
disopyramide
divalproex sodium
divalproex sodium ext-rel
donepezil
DOPTLET **SGM, QL**
dorzolamide
dorzolamide-timolol
DOVATO **QL**
doxazosin
doxepin
doxycycline hyclate 20 mg
doxycycline hyclate capsule
doxylamine-pyridoxine delayed-
rel
dronabinol **PA, QL**
DUAVEE
duloxetine
DUPIXENT **SGM, QL**
DUPIXENT **SGM, QL**
DUROLANE **MB**
dutasteride
dutasteride-tamsulosin
DYSPORT **MB**

E

econazole **QL**
efavirenz **QL**
efavirenz-emtricitabine-tenofovir
disoproxil fumarate **QL**
efavirenz-lamivudine-tenofovir
disoproxil fumarate **QL**
eletriptan **QL**
ELFABRIO **MB**
ELIGARD **SGM**
ELIQUIS
ELOCTATE **MB**
EMGALITY **ST, PA, QL**
EMPAVELI **SGM, QL**
emtricitabine-tenofovir disoproxil
fumarate **QL**
EMVERM **QL**
enalapril
ENBREL **SGM, QL**
ENDARI **SGM, QL**
ENDOMETRIN **PA**
enoxaparin
ENSPRYNG **SGM, QL**
ENSTILAR **QL**
entacapone

entecavir **QL**
ENTRESTO
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) **SGM,**
QL
EPIDUO
epinephrine (except NDCs 00093-XXXX-XX,
49502-XXXX-XX)
ERIVEDGE **SGM, QL**
ERLEADA **SGM, QL**
erythromycin
erythromycin solution
erythromycin-benzoyl peroxide
QL
erythromycins
escitalopram
esomeprazole delayed-rel
ESPEROCT **MB**
estradiol
estradiol vaginal cream
estradiol-norethindrone
eszopiclone
ethacrynic acid
ethinyl estradiol-drospirenone
ethinyl estradiol-drospirenone-
levomefolate
ethinyl estradiol-etonogestrel **QL**
ethinyl estradiol-levonorgestrel
ethinyl estradiol-levonorgestrel-
iron
ethinyl estradiol-norelgestromin
ethinyl estradiol-norethindrone
acetate
ethinyl estradiol-norethindrone
acetate-iron
ethinyl estradiol-norgestimate
ethosuximide
etravirine **QL**
EUCRISA **ST, PA, QL**
EUFLEXA **MB**
everolimus **SGM, QL**
everolimus
ezetimibe
ezetimibe-simvastatin

F

FABRAZYME **MB**
famotidine
FARXIGA
FASENRA **SGM, QL**
fenofibrate (except fenofibrate capsule 30
mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet
40 mg, 120 mg)
fenofibric acid delayed-rel
FENSOLVI **MB**
fentanyl transdermal **QL; PA***
fentanyl transmucosal lozenge
QL; PA*
fesoterodine ext-rel
FIASP
FINACEA FOAM **PA**
finasteride

fingolimod **SGM, QL**
fluconazole
fludrocortisone
flunisolide **QL**
flucocinonide (except flucocinonide cream
0.1%) **QL**
fluorouracil cream 5%
fluorouracil solution
fluoxetine (except fluoxetine tablet 60 mg,
fluoxetine tablet [generics for SARAFEM])
fluticasone **QL**
fluticasone-salmeterol (except certain
NDCs) **QL**
fluvastatin **AGE**
folic acid
FOLLISTIM AQ **SGM, QL**
fondaparinux
formoterol inhalation solution **QL**
fosinopril
fosinopril-hydrochlorothiazide
furosemide
FYCOMPA
FYLNETRA **SGM, QL**

G

gabapentin
GALAFOLD **SGM, QL**
galantamine
galantamine ext-rel
GANIRELIX ACETATE **SGM**
GAVRETO **SGM, QL**
gefitinib **SGM, QL**
GELSYN-3 **MB**
GEMTESA **ST, PA**
gentamicin **QL**
gentamicin **QL**
GENVOYA **QL**
glatiramer **SGM, QL**
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glucagon, human recombinant
GLYXAMBI
GRALISE **ST, PA**
granisetron **QL**
GRASTEK **PA**
guanfacine ext-rel
GVOKE

H

halobetasol cream, ointment **QL**
HARVONI (genotypes 1, 4, 5, 6) **SGM, QL**
HERZUMA **MB**
HUMATROPE **SGM**
HUMULIN R U-500
hydrochlorothiazide
hydrocodone ext-rel **QL; PA***
hydrocodone-acetaminophen **QL;**
PA*
hydrocortisone

hydrocortisone
hydrocortisone **QL**
hydrocortisone butyrate cream,
ointment, solution **QL**
hydrocortisone enema
hydromorphone **QL; PA***
hydromorphone ext-rel **QL; PA***
HYRIMOZ **SGM, QL**

I

ibandronate
IBRANCE **SGM, QL**
ibuprofen
icatibant **SGM, QL**
icosapent ethyl
ILEVRO
ILUMYA **MB**
imatinib mesylate **SGM, QL**
imiquimod
IMVEXXY
INBRIJA **SGM, QL**
INGREZZA **SGM, QL**
INLYTA **SGM, QL**
ipratropium inhalation solution
QL
ipratropium-albuterol inhalation
solution **QL**
irbesartan
irbesartan-hydrochlorothiazide
ISENTRESS **QL**
*isosorbide dinitrate*² (except isosorbide
dinitrate 40 mg)
isosorbide dinitrate-hydralazine
isosorbide mononitrate
isotretinoin capsule 20 mg, 30
mg, 40 mg **PA**
itraconazole **PA**
ivermectin tablet

J

JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JIVI **MB**

K

KERENDIA **PA**
KESIMPTA **SGM, QL**
ketoconazole cream 2% **QL**
ketoconazole shampoo 2%
ketorolac
KISQALI **SGM, QL**
KISQALI FEMARA CO-PACK **SGM,**
QL
KOGENATE FS **MB**
KOSELUGO **SGM, QL**
KOVALTRY **MB**
KRAZATI **SGM, QL**
KYLEENA **MB**

L

lacosamide
 lactulose solution
 lamivudine **QL**
 lamivudine
 lamotrigine
 lamotrigine ext-rel
 lansoprazole delayed-rel capsule
 LANTUS
 latanoprost
 LENVIMA **SGM, QL**
 levalbuterol tartrate cfc-free aerosol **QL**
 levetiracetam
 levetiracetam ext-rel
 levocarnitine
 levocetirizine
 levofloxacin
 levofloxacin
 levothyroxine
 lidocaine patch **PA**
 lidocaine-prilocaine **QL**
 linezolid
 LINZESS
 liothyronine
 lisdexamfetamine **QL**
 lisinopril
 lisinopril-hydrochlorothiazide
 LONSURF **SGM, QL**
 loperamide
 lopinavir-ritonavir **QL**
 lorazepam **QL**
 losartan
 losartan-hydrochlorothiazide
 loteprednol
 lovastatin **AGE**
 lubiprostone
 LUMAKRAS **SGM, QL**
 LUPRON DEPOT-PED **MB**
 lurasidone
 LYNPARZA **SGM, QL**
 LYVISPAH **PA**

M

maraviroc **QL**
 MAYZENT **SGM, QL**
 meclizine
 medroxyprogesterone
 megestrol acetate
 MEKTOVI **SGM, QL**
 meloxicam tablet
 memantine
 MENOPUR **SGM**
 mesalamine delayed-rel
 mesalamine ext-rel
 mesalamine suppository
 mesalamine suspension
 metformin
 metformin ext-rel (except generics for FORTAMET and GLUMETZA)
 methadone **QL; PA***

methoxsalen
 methylphenidate **QL**
 methylphenidate ext-rel **QL**
 methylprednisolone
 metoclopramide
 metolazone
 metoprolol succinate ext-rel
 metoprolol tartrate
 metronidazole
 metronidazole **QL**
 midodrine
 minocycline
 MIRENA **MB**
 mirtazapine
 MITIGARE
 modafinil **PA**
 mometasone **QL**
 mometasone **QL**
 montelukast
 morphine **QL; PA***
 morphine ext-rel **QL; PA***
 MOVANTIK **PA**
 moxifloxacin
 moxifloxacin
 MULTAQ **PA**
 multivitamins
 mupirocin ointment **QL**
 MYFEMBREE **PA**

N

nadolog
 NAFTIN **PA**
 naloxone
 NAMZARIC **PA**
 naproxen (except naproxen CR or naproxen suspension)
 naratriptan **QL**
 nateglinide
 NATESTO **PA**
 NAYZILAM
 nebivolol
 neomycin-polymyxin b-bacitracin-hydrocortisone
 neomycin-polymyxin b-dexamethasone
 neomycin-polymyxin b-hydrocortisone
 NEUPRO
 NEXLETOL **PA**
 NEXLIZET **PA**
 niacin ext-rel
 nifedipine ext-rel
 NINLARO **SGM, QL**
 nitrofurantoin (except NDC 16571074024)
 nitroglycerin lingual spray
 nitroglycerin sublingual
 NIVESTYM **SGM**
 NORDITROPIN **SGM**
 NOVOEIGHT **MB**
 NOVOLIN 70/30 **OTC**
 NOVOLIN N **OTC**

NOVOLIN R **OTC**
 NOVOLOG
 NOVOLOG MIX 70/30
 NOVOSVEN RT **MB**
 NUBEQA **SGM, QL**
 NUCALA (except lyophilized powder) **SGM, QL**
 NURTEC ODT **ST, PA, QL**
 NUWIQ **MB**
 nystatin crea; oint
 nystatin powd **QL**
 NYVEPRIA **SGM, QL**

O

OCREVUS **MB**
 ODEFSEY **QL**
 ODOMZO **SGM, QL**
 OFEV **SGM, QL**
 ofloxacin
 ofloxacin otic
 OGIVRI **MB**
 olanzapine
 olmesartan
 olmesartan-amlodipine-hydrochlorothiazide
 olmesartan-hydrochlorothiazide
 olopatadine
 olopatadine **QL**
 omega-3 acid ethyl esters
 omeprazole delayed-rel
 OMNIPOD 5 INSULIN INFUSION PUMP **PA, QL**
 OMNIPOD DASH INSULIN INFUSION PUMP **QL**
 ondansetron **QL**
 ONETOUCH LANCETS / LANCING DEVICE **OTC**
 ONETOUCH ULTRA STRIPS AND KITS **OTC**
 ONETOUCH VERIO STRIPS AND KITS **OTC**
 ONEXTON **QL**
 ONZETRA XSAIL **ST, PA, QL**
 OPSUMIT **SGM, QL**
 OPZELURA **PA**
 ORACEA
 ORALAIR **PA**
 ORENITRAM **SGM**
 ORFADIN **SGM**
 ORIAHNN **PA**
 ORILISSA **PA**
 ORLADEYO **SGM, QL**
 oseltamivir **QL**
 OTEZLA **SGM, QL**
 OVIDREL **SGM**
 oxazepam **QL**
 oxcarbazepine
 OXTELLAR XR
 oxybutynin
 oxybutynin ext-rel
 oxycodone **QL; PA***

oxycodone ext-rel **QL; PA***
 oxycodone-acetaminophen **QL; PA***
 OZEMPIC **PA, QL**

P

pantoprazole delayed-rel tablet **QL**
 paroxetine hcl
 paroxetine hcl ext-rel (except NDC 60505367503)
 pazopanib **SGM, QL**
 peg 3350-electrolytes (except generics for MOVIPREP)
 pemetrexed **MB**
 penicillamine **SGM, QL**
 penicillin vk
 PERJETA **MB**
 PERSERIS
 PHEBURANE **SGM, QL**
 phenobarbital
 phenytoin
 phenytoin sodium extended
 PHESGO **SGM**
 pimecrolimus **PA**
 pindolol
 pioglitazone
 pioglitazone-glimepiride
 pioglitazone-metformin
 pifenidone **SGM, QL**
 pitavastatin **AGE**
 potassium chloride liquid
 pramipexole
 pramipexole ext-rel
 prasugrel
 pravastatin **AGE**
 prednisolone acetate 1%
 prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL)
 prednisone
 pregabalin **ST, PA, QL**
 pregabalin ext-rel **ST, PA, QL**
 PREMPHASE
 PREMPRO
 prenatal vitamins
 primidone
 probenecid
 prochlorperazine
 PROCIT **MB**
 PROCTOFOAM-HC
 progesterone, micronized
 PROLASTIN-C **MB**
 PROLENSA
 PROLIA **MB**
 PROMACTA **SGM, QL**
 promethazine
 propranolol
 propranolol ext-rel
 PULMICORT FLEXHALER **QL**
 pyrimethamine **PA**

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Q

QELBREE **QL**
quetiapine
quetiapine ext-rel
quinapril
quinapril-hydrochlorothiazide
QULIPTA **ST, PA, QL**

R

RADICAVA ORS **SGM, QL**
RAGWITEK **PA**
raloxifene
ramelteon
ramipril
ranolazine ext-rel
rasagiline
RASUVO **SGM, QL**
REBIF **SGM, QL**
REBINYN **MB**
RELENZA **QL**
REMICADE **MB**
repaglinide
REPATHA **PA, QL**
RESTASIS
RETACRIT **MB**
RETEVMO **SGM, QL**
REVLIMID **SGM, QL**
ribavirin **SGM, QL**
RINVOQ **SGM, QL**
risedronate
risperidone
ritonavir **QL**
rivastigmine
rivastigmine transdermal
rizatriptan **QL**
roflumilast
ropinirole
ropinirole ext-rel
rosuvastatin 5mg, 10mg **AGE**
rosuvastatin 20mg, 40mg
ROZLYTREK **SGM, QL**
RUCONEST **MB**
rufinamide
RUXIENCE **MB**
RYBELSUS **PA, QL**
RYDAPT **SGM, QL**
RYTARY

S

SANCUSO **PA, QL**
sapropterin **SGM**
saxagliptin
saxagliptin-metformin ext-rel
scopolamine transdermal
selegiline
selenium sulfide lotion 2.5%
SEREVENT **QL**
sertraline
sevelamer carbonate
SEVENFACT **MB**

sildenafil **SGM, QL**
silodosin
SIMBRINZA
SIMPONI ARIA **MB**
simvastatin 5mg, 10mg, 20mg,
40mg **AGE**
simvastatin 80mg
SKYLA **MB**
SKYRIZI INTRAVENOUS **MB**
SKYRIZI SUBCUTANEOUS **SGM,**
QL
sodium phenylbutyrate **SGM, QL**
sodium sulfate-potassium sulfate-
magnesium sulfate
SOGROYA **SGM**
solifenacin
SOLIQUA
SOMATULINE DEPOT **SGM, QL**
SOOLANTRA **PA**
sorafenib **SGM, QL**
sotalol
SPIRIVA **QL**
spironolactone
spironolactone-
hydrochlorothiazide
SPRYCEL **SGM, QL**
STELARA INTRAVENOUS **MB**
STELARA SUBCUTANEOUS **SGM,**
QL
STIOLTO RESPIMAT **QL**
STIVARGA **SGM, QL**
STRIBILD **QL**
STRIVERDI RESPIMAT **QL**
sucralfate tablet
sulfacetamide
sulfamethoxazole-trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan **QL**
sunitinib **SGM, QL**
SUNOSI **PA**
SUPARTZ FX **MB**
SUPPRELIN LA **SGM**
SUPRAX
SYMLINPEN
SYMPROIC
SYMTOZA **QL**
SYNJARDY
SYNJARDY XR
SYNTHROID

T

tacrolimus **PA**
TADLIQ **SGM, QL**
TAGRISSO **SGM, QL**
TAKHZYRO **SGM, QL**
tamsulosin
TAVALISSE **SGM, QL**
TEGSEDI **SGM, QL**
telmisartan
telmisartan-hydrochlorothiazide

tenofovir disoproxil fumarate **QL**
terazosin
terbinafine tablet
teriflunomide **SGM, QL**
teriparatide **SGM, QL**
testosterone gel (except authorized
generics for TESTIM and VOGELXO) **PA**
testosterone solution **PA**
tetrabenazine **SGM, QL**
tetracycline **QL**
TEZSPIRE **SGM, QL**
THALOMID **SGM, QL**
tiagabine
timolol maleate solution
tiopronin **PA**
TIVICAY **QL**
TOBRADEX OINTMENT
tobramycin
tobramycin inhalation solution
SGM, QL
tobramycin-dexamethasone
tolterodine
tolterodine ext-rel
topiramate
torseamide
TOUJEO
tramadol (except tramadol tablet 100 mg)
QL; PA*
tramadol ext-rel tablet **QL; PA***
travoprost
trazodone
TRELEGY ELLIPTA **QL**
TREMIFYA **SGM, QL**
treprostinil **MB**
TRESIBA
tretinoin
triamcinolone cream, lotion,
ointment (except triamcinolone ointment
0.05%) **QL**
triamterene
triamterene-hydrochlorothiazide
trientine **SGM**
trifluridine
TRIJARDY XR
trimethobenzamide
TRINTELLIX **ST, PA**
TRIUMEQ **QL**
trospium
trospium ext-rel
TRULICITY **PA, QL**
TWYNEO
TYMLOS **SGM, QL**
TYSABRI **MB**

U

UBRELVY **ST, PA, QL**
UPTRAVI **SGM, QL**

V

VAGIFEM
valganciclovir

valganciclovir **QL**
valproic acid
valsartan
valsartan-hydrochlorothiazide
VALTOCO
vancomycin capsule **QL**
VELTASSA
VEMLIDY **QL**
venlafaxine
venlafaxine ext-rel capsule
verapamil ext-rel
VERQUVO **PA**
VIBERZI
VICTOZA **PA, QL**
vigabatrin **SGM, QL**
vilazodone
VIOKACE
VISTOGARD **SGM, QL**
VITRAKVI **SGM, QL**
VOSEVI **SGM, QL**
VRAYLAR
VTAMA **PA**
VUMERITY **SGM, QL**

W

WAKIX **SGM, QL**
warfarin
WINLEVI **PA**
Wixela Inhub **QL**

X

XARELTO
XCOPRI
XELJANZ **SGM, QL**
XELJANZ XR **SGM, QL**
XEOMIN **MB**
XIFAXAN 550 MG **PA**
XIGDUO XR
XIIDRA
XOLAIR **SGM, QL**
XOSPATA **SGM, QL**
XTANDI **SGM, QL**
XULTOPHY
XYNTHA **MB**
XYOSTED **PA**
XYWAV **SGM, QL**

Y

YONSA **SGM, QL**

Z

zafirlukast
ZEGALOGUE
ZEJULA **SGM, QL**
ZELBORAF **SGM, QL**
ZEMAIRA **MB**
ZEMBRACE SYMTOUCH **ST, PA,**
QL
ZENPEP
ZEPOSIA **SGM, QL**

ziprasidone
ZIRABEV **MB**
zolmitriptan **QL**

zolpidem
zolpidem ext-rel
zonisamide

ZORYVE CREAM **PA**
ZORYVE FOAM **PA**
ZUBSOLV **QL**

ZYDELIG **SGM, QL**
ZYKADIA **SGM, QL**

PREFERRED OPTIONS LIST FOR FORMULARY DRUG REMOVALS AND DRUGS COVERED ONLY WHEN PREFERRED OPTIONS ARE NOT CLINICALLY APPROPRIATE

The preferred options listed below are a broad representation of available treatment options and do not necessarily represent clinical equivalency.

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ABILIFY	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>	ACUVAIL	<i>bromfenac, diclofenac, ketorolac QL, ILEVRO, PROLENSA</i>
		<i>acyclovir cream</i>	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
ACANYA	<i>adapalene (except adapalene pad) PA, benzoyl peroxide, clindamycin gel (except NDC 68682046275) QL, clindamycin solution QL, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide QL, tretinoin PA, AGE, AKLIEF, EPIDUO, ONEXTON QL, TWYNEO, WINLEVI PA</i>	ACZONE	<i>adapalene (except adapalene pad) PA, benzoyl peroxide, clindamycin gel (except NDC 68682046275) PA, clindamycin solution PA, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide QL, tretinoin PA, AGE, AKLIEF, EPIDUO, ONEXTON QL, TWYNEO, WINLEVI PA</i>
ACIPHEX, ACIPHEX SPRINKLE	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet QL</i>	<i>adapalene pad</i>	<i>adapalene (except adapalene pad) PA, benzoyl peroxide, clindamycin gel (except NDC 68682046275) PA, clindamycin solution PA, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide QL, tretinoin PA, AGE, AKLIEF, EPIDUO, ONEXTON QL, TWYNEO, WINLEVI PA</i>
ACTEMRA ACTPEN, ACTEMRA SUBCUTANEOUS	<i>ADALIMUMAB-ADAZ SGM, QL, ENBREL SGM, QL, HYRIMOZ SGM, QL, RINVOQ SGM, QL, XELJANZ SGM, QL, XELJANZ XR SGM, QL</i>		
ACTEMRA INTRAVENOUS	<i>AVSOLA MB, REMICADE MB, SIMPONI ARIA MB</i>	ADDERALL	<i>amphetamine-dextroamphetamine mixed salts QL, methylphenidate QL</i>
Activite	<i>generic multivitamins</i>		
ACTOS	<i>pioglitazone</i>		

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> QL , <i>dexmethylphenidate ext-rel</i> QL , <i>lisdexamfetamine</i> QL , <i>methylphenidate ext-rel</i> QL , AZSTARYS QL	ALTOPREV	<i>atorvastatin</i> AGE , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> AGE , <i>lovastatin</i> AGE , <i>pitavastatin</i> AGE , <i>pravastatin</i> AGE , <i>rosuvastatin</i> AGE , <i>simvastatin</i> AGE
ADRENALIN	<i>epinephrine</i> (NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q	ALVESCO	PULMICORT FLEXHALER QL
ADZENYS XR-ODT	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> QL , <i>dexmethylphenidate ext-rel</i> QL , <i>lisdexamfetamine</i> QL , <i>methylphenidate ext-rel</i> QL , AZSTARYS QL	AMITIZA	<i>lubiprostone</i> , LINZESS, MOVANTIK PA , SYMPROIC
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i> SGM, QL	AMJEVITA	ADALIMUMAB-ADAZ SGM, QL , COSENTYX SGM, QL , ENBREL SGM, QL , HYRIMOZ SGM, QL , OTEZLA SGM, QL , RINVOQ SGM, QL , SKYRIZI SUBCUTANEOUS SGM, QL , STELARA SUBCUTANEOUS SGM, QL , TREMFYA SGM, QL , XELJANZ SGM, QL , XELJANZ XR SGM, QL
AIMOVIQ	AJOVY ST, PA, QL , EMGALITY ST, PA, QL , QULIPTA ST, PA, QL	AMRIX	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)
<i>albuterol sulfate CFC-free aerosol</i> (NDCs 00093317431, 66993001968 only)	<i>albuterol sulfate CFC-free aerosol</i> (except NDCs 00093317431, 66993001968) QL , <i>levalbuterol tartrate CFC-free aerosol</i> QL	ANDROGEL	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO) PA , <i>testosterone solution</i> PA , NATESTO PA , XYOSTED PA
ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	<i>desonide</i> (except <i>desonide gel</i>) QL , <i>hydrocortisone</i> QL	APEXICON E	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>) QL , <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) QL , BRYHALI PA
ALIMTA	<i>pemetrexed</i> MB	APIDRA	FIASP, NOVOLOG
ALIQOPA	Talk to your doctor	APLENZIN	<i>bupropion</i> , <i>bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i>)
ALLISON MEDICAL INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES OTC		
ALREX	<i>azelastine</i> , <i>bepotastine</i> , <i>cromolyn sodium</i> , <i>olopatadine</i>		

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
APOKYN	INBRIJA SGM, QL	ASCENSIA STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS OTC , ACCU-CHEK GUIDE STRIPS AND KITS OTC , ACCU-CHEK SMARTVIEW STRIPS AND KITS OTC , ONETOUCH ULTRA STRIPS AND KITS OTC , ONETOUCH VERIO STRIPS AND KITS OTC
APTENSIO XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> QL , <i>dexmethylphenidate ext-rel</i> , <i>lisdexamfetamine</i> QL , <i>methylphenidate ext-rel</i> QL , AZSTARYS QL	ASMANEX, ASMANEX HFA	PULMICORT FLEXHALER QL
APTIVUS	Talk to your doctor	ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
ARALAST NP	PROLASTIN-C MB , ZEMAIRA MB	ATIVAN	<i>alprazolam</i> QL , <i>clonazepam</i> QL , <i>diazepam</i> QL , <i>lorazepam</i> QL , <i>oxazepam</i> QL
ARAZLO	<i>adapalene</i> (except <i>adapalene pad</i>) PA , <i>benzoyl peroxide, clindamycin gel</i> (except NDC 68682046275) QL , <i>clindamycin solution</i> QL , <i>clindamycin-benzoyl peroxide, dapsons, erythromycin solution, erythromycin-benzoyl peroxide</i> QL , <i>tretinoin</i> PA, AGE , AKLIEF, EPIDUO, ONEXTON QL , TWYNEO, WINLEVI PA	AUBAGIO	<i>dimethyl fumarate delayed-rel</i> SGM, QL , <i>fingolimod</i> SGM, QL , <i>glatiramer</i> SGM, QL , <i>teriflunomide</i> SGM, QL , AVONEX SGM, QL , BETASERON SGM, QL , COPAXONE 40 MG/ML SGM, QL , KESIMPTA SGM, QL , MAYZENT SGM, QL , OCREVUS MB , REBIF SGM, QL , TYSABRI MB , VUMERITY SGM, QL , ZEPOSIA SGM, QL
ARCALYST	Talk to your doctor	AVASTIN	ZIRABEV MB
ARNUITY ELLIPTA	PULMICORT FLEXHALER QL	AVENOVA	Talk to your doctor
ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen</i> (except <i>naproxen CR or naproxen suspension</i>) WITH <i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i> QL		

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
AZASITE	<i>ciprofloxacin, erythromycin, gentamicin QL, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>	BECONASE AQ	<i>azelastine-fluticasone QL, flunisolide QL, fluticasone QL, mometasone QL</i>
AZELEX	<i>adapalene (except adapalene pad) PA, benzoyl peroxide, clindamycin gel (except NDC 68682046275) PA, clindamycin solution PA, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide QL, tretinoin PA, AGE, AKLIEF, EPIDUO, ONEXTON QL, TWYNEO, WINLEVI PA</i>	BENEFIX	<i>ALPROLIX MB, REBINYN MB</i>
AZESCO	<i>generic prenatal vitamins</i>	BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
AZOR	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>	BENSAL HP	<i>desonide (except desonide gel) QL, hydrocortisone QL</i>
BALCOLTRA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>	benzonatate (NDCs 69336012615, 69499032915 only)	<i>benzonatate (except NDCs 69336012615, 69499032915)</i>
BANZEL	<i>clobazam, clonazepam QL, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>	BEPREVE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
BARACLUE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLIDY QL</i>	BERINERT	<i>icatibant SGM, QL</i>
BASAGLAR	<i>LANTUS</i>	BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
		<i>betamethasone dipropionate ointment 0.05%</i>	<i>desoximetasone (except desoximetasone ointment 0.05%) QL, fluocinonide (except fluocinonide cream 0.1%) QL, BRYHALI PA</i>
		BETAPACE, BETAPACE AF	<i>sotalol</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
BETHKIS	<i>tobramycin inhalation solution</i> SGM, QL	<i>Bupap</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BETIMOL	<i>timolol maleate solution, BETOPTIC S</i>	BUPHENYL	<i>sodium phenylbutyrate</i> SGM, QL , PHEBURANE SGM, QL
BEVESPI AEROSPHERE	ANORO ELLIPTA QL , STIOLTO RESPIMAT QL	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
BEYAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>	<i>butalbital-acetaminophen capsule, butalbital-acetaminophen tablet 25-325 mg, butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC 69499034230 only)</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BORTEZOMIB	<i>bortezomib</i> MB , NINLARO SGM, QL	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BOTOX	DYSPORE MB , XEOMIN MB	BUTRANS	<i>buprenorphine transdermal</i> PA , BELBUCA PA
BREEZE 2 STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS OTC , ACCU-CHEK GUIDE STRIPS AND KITS OTC , ACCU-CHEK SMARTVIEW STRIPS AND KITS OTC , ONETOUCH ULTRA STRIPS AND KITS OTC , ONETOUCH VERIO STRIPS AND KITS OTC	BYDUREON BCISE	OZEMPIC PA, QL , RYBELSUS PA, QL , TRULICITY PA, QL , VICTOZA PA, QL
BROMSITE	<i>bromfenac, diclofenac, ketorolac</i> QL , ILEVRO, PROLENSA	BYETTA	OZEMPIC PA, QL , RYBELSUS PA, QL , TRULICITY PA, QL , VICTOZA PA, QL
<i>budesonide ext-rel tablet</i>	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	BYSTOLIC	<i>acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
<i>calcipotriene cream, calcipotriene foam, CALCIPOTRIENE FOAM</i>	<i>calcipotriene ointment QL, calcipotriene solution QL, VTAMA PA, ZORYVE CREAM PA</i>	CARNITOR, CARNITOR SF	<i>levocarnitine</i>
<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment QL or calcipotriene solution QL WITH desoximetasone (except desoximetasone ointment 0.05%) QL, fluocinonide (except fluocinonide cream 0.1%) QL or BRYHALI PA; ENSTILAR QL, VTAMA PA, ZORYVE CREAM PA</i>	CAYSTON	<i>tobramycin inhalation solution SGM, QL</i>
<i>calcitriol ointment</i>	<i>calcipotriene ointment QL, calcipotriene solution QL, VTAMA PA, ZORYVE CREAM PA</i>	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
CAMBIA	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	CETROTIDE	GANIRELIX ACETATE SGM
<i>Capsinac</i>	<i>diclofenac sodium, diclofenac sodium gel 1% QL, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	<i>chlordiazepoxide-clidinium (NDCs 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i>	<i>dicyclomine</i>
CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i>	<i>chlorzoxazone 250 mg, chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC 73007001303 only), chlorzoxazone 750 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
CARAFATE	<i>sucralfate tablet</i>	CICATRACE	Talk to your doctor
CARBAGLU	<i>carglumic acid</i>	CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin QL, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>	CIMZIA LYOPHILIZED POWDER	<i>AVSOLA MB, ILUMYA MB, REMICADE MB, SIMPONI ARIA MB, SKYRIZI INTRAVENOUS MB, STELARA INTRAVENOUS MB</i>
CARDIZEM, CARDIZEM CD, CARDIZEM LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA), verapamil ext-rel</i>		
<i>carisoprodol 250 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>		

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
CIMZIA PREFILLED SYRINGE	ADALIMUMAB-ADAZ SGM, QL , COSENTYX SGM, QL , ENBREL SGM, QL , HYRIMOZ SGM, QL , OTEZLA SGM, QL , RINVOQ SGM, QL , SKYRIZI SUBCUTANEOUS SGM , STELARA SUBCUTANEOUS SGM, QL , TREMFYA SGM, QL , XELJANZ SGM, QL , XELJANZ XR SGM, QL	<i>clobetasol emollient foam</i>	<i>clobetasol cream QL, clobetasol foam (except clobetasol emollient foam) QL, clobetasol gel QL, clobetasol lotion QL, clobetasol ointment QL, halobetasol cream QL, halobetasol ointment QL</i>
CINRYZE	ORLADEYO SGM, QL , TAKHZYRO SGM, QL	<i>clobetasol spray</i>	<i>clobetasol cream QL, clobetasol foam (except clobetasol emollient foam) QL, clobetasol gel QL, clobetasol lotion QL, clobetasol ointment QL, halobetasol cream QL, halobetasol ointment QL</i>
CIPRO HC	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>		
CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>	CLOBEX SPRAY	<i>clobetasol cream QL, clobetasol foam (except clobetasol emollient foam) QL, clobetasol gel QL, clobetasol lotion QL, clobetasol ointment QL, halobetasol cream QL, halobetasol ointment QL</i>
<i>ciprofloxacin-fluocinolone</i>	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>		
CITRANATAL	<i>generic prenatal vitamins</i>		
CLIMARA (except CLIMARA PRO)	<i>estradiol</i>	<i>clocortolone cream</i>	<i>hydrocortisone butyrate cream QL, hydrocortisone butyrate ointment QL, hydrocortisone butyrate solution QL, mometasone QL, triamcinolone cream QL, triamcinolone lotion QL, triamcinolone ointment (except triamcinolone ointment 0.05%) QL</i>
<i>clindamycin gel (NDC 68682046275 only)</i>	<i>adapalene (except adapalene pad) QL, benzoyl peroxide, clindamycin gel (except NDC 68682046275) QL, clindamycin solution QL, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide QL, tretinoin PA, AGE, AKLIEF, EPIDUO, ONEXTON QL, TWYNEO, WINLEVI PA</i>	COLAZAL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
		COLCRYS	<i>colchicine tablet, colchicine capsule, MITIGARE</i>
		COMBIGAN	<i>brimonidine-timolol</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> QL , <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> QL , BIKTARVY QL , CABENUVA SGM, QL , DOVATO QL , GENVOYA QL , ODEFSEY QL , STRIBILD QL , SYMTUZA QL , TRIUMEQ QL	COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel</i> SGM, QL , <i> fingolimod</i> SGM, QL , <i> glatiramer</i> SGM, QL , <i> teriflunomide</i> SGM, QL , AVONEX SGM, QL , BETASERON SGM, QL , COPAXONE 40 MG/ML SGM, QL , KESIMPTA SGM, QL , MAYZENT SGM, QL , OCREVUS MB , REBIF SGM, QL , TYSABRI MB , VUMERITY SGM, QL , ZEPOSIA SGM, QL
CONCERTA	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> QL , <i> dexamethylphenidate ext-rel</i> QL , <i> lisdexamfetamine</i> QL , <i> methylphenidate ext-rel</i> QL , AZSTARYS QL	CORDRAN CREAM, CORDRAN LOTION	<i>desonide</i> (except <i>desonide gel</i>) QL , <i>hydrocortisone</i> QL
CONTOUR NEXT STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS OTC , ACCU-CHEK GUIDE STRIPS AND KITS OTC , ACCU-CHEK SMARTVIEW STRIPS AND KITS OTC , ONETOUCH ULTRA STRIPS AND KITS OTC , ONETOUCH VERIO STRIPS AND KITS OTC	CORDRAN OINTMENT	<i>hydrocortisone butyrate cream</i> QL , <i>hydrocortisone butyrate ointment</i> QL , <i>hydrocortisone butyrate solution</i> QL , <i>mometasone</i> QL , <i>triamcinolone cream</i> QL , <i>triamcinolone lotion</i> QL , <i>triamcinolone ointment</i> (except <i>triamcinolone ointment 0.05%</i>) QL
CONTOUR STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS OTC , ACCU-CHEK GUIDE STRIPS AND KITS OTC , ACCU-CHEK SMARTVIEW STRIPS AND KITS OTC , ONETOUCH ULTRA STRIPS AND KITS OTC , ONETOUCH VERIO STRIPS AND KITS OTC	CORDRAN TAPE	<i>clobetasol cream</i> QL , <i>clobetasol foam</i> (except <i>clobetasol emollient foam</i>) QL , <i>clobetasol gel</i> QL , <i>clobetasol lotion</i> QL , <i>clobetasol ointment</i> QL , <i>halobetasol cream</i> QL , <i>halobetasol ointment</i> QL
		COREG CR	<i>acebutolol</i> , <i>atenolol</i> , <i>carvedilol</i> , <i>carvedilol phosphate ext-rel</i> , <i>metoprolol succinate ext-rel</i> , <i>metoprolol tartrate</i> , <i>nadolol</i> , <i>nebivolol</i> , <i>pindolol</i> , <i>propranolol</i> , <i>propranolol ext-rel</i>
		COZAAR	<i>candesartan</i> , <i>irbesartan</i> , <i>losartan</i> , <i>olmesartan</i> , <i>telmisartan</i> , <i>valsartan</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
CRESEMBA	<i>itraconazole</i> PA	DEPAKOTE, DEPAKOTE ER, DEPAKOTE SPRINKLE	<i>carbamazepine, carbamazepine ext-rel, clonazepam</i> QL , <i>divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>
CRESTOR	<i>atorvastatin</i> AGE , <i>ezetimibe-simvastatin, fluvastatin</i> AGE , <i>lovastatin</i> AGE , <i>pitavastatin</i> AGE , <i>pravastatin</i> AGE , <i>rosuvastatin</i> AGE , <i>simvastatin</i> AGE		
CUPRIMINE	<i>penicillamine</i> SGM, QL		
<i>cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>		
CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	DESFERAL	<i>deferasirox</i> SGM , <i>deferiprone</i> PA , <i>deferoxamine</i> MB
CYSTADANE	<i>betaine</i> PA	<i>desonide gel</i>	<i>desonide (except desonide gel)</i> QL , <i>hydrocortisone</i> QL
CYTOMEL	<i>levothyroxine, liothyronine, SYNTHROID</i>	<i>desoximetasone ointment 0.05%</i>	<i>hydrocortisone butyrate cream</i> QL , <i>hydrocortisone butyrate ointment</i> QL , <i>hydrocortisone butyrate solution</i> QL , <i>mometasone</i> QL , <i>triamcinolone cream</i> QL , <i>triamcinolone lotion</i> QL , <i>triamcinolone ointment (except triamcinolone ointment 0.05%)</i> QL
DALIRESP	<i>roflumilast</i>		
DARAPRIM	<i>pyrimethamine</i> PA		
DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> QL , <i>dexmethylphenidate ext-rel</i> QL , <i>lisdexamfetamine</i> QL , <i>methylphenidate ext-rel</i> QL , <i>AZSTARYS</i> QL	DETROL LA	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i> ST, PA
DELZICOL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	<i>dexchlorpheniramine</i>	<i>levocetirizine</i>
		<i>Dexifol</i>	<i>generic multivitamins</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)
DEXILANT	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i> QL
<i>dexlansoprazole delayed-rel</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i> QL
DIACOMIT	Talk to your doctor
<i>diclofenac potassium capsule 25 mg, diclofenac potassium tablet 25 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>diclofenac potassium powder</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
<i>diclofenac sodium solution 2%</i>	<i>diclofenac sodium, diclofenac sodium gel 1% QL, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>Diclofex DC</i>	<i>diclofenac sodium, diclofenac sodium gel 1% QL, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>Diclosaicin</i>	<i>diclofenac sodium, diclofenac sodium gel 1% QL, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>

DRUG NAME(S)	PREFERRED OPTION(S)
DIFFERIN LOTION	<i>adapalene (except adapalene pad) PA, benzoyl peroxide, clindamycin gel (except NDC* 68682046275) QL, clindamycin solution QL, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide QL, tretinoin PA, AGE, AKLIEF, EPIDUO, ONEXTON QL, TWYNEO, WINLEVI PA</i>
<i>diflorasone cream, diflorasone ointment</i>	<i>desoximetasone (except desoximetasone ointment 0.05%) QL, fluocinonide (except fluocinonide cream 0.1%) QL, BRYHALI PA</i>
<i>dihydroergotamine spray</i>	<i>eletriptan QL, naratriptan QL, rizatriptan QL, sumatriptan QL, zolmitriptan QL, NURTEC ODT ST, PA, QL, ONZETRA XSAIL ST, PA, QL, UBRELVY ST, PA, QL, ZEMBRACE SYMTOUCH ST, PA, QL</i>
DILANTIN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>
<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA), verapamil ext-rel</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
DIOVAN, DIOVAN HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	DUOBRII	<i>calcipotriene ointment QL or calcipotriene solution QL WITH desoximetasone (except desoximetasone ointment 0.05%) QL, fluocinonide (except fluocinonide cream 0.1%) QL or BRYHALI PA; ENSTILAR QL, VTAMA PA, ZORYVE CREAM PA</i>
Diphen Elixir	<i>levocetirizine</i>	DYANAVEL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel QL, dexmethylphenidate ext-rel QL, lisdexamfetamine QL, methylphenidate ext-rel QL, AZSTARYS QL</i>
DORYX, DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline QL</i>	DYMISTA	<i>azelastine-fluticasone QL, flunisolide QL, fluticasone QL, mometasone QL</i>
doxepin cream	<i>desonide (except desonide gel) QL, hydrocortisone QL, pimecrolimus PA, tacrolimus PA, EUCRISA ST, PA, QL, OPZELURA PA</i>	DYRENIUM	<i>amiloride, triamterene</i>
doxycycline hyclate delayed-rel tablet	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline QL</i>	EDARBI, EDARBYCLOR	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
doxycycline hyclate tablet 50 mg, doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline QL</i>	EDLUAR	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA ST, PA, DAYVIGO ST, PA</i>
doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline QL</i>	EDURANT	<i>efavirenz</i>
		E.E.S. GRANULES	<i>erythromycins</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	<i>ergotamine-caffeine</i>	<i>eletriptan QL, naratriptan QL, rizatriptan QL, sumatriptan QL, zolmitriptan QL, NURTEC ODT ST, PA, QL, ONZETRA XSAIL ST, PA, QL, UBRELVY ST, PA, QL, ZEMBRACE SYMTOUCH ST, PA, QL</i>
ELELYSO	CERDELGA SGM, QL , CEREZYME MB	ERYPED	<i>erythromycins</i>
ELIDEL	<i>pimecrolimus PA, tacrolimus PA, EUCRISA ST, PA, QL, OPZELURA PA</i>	ESBRIET	<i>pirfenidone SGM, QL, OFEV SGM, QL</i>
ELMIRON	Talk to your doctor	<i>estradiol vaginal tablet</i>	<i>estradiol vaginal cream, estradiol vaginal tablets, IMVEXXY, VAGIFEM</i>
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM PA	ESTRING	<i>estradiol vaginal cream, estradiol vaginal tablets, IMVEXXY, VAGIFEM</i>
ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG PA</i>	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts QL, methylphenidate QL</i>
ENTYVIO INTRAVENOUS (For Crohn's Disease Only)	AVSOLA MB , REMICADE MB , SKYRIZI INTRAVENOUS MB , STELARA INTRAVENOUS MB	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM PA
EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
EPICERAM	<i>desonide (except desonide gel) QL, hydrocortisone QL</i>	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>epinephrine (NDCs 00093-XXXX-XX, 49502-XXXX-XX only)</i>	<i>epinephrine (NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q</i>	EXJADE	<i>deferasirox SGM, deferiprone PA, deferoxamine MB</i>
EPIPEN, EPIPEN JR	<i>epinephrine (NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q</i>		
EPOGEN	ARANESP MB , PROCRT MB , RETACRIT MB		

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
EXTAVIA	<i>dimethyl fumarate delayed-rel</i> SGM, QL , <i> fingolimod</i> SGM, QL , <i> glatiramer</i> SGM, QL , <i> teriflunomide</i> SGM, QL , AVONEX SGM, QL , BETASERON SGM, QL , COPAXONE 40 MG/ML SGM, QL , KESIMPTA SGM, QL , MAYZENT SGM, QL , OCREVUS MB , REBIF SGM, QL , TYSABRI MB , VUMERITY SGM, QL , ZEPOSIA SGM, QL	FENOGLIDE TABLET 120 MG	<i>fenofibrate</i> (except <i>fenofibrate</i> <i>capsule 30 mg, 50 mg, 90 mg,</i> <i>130 mg; fenofibrate tablet 40</i> <i>mg, 120 mg</i>), <i>fenofibric acid</i> <i>delayed-rel</i>
EYLEA	BYOOVIZ MB , CIMERLI MB	<i>fenopropfen</i> , FENOPROFEN CAPSULE	<i>diclofenac sodium, ibuprofen,</i> <i>meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
FABIOR	<i>adapalene</i> (except <i>adapalene</i> <i>pad</i>) PA , <i>benzoyl peroxide,</i> <i>clindamycin gel</i> (except NDC* 68682046275) QL , <i>clindamycin</i> <i>solution</i> QL , <i>clindamycin-benzoyl</i> <i>peroxide, dapsone, erythromycin</i> <i>solution, erythromycin-benzoyl</i> <i>peroxide</i> QL , <i>tretinoin</i> PA, AGE , AKLIEF, EPIDUO, ONEXTON QL , TWYNEO, WINLEVI PA	FERIVA 21/7	<i>generic multivitamins</i>
FANAPT	<i>aripiprazole, clozapine,</i> <i>lurasidone, olanzapine,</i> <i>quetiapine, quetiapine ext-rel,</i> <i>risperidone, ziprasidone,</i> VRAYLAR	FERRIPROX	<i>Deferasirox</i> SGM , <i>deferiprone</i> PA , <i>deferoxamine</i> MB
FEIBA	NOVOSEVEN RT MB , SEVENFACT MB	<i>Fexmid</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)
FEMRING	<i>estradiol vaginal cream,</i> <i>estradiol vaginal tablets,</i> IMVEXXY, VAGIFEM	FINACEA GEL	<i>azelaic acid gel</i> PA , <i>brimonidine</i> <i>gel</i> PA , <i>ivermectin cream</i> PA , <i>metronidazole</i> QL , FINACEA FOAM PA , SOOLANTRA PA
<i>fenofibrate capsule 30 mg, 50</i> <i>mg, 90 mg, 130 mg; fenofibrate</i> <i>tablet 40 mg, 120 mg</i>	<i>fenofibrate</i> (except <i>fenofibrate</i> <i>capsule 30 mg, 50 mg, 90 mg,</i> <i>130 mg; fenofibrate tablet 40</i> <i>mg, 120 mg</i>), <i>fenofibric acid</i> <i>delayed-rel</i>	FINTEPLA	<i>clobazam, clonazepam</i> QL , <i>lamotrigine, rufinamide,</i> <i>topiramate, topiramate ext-rel</i>
		FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen,</i> <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
		FIRAZYR	<i>icatibant</i> SGM, QL
		FIRMAGON	ELIGARD SGM
		FLAREX	<i>dexamethasone, difluprednate,</i> <i>loteprednol, prednisolone</i> <i>acetate 1%</i>
		FLORIVA, FLORIVA PLUS	<i>generic multivitamins</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
FLOVENT DISKUS, FLOVENT HFA	PULMICORT FLEXHALER QL	FML FORTE, FML LIQUIFILM	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>		
<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream QL, clobetasol foam (except clobetasol emollient foam) QL, clobetasol gel QL, clobetasol lotion QL, clobetasol ointment QL, halobetasol cream QL, halobetasol ointment QL</i>	FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel QL, dexmethylphenidate ext-rel QL, lisdexamfetamine QL, methylphenidate ext-rel QL, AZSTARYS QL</i>
<i>fluorouracil cream 0.5%</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i>	FORTAMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone</i>	FORTESTA	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO) PA, testosterone solution PA, NATESTO PA, XYOSTED PA</i>
<i>fluoxetine tablet 60 mg</i>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX ST, PA</i>	FOSRENOL	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>
<i>flurandrenolide cream, flurandrenolide lotion</i>	<i>desonide (except desonide gel) QL, hydrocortisone QL</i>	FOSTEUM, FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
<i>flurandrenolide ointment</i>	<i>hydrocortisone butyrate cream QL, hydrocortisone butyrate ointment QL, hydrocortisone butyrate solution QL, mometasone QL, triamcinolone cream QL, triamcinolone lotion QL, triamcinolone ointment (except triamcinolone ointment 0.05%) QL</i>	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM PA
		FREESTYLE STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS OTC , ACCU-CHEK GUIDE STRIPS AND KITS OTC , ACCU-CHEK SMARTVIEW STRIPS AND KITS OTC , ONETOUCH ULTRA STRIPS AND KITS OTC , ONETOUCH VERIO STRIPS AND KITS OTC
		FULPHILA	FYLNETRA SGM, QL , NYVEPRIA SGM, QL

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
<i>Fyremadel</i>	GANIRELIX ACETATE SGM	GOLYTELY	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ AGE
<i>ganirelix acetate</i>	GANIRELIX ACETATE SGM		
<i>Genicin Vita-S</i>	<i>generic multivitamins</i>		
GENOTROPIN	HUMATROPE SGM , NORDITROPIN SGM , SOGROYA SGM	GONAL-F	FOLLISTIM AQ SGM, QL
		GRANIX	NIVESTYM SGM
GILENYA	<i>dimethyl fumarate delayed-rel</i> SGM, QL , <i> fingolimod</i> SGM, QL , <i> glatiramer</i> SGM, QL , <i> teriflunomide</i> SGM, QL , AVONEX SGM, QL , BETASERON SGM, QL , COPAXONE 40 MG/ML SGM, QL , KESIMPTA SGM, QL , MAYZENT SGM, QL , OCREVUS MB , REBIF SGM, QL , TYSABRI MB , VUMERITY SGM, QL , ZEPOSIA SGM, QL	GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM PA
		GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM PA
		<i>halcinonide cream</i>	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>) QL , <i> fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) QL , BRYHALI PA
GLASSIA	PROLASTIN-C MB , ZEMAIRA MB		
GLEEVEC	<i>imatinib mesylate</i> SGM, QL , BOSULIF SGM, QL , SPRYCEL SGM, QL	HALOG	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>) QL , <i> fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) QL , BRYHALI PA
GLUCAGEN HYPOKIT	<i>glucagon, human recombinant</i> ; BAQSIMI; GVOKE; ZEGALOGUE		
GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant</i> ; BAQSIMI; GVOKE; ZEGALOGUE	HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
GLUMETZA	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)	HERCEPTIN, HERCEPTIN HYLECTA	HERZUMA MB , OGIVRI MB
GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>	HORIZANT	<i>gabapentin, pregabalin</i> ST, PA, QL , <i> pregabalin ext-rel</i> ST, PA, QL , GRALISE ST, PA
		HUMALOG	FIASP, NOVOLOG

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	HYQVIA	CUTAQUIG SGM
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	HYSINGLA ER	<i>fentanyl transdermal</i> QL, PA* , <i>hydrocodone ext-rel</i> QL, PA* , <i>hydromorphone ext-rel</i> QL, PA* , <i>methadone</i> QL, PA* , <i>morphine</i> <i>ext-rel</i> QL, PA* , <i>oxycodone ext-</i> <i>rel</i> QL, PA*
HUMIRA	ADALIMUMAB-ADAZ SGM, QL , COSENTYX SGM, QL , ENBREL SGM, QL , HYRIMOZ SGM, QL , OTEZLA SGM, QL , RINVOQ SGM , QL , SKYRIZI SUBCUTANEOUS SGM, QL , STELARA SUBCUTANEOUS SGM, QL , TREMIFYA SGM, QL , XELJANZ SGM, QL , XELJANZ XR SGM, QL	HYZAAR	<i>candesartan-</i> <i>hydrochlorothiazide</i> , <i>irbesartan-</i> <i>hydrochlorothiazide</i> , <i>losartan-</i> <i>hydrochlorothiazide</i> , <i>olmesartan-hydrochlorothiazide</i> , <i>telmisartan-hydrochlorothiazide</i> , <i>valsartan-hydrochlorothiazide</i>
HUMULIN 70/30	NOVOLIN 70/30		
HUMULIN N	NOVOLIN N	<i>Iclofenac CP</i>	<i>diclofenac sodium</i> , <i>diclofenac</i> <i>sodium gel 1%</i> , <i>diclofenac</i> <i>sodium solution 1.5%</i> , <i>ibuprofen</i> , <i>mexoxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
HUMULIN R	NOVOLIN R	ICLUSIG	<i>imatinib mesylate</i> SGM, QL , BOSULIF SGM, QL , SPRYCEL SGM, QL
<i>hydrocortisone butyrate</i> <i>lipophilic cream 0.1%</i>	<i>hydrocortisone butyrate cream</i> QL , <i>hydrocortisone butyrate</i> <i>ointment</i> QL , <i>hydrocortisone</i> <i>butyrate solution</i> QL , <i>mometasone</i> QL , <i>triamcinolone</i> <i>cream</i> QL , <i>triamcinolone lotion</i> QL , <i>triamcinolone ointment</i> (except <i>triamcinolone ointment</i> <i>0.05%</i>) QL	IMBRUVICA	BRUKINSA, CALQUENCE
<i>hydrocortisone butyrate lotion</i>	<i>hydrocortisone butyrate cream</i> QL , <i>hydrocortisone butyrate</i> <i>ointment</i> QL , <i>hydrocortisone</i> <i>butyrate solution</i> QL , <i>mometasone</i> QL , <i>triamcinolone</i> <i>cream</i> QL , <i>triamcinolone lotion</i> QL , <i>triamcinolone ointment</i> (except <i>triamcinolone ointment</i> <i>0.05%</i>) QL	INCRUSE ELLIPTA	SPIRIVA QL
<i>HylaVite</i>	<i>generic multivitamins</i>	INDERAL LA, INDERAL XL	<i>acebutolol</i> , <i>atenolol</i> , <i>carvedilol</i> , <i>carvedilol phosphate ext-rel</i> , <i>metoprolol succinate ext-rel</i> , <i>metoprolol tartrate</i> , <i>nadolol</i> , <i>nebivolol</i> , <i>pindolol</i> , <i>propranolol</i> , <i>propranolol ext-rel</i>
<i>hyoscyamine sulfate ext-rel</i>	<i>dicyclomine</i>	<i>Indocin</i> , INDOCIN	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>mexoxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
indomethacin capsule 20 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Inflammacin	diclofenac sodium, diclofenac sodium gel 1% QL , diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	INVOKANA	FARXIGA, JARDIANCE
INFLECTRA	AVSOLA MB , ILUMYA MB , REMICADE MB , SIMPONI ARIA MB , SKYRIZI INTRAVENOUS MB , STELARA INTRAVENOUS MB	IRESSA	gefitinib SGM, QL
INNOPRAN XL	acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel	isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
INTELENCE	etravirine QL	isotretinoin capsule 25 mg, 35 mg	isotretinoin capsule 20 mg, 30 mg, 40 mg PA
INTRAROSA	estradiol vaginal cream, estradiol vaginal tablets, IMVEXXY, VAGIFEM	IXINITY	ALPROLIX MB , REBINYN MB
INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel QL , atomoxetine QL , dexamethylphenidate ext-rel QL , guanfacine ext-rel, lisdexamfetamine QL , methylphenidate ext-rel QL , AZSTARYS QL , QELBREE QL	JADENU	deferasirox SGM , deferiprone PA , deferroxamine MB
INVELTYS	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%	JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
		JENTADUETO, JENTADUETO XR	saxagliptin-metformin ext-rel, JANUMET, JANUMET XR
		JORNAY PM	amphetamine-dextroamphetamine mixed salts ext-rel QL , dexamethylphenidate ext-rel QL , lisdexamfetamine QL , methylphenidate ext-rel QL , AZSTARYS QL
		JUXTAPID	REPATHA PA, QL
		JYNARQUE	Talk to your doctor
		KALETRA	atazanavir QL , darunavir QL , lopinavir-ritonavir QL

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
KAMDOY	<i>desonide (except desonide gel)</i> QL , hydrocortisone QL	<i>ketoprofen ext-rel capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
KANJINTI	HERZUMA MB , OGIVRI MB		
<i>Kapzin DC</i>	<i>diclofenac sodium, diclofenac sodium gel 1% QL, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	KINERET	ADALIMUMAB-ADAZ SGM, QL , ENBREL SGM, QL , HYRIMOZ SGM, QL , RINVOQ SGM, QL , XELJANZ SGM, QL , XELJANZ XR SGM, QL
KAZANO	saxagliptin-metformin ext-rel, JANUMET, JANUMET XR	KITABIS PAK	<i>tobramycin inhalation solution</i> SGM, QL
KEPPRA, KEPPRA XR	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>	KOMBIGLYZE XR	saxagliptin-metformin ext-rel, JANUMET, JANUMET XR
<i>ketoconazole foam 2%</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%, ZORYVE FOAM PA</i>	KUVAN	<i>sapropterin SGM</i>
<i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%, ZORYVE FOAM PA</i>	KYPROLIS	<i>bortezomib MB, NINLARO SGM, QL</i>
<i>ketoprofen capsule 25 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	LACRISERT	RESTASIS, XIIDRA
		LACTULOSE PAK	<i>lactulose solution</i>
		LAMICTAL, LAMICTAL ODT	<i>carbamazepine, carbamazepine ext-rel, clobazam, clonazepam QL, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, rufinamide, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
LAMICTAL XR	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>	LEMTRADA	<i>dimethyl fumarate delayed-rel SGM, QL, fingolimod SGM, QL, glatiramer SGM, QL, teriflunomide SGM, QL, AVONEX SGM, QL, BETASERON SGM, QL, COPAXONE 40 MG/ML SGM, QL, KESIMPTA SGM, QL, MAYZENT SGM, QL, OCREVUS MB, REBIF SGM, QL, TYSABRI MB, VUMERITY SGM, QL, ZEPOSIA SGM, QL</i>
LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>	LESCOL XL	<i>atorvastatin AGE, ezetimibe-simvastatin, fluvastatin AGE, lovastatin AGE, pitavastatin AGE, pravastatin AGE, rosuvastatin AGE, simvastatin AGE</i>
<i>lansoprazole delayed-rel orally disintegrating tablet</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet QL</i>	LETAIRIS	<i>ambrisentan SGM, QL, bosentan SGM, QL, OPSUMIT SGM, QL</i>
<i>lanthanum carbonate</i>	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>	LEUKINE	<i>NIVESTYM SGM</i>
LASTACAFT	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>	LEVEMIR	LANTUS
LATUDA	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>	<i>levorphanol</i>	<i>fentanyl transdermal QL, PA*, hydrocodone ext-rel QL, PA*, hydromorphone ext-rel QL, PA*, methadone QL, PA*, morphine ext-rel QL, PA*, oxycodone ext-rel QL, PA*</i>
		LEXAPRO	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX ST, PA</i>
		LEXIVA	<i>atazanavir QL, darunavir QL, lopinavir-ritonavir QL</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	LUCENTIS	BYOOVIZ MB , CIMERLI MB
LIBRAX	<i>dicyclomine</i>	<i>luliconazole</i>	<i>ciclopirox QL, clotrimazole, econazole QL, ketoconazole cream 2% QL, NAFTIN PA</i>
LIPITOR	<i>atorvastatin AGE, ezetimibe-simvastatin, fluvastatin AGE, lovastatin AGE, pitavastatin AGE, pravastatin AGE, rosuvastatin AGE, simvastatin AGE</i>	LUMIGAN	<i>bimatoprost, latanoprost, travoprost</i>
LITHOSTAT	Talk to your doctor	LUNESTA	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA ST, PA, DAYVIGO ST, PA</i>
LIVALO	<i>atorvastatin AGE, ezetimibe-simvastatin, fluvastatin AGE, lovastatin AGE, pitavastatin AGE, pravastatin AGE, rosuvastatin AGE, simvastatin AGE</i>	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD SGM
<i>Lofena</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	LYRICA	<i>duloxetine, pregabalin ST, PA, QL, pregabalin ext-rel ST, PA, QL</i>
LOKELMA	VELTASSA	MACRODANTIN	<i>nitrofurantoin (except NDC 16571074024)</i>
LORBRENA	ALECENSA SGM, QL , ALUNBRIG SGM, QL	<i>Matzim LA</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA), verapamil ext-rel</i>
<i>Lorzone</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) SGM, QL , HARVONI (genotypes 1, 4, 5, 6) SGM, QL , VOSEVI SGM, QL
LOTEMAX, LOTE MAX SM	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	MAXALT, MAXALT-MLT	<i>eletriptan QL, naratriptan QL, rizatriptan QL, sumatriptan QL, zolmitriptan QL, NURTEC ODT ST, PA, QL, ONZETRA XSAIL ST, PA, QL, UBRELVY ST, PA, QL, ZEMBRACE SYMTOUCH ST, PA, QL</i>
LOVAZA	<i>icosapent ethyl, omega-3 acid ethyl esters</i>	MAXIDEX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
<i>mefenamic acid</i> (NDC 69336012830 only)	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)	MICARDIS, MICARDIS HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
MEKINIST	COTELLIC SGM, QL , MEKTOVI SGM, QL		
<i>meloxicam capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)	Migergot	<i>eletriptan QL, naratriptan QL, rizatriptan QL, sumatriptan QL, zolmitriptan QL, NURTEC ODT ST, PA, QL, ONZETRA XSAIL ST, PA, QL, UBRELVY ST, PA, QL, ZEMBRACE SYMTOUCH ST, PA, QL</i>
MENEST	<i>estradiol</i>		
<i>metaxalone 400 mg</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)		
<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only)	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)	MINASTRIN 24 FE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
<i>methocarbamol 500 mg</i> (NDC 69036091010 only), <i>methocarbamol 750 mg</i> (NDCs 69036093090, 70868090190 only)	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)		
MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, teriparatide SGM, QL, FORTEO SGM, QL, PROLIA MB, TYMLOS SGM, QL</i>	MINIVELLE	<i>estradiol</i>
		<i>minocycline ext-rel</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline QL</i>
		MIRVASO	<i>azelaic acid gel PA, brimonidine gel PA, ivermectin cream PA, metronidazole QL, FINACEA FOAM PA, SOOLANTRA PA</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
Mondoxyne NL capsule 75 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline QL	naproxen CR	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
MOVIPREP	peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ AGE	naproxen suspension	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
MultiPro	generic multivitamins	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet QL
mupirocin cream	gentamicin QL , mupirocin ointment QL	NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone WITH gentamicin QL
MYDAYIS	amphetamine-dextroamphetamine mixed salts ext-rel QL , dexmethylphenidate ext-rel QL , lisdexamfetamine QL , methylphenidate ext-rel QL , AZSTARYS QL	NESINA	saxagliptin, JANUVIA
MYOBLOC	DYSPORT MB , XEOMIN MB	NEULASTA, NEULASTA ONPRO	FYLNETRA SGM, QL , NYVEPRIA SGM, QL
MYRBETRIQ	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA ST, PA	NEUPOGEN	NIVESTYM SGM
MYTESI	diphenoxylate-atropine, loperamide	NEVANAC	bromfenac, diclofenac, ketorolac QL , ILEVRO, PROLENSA
NAPRELAN	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	NEXAVAR	pazopanib SGM, QL , sorafenib SGM, QL , sunitinib SGM, QL , CABOMETYX SGM. QL , INLYTA SGM, QL , LENVIMA SGM, QL

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
NEXIUM	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i> QL	NORVASC	<i>amlodipine, nifedipine ext-rel</i>
NEXTERONE	<i>amiodarone</i>	NORVIR	<i>ritonavir</i> QL
<i>niacin tablet 500 mg</i>	<i>niacin ext-rel</i>	NOURIANZ	<i>entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
<i>Niacor</i>	<i>niacin ext-rel</i>	NOVO NORDISK NEEDLES	BD ULTRAFINE NEEDLES OTC
NICADAN	<i>generic multivitamins</i>	NOXAFIL	<i>fluconazole, itraconazole</i> PA
NICAPRIN	<i>generic multivitamins</i>	NPLATE	DOPTELET SGM, QL , PROMACTA SGM, QL , TAVALISSE SGM, QL
NICAZEL, NICAZEL FORTE	<i>generic multivitamins</i>	NUCALA LYOPHILIZED POWDER	DUPIXENT SGM, QL , FASENRA SGM, QL , NUCALA (except lyophilized powder) SGM, QL , TEZSPIRE SGM, QL , XOLAIR SGM, QL
NICOMIDE	<i>generic multivitamins</i>	NUCYNTA	<i>hydromorphone</i> QL, PA* , <i>morphine</i> QL, PA* , <i>oxycodone</i> QL, PA*
NILANDRON	<i>abiraterone</i> SGM, QL , <i>bicalutamide</i> , ERLEADA SGM, QL , NUBEQA SGM QL , XTANDI SGM QL , YONSA SGM, QL	NUCYNTA ER	<i>fentanyl transdermal</i> QL, PA* , <i>hydrocodone ext-rel</i> QL, PA* , <i>hydromorphone ext-rel</i> QL, PA* , <i>methadone</i> QL, PA* , <i>morphine ext-rel</i> QL, PA* , <i>oxycodone ext-rel</i> QL, PA*
<i>nitrofurantoin (NDC 16571074024 only)</i>	<i>nitrofurantoin (except NDC 16571074024)</i>	NuDiclo SoluPak, NuDiclo TabPak	<i>diclofenac sodium, diclofenac sodium gel 1%</i> QL , <i>diclofenac sodium solution 1.5%</i> , <i>ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
NITYR	ORFADIN SGM	NORPACE	<i>disopyramide</i>
NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	NORTHERA	<i>midodrine</i>
NORITATE	<i>azelaic acid gel</i> PA , <i>brimonidine gel</i> PA , <i>ivermectin cream</i> PA , <i>metronidazole</i> QL , FINACEA FOAM PA , SOOLANTRA PA		Talk to your doctor

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
NUTROPIN AQ	HUMATROPE SGM , NORDITROPIN SGM , SOGROYA SGM	ORENCIA INTRAVENOUS	AVSOLA MB , REMICADE MB , SIMPONI ARIA MB
NUVARING	<i>ethinyl estradiol-etonogestrel</i> QL , ANNOVERA QL	<i>orphenadrine-aspirin-caffeine</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)
NUVIGIL	<i>armodafinil</i> PA , <i>modafinil</i> PA , SUNOSI PA , WAKIX SGM, QL , XYWAV SGM, QL	<i>Orphengesic Forte</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)
OCTAGAM	Talk to your doctor	ORTHO D	<i>folic acid, generic multivitamins</i>
<i>omeprazole-sodium bicarbonate</i>	<i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel</i> <i>capsule, omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i> QL	ORTHO DF	<i>folic acid, generic multivitamins</i>
OMNARIS	<i>azelastine-fluticasone</i> QL , <i>flunisolide</i> QL , <i>fluticasone</i> QL , <i>mometasone</i> QL	OSENI	saxagliptin-metformin ext-rel, JANUMET, JANUMET XR; saxagliptin or JANUVIA WITH pioglitazone
OMNITROPE	HUMATROPE SGM , NORDITROPIN SGM , SOGROYA SGM	OSMOPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), <i>sodium</i> <i>sulfate-potassium sulfate-</i> <i>magnesium sulfate</i> , CLENPIQ AGE
ONFI	<i>clobazam, clonazepam</i> QL , <i>lamotrigine, rufinamide</i> , <i>topiramate, topiramate ext-rel</i>	OSPHENA	<i>estradiol</i>
ONGLYZA	saxagliptin, JANUVIA	OWEN MUMFORD NEEDLES	BD ULTRAFINE NEEDLES OTC
ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ SGM , COSENTYX SGM, QL , ENBREL SGM, QL , HYRIMOZ SGM, QL , OTEZLA SGM, QL , RINVOQ SGM , QL , SKYRIZI SUBCUTANEOUS SGM , STELARA SUBCUTANEOUS SGM, QL , TREMFYA SGM, QL , XELJANZ SGM, QL , XELJANZ XR SGM, QL	oxiconazole (NDCs 00168035830, 51672135902 only)	<i>ciclopirox</i> QL , <i>clotrimazole</i> , <i>econazole</i> QL , <i>ketoconazole</i> <i>cream 2%</i> QL , <i>NAFTIN</i> PA
		OXYCONTIN	<i>fentanyl transdermal</i> QL, PA* , <i>hydrocodone ext-rel</i> QL, PA* , <i>hydromorphone ext-rel</i> QL, PA* , <i>methadone</i> QL, PA* , <i>morphine</i> <i>ext-rel</i> QL, PA* , <i>oxycodone ext-</i> <i>rel</i> QL, PA*

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
<i>oxymorphone ext-rel</i>	<i>fentanyl transdermal</i> QL, PA* , <i>hydrocodone ext-rel</i> QL, PA* , <i>hydromorphone ext-rel</i> QL, PA* , <i>methadone</i> QL, PA* , <i>morphine ext-rel</i> QL, PA* , <i>oxycodone ext-rel</i> QL, PA*	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only)	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> , CLENPIQ AGE
OXYTROL	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i> ST, PA	PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%</i> QL , <i>diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
<i>pantoprazole delayed-rel suspension</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i> QL	PENTASA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
<i>paroxetine HCl ext-rel</i> (NDC 60505367503 only)	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl, paroxetine HCl ext-rel</i> (except NDC 60505367503), <i>sertraline, vilazodone, TRINTELLIX</i> ST, PA	PERCOCET	<i>hydrocodone-acetaminophen</i> QL, PA* , <i>oxycodone-acetaminophen</i> QL, PA*
<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>	PERRIGO NEEDLES	BD ULTRAFINE NEEDLES OTC
PAXIL, PAXIL CR	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl, paroxetine HCl ext-rel</i> (except NDC 60505367503), <i>sertraline, vilazodone, TRINTELLIX</i> ST, PA	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
		POLYTOZA	Talk to your doctor
		POLY-VI-FLOR	<i>generic multivitamins</i>
		POLY-VI-FLOR WITH IRON	<i>generic multivitamins</i>
		<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i> PA
		PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
		PRALUENT	REPATHA PA, QL

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS OTC , ACCU-CHEK GUIDE STRIPS AND KITS OTC , ACCU-CHEK SMARTVIEW STRIPS AND KITS OTC , ONETOUCH ULTRA STRIPS AND KITS OTC , ONETOUCH VERIO STRIPS AND KITS OTC	PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
PRED FORTE, PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	PROAIR RESPICLICK	<i>albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968) QL, levalbuterol tartrate CFC-free aerosol QL</i>
<i>prednisolone solution 10 mg/5 mL, prednisolone solution 20 mg/5 mL</i>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
PREMARIN	<i>estradiol</i>	PROTONIX	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet QL</i>
PREMARIN CREAM	<i>estradiol vaginal cream, estradiol vaginal tablets, IMVEXXY, VAGIFEM</i>	PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968) QL, levalbuterol tartrate CFC-free aerosol QL</i>
PRENATAL PLUS	<i>generic prenatal vitamins</i>	PROVIGIL	<i>armodafinil PA, modafinil PA, SUNOSI PA, WAKIX SGM, QL, XYWAV SGM, QL</i>
PREVACID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet QL</i>	PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX ST, PA</i>
PREVIDENT	Talk to your doctor		
PREZISTA	<i>atazanavir QL, darunavir QL</i>	QNASL	<i>azelastine-fluticasone QL, flunisolide QL, fluticasone QL, mometasone QL</i>
PRILOSEC	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet QL</i>	QTERN	GLYXAMBI

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
quazepam	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA ST, PA , DAYVIGO ST, PA	RENFLEXIS	AVSOLA MB , ILUMYA MB , REMICADE MB , SIMPONI ARIA MB , SKYRIZI INTRAVENOUS MB , STELARA INTRAVENOUS MB
QUILLICHEW ER	amphetamine-dextroamphetamine mixed salts ext-rel QL , dexmethylphenidate ext-rel QL , lisdexamfetamine QL , methylphenidate ext-rel QL , AZSTARYS QL	RENVELA	calcium acetate, sevelamer carbonate, AURYXIA
QUILLIVANT XR	amphetamine-dextroamphetamine mixed salts ext-rel QL , dexmethylphenidate ext-rel QL , lisdexamfetamine QL , methylphenidate ext-rel QL , AZSTARYS QL	RETIN-A MICRO	adapalene (except adapalene pad) PA , benzoyl peroxide, clindamycin gel (except NDC 68682046275) QL , clindamycin solution QL , clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide QL , tretinoin PA, AGE , AKLIEF, EPIDUO, ONEXTON QL , TWYNEO, WINLEVI PA
QVAR REDIHALER	PULMICORT FLEXHALER QL	REYATAZ	atazanavir QL , darunavir QL
RAPAFLO	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin	RHEUMATE	generic multivitamins
RAVICTI	sodium phenylbutyrate SGM, QL , PHEBURANE SGM, QL	RHOPRESSA	bimatoprost, brimonidine solution, brimonidine-timolol, brinzolamide, dorzolamide, dorzolamide-timolol, latanoprost, timolol maleate solution, travoprost, ALPHAGAN P, BETOPTIC S, SIMBRINZA
RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone	RIABNI	RUXIENCE MB
RECEDO	Talk to your doctor	RIMSO-50	Talk to your doctor
RELION INSULIN	NOVOLIN INSULIN OTC	RIOMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
RELISTOR	lubiprostone, MOVANTIK PA , SYMPROIC	RITUXAN	RUXIENCE MB
REMODULIN	treprostinil MB	RIXUBIS	ALPROLIX MB , REBINYN MB

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ROCKLATAN	<i>bimatoprost, brimonidine solution, brimonidine-timolol, brinzolamide, dorzolamide, dorzolamide-timolol, latanoprost, timolol maleate solution, travoprost</i> , ALPHAGAN P, BETOPTIC S, SIMBRINZA	SILIVEX	Talk to your doctor
ROZEREM	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel</i> , BELSOMRA ST, PA , DAYVIGO ST, PA	SILTREX	Talk to your doctor
RUBRACA	LYNPARZA SGM, QL , ZEJULA SGM, QL	SIMPONI	ADALIMUMAB-ADAZ SGM, QL , COSENTYX SGM, QL , ENBREL SGM, QL , HYRIMOZ SGM, QL , OTEZLA SGM, QL , RINVOQ SGM, QL , SKYRIZI SUBCUTANEOUS SGM, QL , STELARA SUBCUTANEOUS SGM, QL , TREMFYA SGM, QL , XELJANZ SGM, QL , XELJANZ XR SGM, QL
RyClora	<i>levocetirizine</i>	SINGULAIR	<i>montelukast, zafirlukast</i>
SABRIL	<i>vigabatrin</i> SGM, QL	SOMAVERT	SOMATULINE DEPOT SGM, QL
SAIZEN	HUMATROPE SGM , NORDITROPIN SGM , SOGROYA SGM	SORILUX	<i>calcipotriene ointment</i> QL , <i>calcipotriene solution</i> QL , VTAMA PA , ZORYVE CREAM PA
SANDOSTATIN LAR	SOMATULINE DEPOT SGM, QL	SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
SCARSILK PAD	Talk to your doctor	SUBOXONE	<i>buprenorphine-naloxone sublingual</i> QL , ZUBSOLV QL
SELZENTRY	<i>maraviroc</i> QL	SUBSYS	<i>fentanyl transmucosal lozenge</i> QL, PA*
SEROQUEL XR	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone</i> , VRAYLAR	<i>sucralfate suspension</i>	<i>sucralfate tablet</i>
SIGNIFOR LAR	SOMATULINE DEPOT SGM, QL		
SILENOR	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel</i> , BELSOMRA ST, PA , DAYVIGO ST, PA		

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
sumatriptan-naproxen	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT ST PA, QL , ONZETRA XSAIL ST, PA, QL , UBRELVY ST, PA, QL or ZEMBRACE SYMTOUCH ST, PA, QL	TAFINLAR	BRAFTOVI SGM, QL , ZELBORAF SGM, QL
SUPREP	peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ AGE	TALIVA	generic multivitamins
Sure Result DSS Premium Pack	diclofenac sodium, diclofenac sodium gel 1% QL , diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	TALTZ	ADALIMUMAB-ADAZ SGM, QL , COSENTYX SGM, QL , ENBREL SGM, QL , HYRIMOZ SGM, QL , OTEZLA SGM, QL , RINVOQ SGM, QL , SKYRIZI SUBCUTANEOUS SGM , STELARA SUBCUTANEOUS SGM, QL , TREMFYA SGM, QL , XELJANZ SGM, QL , XELJANZ XR SGM, QL
SURE-TEST STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS OTC , ACCU-CHEK GUIDE STRIPS AND KITS OTC , ACCU-CHEK SMARTVIEW STRIPS AND KITS OTC , ONETOUCH ULTRA STRIPS AND KITS OTC , ONETOUCH VERIO STRIPS AND KITS OTC	Targadox	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline QL
SUTENT	pazopanib SGM, QL , sunitinib SGM, QL , CABOMETYX SGM, QL , INLYTA SGM, QL , LENVIMA SGM, QL	TARGETIN	bexarotene SGM
SYNERDERM	desonide (except desonide gel) QL , hydrocortisone QL	TASIGNA	imatinib mesylate SGM, QL , BOSULIF SGM, QL , SPRYCEL SGM, QL
SYPRINE	trientine SGM	tavaborole	terbinafine tablet
		TAYTULLA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
TAZORAC	<i>adapalene</i> (except <i>adapalene pad</i>) PA , <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC 68682046275) PA , <i>clindamycin solution</i> PA , <i>clindamycin-benzoyl peroxide</i> , <i>dapsone</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> QL , <i>tretinoin</i> PA , AGE , AKLIEF, EPIDUO, ONEXTON QL , TWYNEO, WINLEVI PA ; <i>calcipotriene ointment</i> QL , <i>calcipotriene solution</i> QL , VTAMA PA , ZORYVE CREAM PA	TESTIM	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO) PA , <i>testosterone solution</i> PA , NATESTO PA , XYOSTED PA
		<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only)	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO) PA , <i>testosterone solution</i> PA , NATESTO PA , XYOSTED PA
TECFIDERA	<i>dimethyl fumarate delayed-rel</i> SGM, QL , <i> fingolimod</i> SGM, QL , <i> glatiramer</i> SGM, QL , <i> teriflunomide</i> SGM, QL , AVONEX SGM, QL , BETASERON SGM, QL , COPAXONE 40 MG/ML SGM, QL , KESIMPTA SGM, QL , MAYZENT SGM, QL , OCREVUS MB , REBIF SGM, QL , TYSABRI MB , VUMERITY SGM, QL , ZEPOSIA SGM, QL	THEO-24	<i>formoterol inhalation solution</i> QL , <i> ipratropium inhalation solution</i> QL , SEREVENT QL , SPIRIVA QL , STRIVERDI RESPIMAT QL
		THIOLA, THIOLA EC	<i>tiopronin</i> PA
		TIMOPTIC OCUDOSE	<i>timolol maleate solution</i> , BETOPTIC S
		TIROSINT	<i>levothyroxine</i> , SYNTHROID
TEGRETOL, TEGRETOL XR	<i>carbamazepine</i> , <i>carbamazepine ext-rel</i> , <i>divalproex sodium</i> , <i>divalproex sodium ext-rel</i> , <i>gabapentin</i> , <i>lacosamide</i> , <i>lamotrigine</i> , <i>lamotrigine ext-rel</i> , <i>levetiracetam</i> , <i>levetiracetam ext-rel</i> , <i>oxcarbazepine</i> , <i>phenobarbital</i> , <i>phenytoin</i> , <i>phenytoin sodium extended</i> , <i>pregabalin</i> , <i>primidone</i> , <i>tiagabine</i> , <i>topiramate</i> , <i>topiramate ext-rel</i> , <i>valproic acid</i> , <i>zonisamide</i> , APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> SGM, QL
		TOBRADEX ST	<i>neomycin-polymyxin B-bacitracin-hydrocortisone</i> , <i>neomycin-polymyxin B-dexamethasone</i> , <i>tobramycin-dexamethasone</i> , TOBRADEX OINTMENT

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
topiramate ext-rel capsule (generics for QUDEXY XR only)	carbamazepine, carbamazepine ext-rel, clobazam, clonazepam QL , divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, rufinamide, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI	tramadol tablet 100 mg, tramadol ext-rel capsule	tramadol (except tramadol tablet 100 mg) QL, PA* , tramadol ext-rel Tablet QL, PA*
		TRANSDERM SCOP	meclizine, scopolamine transdermal
		TRAVATAN Z	bimatoprost, latanoprost, travoprost
		TRAZIMERA	HERZUMA MB , OGIVRI MB
		TRELSTAR MIXJECT	ELIGARD SGM
		TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan QL , naratriptan QL , rizatriptan QL , sumatriptan QL , zolmitriptan QL , NURTEC ODT ST, PA, QL , ONZETRA XSAIL ST, PA, QL , UBRELVY ST, PA, QL or ZEMBRACE SYMTOUCH ST, PA, QL
TOPROL-XL	acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel		
Tovet	clobetasol cream QL , clobetasol foam (except clobetasol emollient foam) QL , clobetasol gel QL , clobetasol lotion QL , clobetasol ointment QL , halobetasol cream QL , halobetasol ointment QL	triamcinolone aerosol 0.2%	hydrocortisone butyrate cream QL , hydrocortisone butyrate ointment QL , hydrocortisone butyrate solution QL , mometasone QL , triamcinolone cream QL , triamcinolone lotion QL , triamcinolone ointment (except triamcinolone ointment 0.05%) QL
TOVIAZ	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA ST, PA	triamcinolone ointment 0.05%	hydrocortisone butyrate cream QL , hydrocortisone butyrate ointment QL , hydrocortisone butyrate solution QL , mometasone QL , triamcinolone cream QL , triamcinolone lotion QL , triamcinolone ointment (except triamcinolone ointment 0.05%) QL
TRACLEER	ambrisentan SGM, QL , bosentan SGM, QL , OPSUMIT SGM, QL		
TRADJENTA	saxagliptin, JANUVIA		

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
TRICOR	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>	TRUETRACK STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS OTC , ACCU-CHEK GUIDE STRIPS AND KITS OTC , ACCU-CHEK SMARTVIEW STRIPS AND KITS OTC , ONETOUCH ULTRA STRIPS AND KITS OTC , ONETOUCH VERIO STRIPS AND KITS OTC
TRILEPTAL	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>	TRUVADA	<i>abacavir-lamivudine QL, emtricitabine-tenofovir disoproxil fumarate QL, CIMDUO QL, DESCOVY QL</i>
		TRUXIMA	RUXIENCE MB
		TUDORZA	SPIRIVA QL
		TYVASO DPI	Talk to your doctor
TRIPTODUR	FENSOLVI MB , LUPRON DEPOT-PED MB , SUPPRELIN LA SGM	UDENYCA	FYLNETRA SGM, QL , NYVEPRIA SGM, QL
TRI-VI-FLOR	<i>generic multivitamins</i>	ULORIC	<i>allopurinol</i>
TRIVIDIA INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES OTC	ULTIMED INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES OTC
<i>TronVite</i>	<i>generic multivitamins</i>	ULTIMED NEEDLES	BD ULTRAFINE NEEDLES OTC
TRUETEST STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS OTC , ACCU-CHEK GUIDE STRIPS AND KITS OTC , ACCU-CHEK SMARTVIEW STRIPS AND KITS OTC , ONETOUCH ULTRA STRIPS AND KITS OTC , ONETOUCH VERIO STRIPS AND KITS OTC	ULTRAVATE	<i>clobetasol cream QL, clobetasol foam (except clobetasol emollient foam) QL, clobetasol gel QL, clobetasol lotion QL, clobetasol ointment QL, halobetasol cream QL, halobetasol ointment QL</i>
		UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
		VALCYTE	<i>valganciclovir QL</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>	VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968) QL, levalbuterol tartrate CFC-free aerosol QL</i>
Vanoxide-HC	<i>adapalene (except adapalene pad) PA, benzoyl peroxide, clindamycin gel (except NDC* 68682046275) QL, clindamycin solution QL, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide QL, tretinoin PA, AGE, AKLIEF, EPIDUO, ONEXTON QL, TWYNEO, WINLEVI PA</i>	VEREGEN	<i>imiquimod</i>
VASCEPA	<i>icosapent ethyl, omega-3 acid ethyl esters</i>	VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX ST, PA</i>
VASCULERA	Talk to your doctor	VIMPAT	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>
VECTICAL	<i>calcipotriene ointment QL, calcipotriene solution QL, VTAMA PA, ZORYVE CREAM PA</i>		
VELPHORO	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>		
VELTIN	<i>adapalene (except adapalene pad) PA, benzoyl peroxide, clindamycin gel (except NDC 68682046275) QL, clindamycin solution QL, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide QL, tretinoin PA, AGE, AKLIEF, EPIDUO, ONEXTON QL, TWYNEO, WINLEVI PA</i>		
<i>venlafaxine ext-rel tablet (except 225 mg)</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	VIRACEPT	<i>atazanavir QL, darunavir QL, lopinavir-ritonavir QL</i>
		VITAFOL-ONE	<i>generic prenatal vitamins</i>
		Vitasure	<i>generic multivitamins</i>
		VIVELLE-DOT	<i>estradiol</i>

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO) PA , <i>testosterone solution</i> PA , NATESTO PA , XYOSTED PA	XTAMPZA ER	<i>fentanyl transdermal</i> QL, PA* , <i>hydrocodone ext-rel</i> QL, PA* , <i>hydromorphone ext-rel</i> QL, PA* , <i>methadone</i> QL, PA* , <i>morphine ext-rel</i> QL, PA* , <i>oxycodone ext-rel</i> QL, PA*
VOTRIENT	<i>pazopanib</i> SGM, QL , <i>sunitinib</i> SGM, QL , CABOMETYX SGM, QL , INLYTA SGM, QL , LENVIMA SGM, QL	XYREM	WAKIX SGM, QL , XYWAV SGM, QL
VPRIV	CERDELGA SGM, QL , CEREZYME MB	XYZBAC	<i>generic multivitamins</i>
VYZULTA	<i>bimatoprost</i> , <i>latanoprost</i> , <i>travoprost</i>	YASMIN	<i>ethinyl estradiol-drospirenone</i> , <i>ethinyl estradiol-drospirenone-levomefolate</i> , <i>ethinyl estradiol-levonorgestrel</i> , <i>ethinyl estradiol-levonorgestrel-iron</i> , <i>ethinyl estradiol-norethindrone acetate</i> , <i>ethinyl estradiol-norethindrone acetate-iron</i> , <i>ethinyl estradiol-norgestimate</i> , LO LOESTRIN FE, NATAZIA
WELLBUTRIN XL	<i>bupropion</i> , <i>bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i>)	YAZ	<i>ethinyl estradiol-drospirenone</i> , <i>ethinyl estradiol-drospirenone-levomefolate</i> , <i>ethinyl estradiol-levonorgestrel</i> , <i>ethinyl estradiol-levonorgestrel-iron</i> , <i>ethinyl estradiol-norethindrone acetate</i> , <i>ethinyl estradiol-norethindrone acetate-iron</i> , <i>ethinyl estradiol-norgestimate</i> , LO LOESTRIN FE, NATAZIA
XALKORI CAPSULE	ALECENSA SGM, QL , ALUNBRIG SGM, QL , AUGTYRO SGM, QL , ZYKADIA SGM, QL		
XANAX, XANAX XR	<i>alprazolam</i> QL , <i>clonazepam</i> QL , <i>diazepam</i> QL , <i>lorazepam</i> QL , <i>oxazepam</i> QL		
XENAZINE	<i>tetrabenazine</i> SGM, QL , AUSTEDO SGM, QL , AUSTEDO XR SGM, QL , INGREZZA SGM, QL		
XERESE	<i>acyclovir capsule</i> , <i>acyclovir tablet</i> , <i>valacyclovir</i>	Yuvafem	<i>estradiol vaginal cream</i> , <i>estradiol vaginal tablets</i> , IMVEXXY, VAGIFEM
XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol</i> (except NDCs 00093317431, 66993001968) QL , <i>levalbuterol tartrate CFC-free aerosol</i> QL	ZALVIT	<i>generic prenatal vitamins</i>
		ZARXIO	NIVESTYM SGM

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i> QL	ZIEXTENZO	FYLNETRA SGM, QL , NYVEPRIA SGM, QL
ZELAC	Talk to your doctor	<i>zileuton ext-rel</i>	<i>montelukast, zafirlukast</i>
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) SGM, QL , HARVONI (genotypes 1, 4, 5, 6) SGM, QL	ZIRGAN	<i>trifluridine</i>
ZERVIATE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>	ZOLADEX	ELIGARD SGM , MYFEMBREE PA , ORLISSA PA
ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>	ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX</i> ST, PA
ZETIA	<i>ezetimibe</i>	<i>zolpidem sublingual</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i> ST, PA , DAYVIGO ST, PA
ZETONNA	<i>azelastine-fluticasone</i> QL , <i>flunisolide</i> QL , <i>fluticasone</i> QL , <i>mometasone</i> QL	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>
ZIANA	<i>adapalene (except adapalene pad)</i> PA , <i>benzoyl peroxide, clindamycin gel (except NDC* 68682046275)</i> QL , <i>clindamycin solution</i> QL , <i>clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide</i> QL , <i>tretinoin</i> PA, AGE , AKLIEF, EPIDUO, ONEXTON QL , TWYNEO, WINLEVI PA	ZONTIVITY	Talk to your doctor
Zicopro	<i>diclofenac sodium, diclofenac sodium gel 1%</i> QL , <i>diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>		

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	ZYTIGA	<i>abiraterone SGM, QL, bicalutamide, ERLEADA SGM, QL, NUBEQA SGM, QL, XTANDI SGM, QL, YONSA SGM, QL</i>
ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>		

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

FOR YOUR INFORMATION: New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to an independent National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed.

Formulary removals/drugs not included on the preferred options list may be covered by the plan when preferred options are not clinically appropriate. Log in to www.arkansasbluecross.com to check coverage and copay information for a specific medicine.

Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

Some listings do not include certain NDCs as noted above.

For VOSEVI listing above: For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

BD ULTRAFINE syringes and needles are the only preferred options.

ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

Generic multivitamins (except Activite, Dexifol, Genicin Vita-S, HylaVite, Multipro, TronVite, Vitasure) are the only preferred options.

Generic prenatal vitamins are the only preferred options.

QVAR REDHALER and fluticasone HFA are covered for members 6 years of age and under.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2024. All rights reserved. 106-15045 070124