

**Search Tip:**

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

**SISC - Book of Business Drug List**  
**Alphabetical Index**  
**Last Updated 4/1/2024**

| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| abacavir soln (ZIAGEN equiv)                             | -                   | G           | ANTIVIRALS  |
| abacavir tab (ZIAGEN equiv)                              | -                   | G           | ANTIVIRALS  |
| abacavir/lamivudine tab (EPZICOM equiv)                  | -                   | G           | ANTIVIRALS  |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)      | -                   | G           | ANTIVIRALS  |
| ABILIFY MYCITE PACK                                      | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ABILIFY MYCITE TAB                                       | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| abiraterone acetate tab 500mg (ZYTIGA equiv)             | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)    | LMSP-QL             | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ABRILADA INJ   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ABRYSVO INJ  | VAC                 | \$0         | VACCINES  |
| ABSORICA CAP   | -                   | NC          | DERMATOLOGICALS                                   |
| ABSORICA LD CAP  | -                   | NC          | DERMATOLOGICALS                                   |
| ABSTRAL SL TAB (QL= 120 tabs/30 days)                    | PA-QL               | B           | ANALGESICS - OPIOID                               |
| acamprosate calcium DR tab (CAMPRAL equiv)               | -                   | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv)                             | -                   | G           | ANTIDIABETICS                                     |
| ACCRUFER CAP   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ACCU-CHEK AVIVA PLUS METER                               | OTC-PA              | B           | MEDICAL DEVICES AND SUPPLIES                      |
| ACCU-CHEK AVIVA PLUS TEST STRIP                          | OTC-PA              | B           | DIAGNOSTIC PRODUCTS                               |
| ACCU-CHEK GUIDE CARE METER                               | OTC-PA              | B           | MEDICAL DEVICES AND SUPPLIES                      |
| ACCU-CHEK GUIDE ME KIT                                   | OTC-PA              | B           | MEDICAL DEVICES AND SUPPLIES                      |
| ACCU-CHEK GUIDE TEST STRIP                               | OTC-PA              | B           | DIAGNOSTIC PRODUCTS                               |
| ACCU-CHEK GUIDE TEST STRIP                               | OTC-PA              | NC          | DIAGNOSTIC PRODUCTS                               |
| ACCU-CHEK NANO METER                                     | OTC-PA              | B           | MEDICAL DEVICES AND SUPPLIES                      |
| ACCU-CHEK SMARTVIEW TEST STRIP                           | OTC-PA              | B           | DIAGNOSTIC PRODUCTS                               |
| ACCU-CHEK TEST STRIP                                     | OTC-PA              | B           | DIAGNOSTIC PRODUCTS                               |
| ACCURETIC TAB  | -                   | B           | ANTIHYPERTENSIVES                                 |
| acebutolol cap (SECTRAL equiv)                           | -                   | G           | BETA BLOCKERS                                     |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB                | -                   | NC          | ANALGESICS - OPIOID                               |
| acetaminophen/codeine soln                               | -                   | G           | ANALGESICS - OPIOID                               |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv)        | -                   | G           | ANALGESICS - OPIOID                               |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP                | -                   | NC          | MIGRAINE PRODUCTS                                 |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | -                   | NC          | MIGRAINE PRODUCTS                                 |
| acetazolamide ER cap (DIAMOX SEQUEL equiv)               | -                   | G           | DIURETICS   |
| acetazolamide tab  | -                   | G           | DIURETICS   |
| acetic acid otic soln (VOSOL equiv)                      | -                   | G           | OTIC AGENTS                                       |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN                   | -                   | G           | OTIC AGENTS                                       |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv)    | -                   | G           | OTIC AGENTS                                       |
| acetylcysteine soln (MUCOMYST equiv)                     | -                   | G           | COUGH/COLD/ALLERGY                                |
| ACIPHEX SPRINKLE CAP                                     | -                   | NC          | ULCER DRUGS                                       |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC        |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| acitretin cap (SORIATANE equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ACTEMRA IV INJ   | MSP-PA              | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ACTEMRA SC INJ (QL= 2 inj/28 days)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL            | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| ACTHIB INJ, HIBERIX INJ  | VAC                 | \$0         | VACCINES  |
| ACTICLATE TAB 75MG, 150MG  | -                   | NC          | TETRACYCLINES                                     |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                    | LD-PA               | B           | ANTINEOPLASTICS                                   |
| ACTIVE OB  | -                   | NC          | MULTIVITAMINS                                     |
| ACTOPLUS MET TAB   | -                   | NC          | ANTIDIABETICS                                     |
| ACUVAIL OPHTH SOLN   | -                   | B           | OPHTHALMIC AGENTS                                 |
| acyclovir cap (ZOVIRAX equiv)  | -                   | G           | ANTIVIRALS  |
| acyclovir cream (ZOVIRAX equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| acyclovir oint (ZOVIRAX OINT equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| acyclovir susp (ZOVIRAX equiv)   | -                   | G           | ANTIVIRALS  |
| acyclovir tab (ZOVIRAX equiv)  | -                   | G           | ANTIVIRALS  |
| ADACEL/BOOSTRIX INJ  | VAC                 | \$0         | TOXOIDS   |
| ADAGEN INJ   | MSP-PA              | B           | BIOLOGICALS MISC                                  |
| ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)                                      | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (QL= 2 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (QL= 2 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ADAPALENE SOLN   | -                   | NC          | DERMATOLOGICALS                                   |
| adapalene cream (DIFFERIN equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| adapalene gel (DIFFERIN equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| ADAPALENE LOTION (DIFFERIN equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)   | -                   | G           | DERMATOLOGICALS                                   |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| ADAPALENE/BENZOYL PEROXIDE PAD   | -                   | NC          | DERMATOLOGICALS                                   |
| ADASUVE INHALER  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ADAZIN CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| ADBRY INJ (QL= 4 inj/28 days)  | LMSP-PA-QL          | B           | DERMATOLOGICALS                                   |
| ADCIRCA TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| ADDERALL XR CAP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS    |
| ADDYI TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| adefovir dipivoxil tab (HEPSERA equiv)   | -                   | G           | ANTIVIRALS  |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)                                | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.                     |
| ADLARITY PATCH   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ADLYXIN INJ  | -                   | NC          | ANTIDIABETICS                                     |
| ADMELOG INJ, HUMALOG INJ   | -                   | NC          | ANTIDIABETICS                                     |
| ADMELOG SOLOSTAR, HUMALOG TEMPO PEN  | -                   | NC          | ANTIDIABETICS                                     |
| ADOXA CAP 150MG  | -                   | NC          | TETRACYCLINES                                     |
| ADRENACLICK INJ, EPINEPHRINE INJ   | -                   | NC          | VASOPRESSORS                                      |

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|---|---------------------|-------------|---|
| ADRENALIN NASAL SOLN  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL           |
| ADVAIR DISKUS INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| ADVAIR HFA INHALER  | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| ADVATE INJ  | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                  |
| ADZENYS ER SUSP   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ADZENYS XR TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| AEMCOLO TAB   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                 |
| AEROCHAMBER   | OTC                 | B           | MEDICAL DEVICES AND SUPPLIES                  |
| AFINITOR DISPERZ TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| AFINITOR TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| AFLURIA INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES                                      |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)                                  | QL-VAC              | \$0         | VACCINES                                      |
| AGAMREE SUSP  | -                   | NC          | CORTICOSTEROIDS                               |
| AIMOVIJ INJ (QL= 1 pack/28 days)  | PA-QL               | B           | MIGRAINE PRODUCTS                             |
| AIRDUO POWDER INHALER W/SENSOR  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| AIRDUO RESPICLICK   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| AIRSUPRA INH  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| AJOVY INJ (QL= 1 pack/28 days)  | PA-QL               | B           | MIGRAINE PRODUCTS                             |
| AKEEGA TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| AKLIEF CREAM  | -                   | NC          | DERMATOLOGICALS                               |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS               | B           | ANTIEMETICS                                   |
| ALA-SCALP LOTION  | -                   | NC          | DERMATOLOGICALS                               |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)      | QL                  | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| ALBUTEROL HFA INHALER   | QL--                | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| albuterol neb soln  | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| ALBUTEROL NEBULIZER SOLN  | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| albuterol sulfate syrup   | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| albuterol sulfate tab   | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| albuterol/ipratropium neb soln (DUONEB equiv)                                 | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| alclometasone cream (ACLOVATE equiv)  | -                   | G           | DERMATOLOGICALS                               |
| alclometasone oint (ACLOVATE OINT equiv)                                      | -                   | G           | DERMATOLOGICALS                               |
| ALCOHOL SWABS   | OTC                 | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL           |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)      | -                   | NC          | DERMATOLOGICALS                               |

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|---|---------------------|-------------|--|
| ALDURAZYME INJ  | MSP-PA              | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ALECENSA CAP (QL= 8 caps/day)   | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv)  | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| alendronate tab (FOSAMAX equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ALENDRONATE TAB 40MG  | -                   | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ALEVICYN SOLN DERMAL  | -                   | NC          | DERMATOLOGICALS                          |
| ALFERON-N INJ   | LMSP                | B           | ANTINEOPLASTICS                          |
| alfuzosin SR tab (UROXATRAL equiv)  | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS     |
| ALINIA SUSP (QL= 60ml/3 days)   | PA-QL               | B           | ANTI-INFECTIVE AGENTS - MISC.            |
| aliskiren tab (TEKTURNA equiv)  | -                   | G           | ANTIHYPERTENSIVES                        |
| ALKINDI SPRINKLE CAP  | -                   | NC          | CORTICOSTEROIDS                          |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL               | B           | CORTICOSTEROIDS                          |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)   | PA-QL               | B           | CORTICOSTEROIDS                          |
| allopurinol tab (ZYLOPRIM equiv)  | -                   | G           | GOUT AGENTS                              |
| ALLOPURINOL TAB   | -                   | NC          | GOUT AGENTS                              |
| ALLZITAL TAB  | -                   | NC          | ANALGESICS - NONNARCOTIC                 |
| almotriptan tab (AXERT equiv)   | -                   | NC          | MIGRAINE PRODUCTS                        |
| ALOCRILOPHTH SOLN   | -                   | B           | OPHTHALMIC AGENTS                        |
| ALOGLIPTIN TAB  | -                   | NC          | ANTIDIABETICS                            |
| ALOGLIPTIN TAB, NESINA TAB  | -                   | NC          | ANTIDIABETICS                            |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB  | -                   | NC          | ANTIDIABETICS                            |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB  | -                   | NC          | ANTIDIABETICS                            |
| ALOGLIPTIN-METFORMIN TAB  | -                   | NC          | ANTIDIABETICS                            |
| ALOGLIPTIN-PIOGILTAZONE TAB   | -                   | NC          | ANTIDIABETICS                            |
| ALOMIDE OPHTH SOLN  | -                   | B           | OPHTHALMIC AGENTS                        |
| ALOQUIN GEL   | -                   | NC          | DERMATOLOGICALS                          |
| ALORA PATCH   | -                   | NC          | ESTROGENS                                |
| alosetron tab (LOTRONEX equiv)  | -                   | G           | GASTROINTESTINAL AGENTS - MISC.          |
| ALPHAGAN P OPHTH SOLN 0.15%   | -                   | NC          | OPHTHALMIC AGENTS                        |
| ALPHANATE/HEMOFIL/KOATE INJ   | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.             |
| ALPHANINE SD/MONONINE INJ   | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.             |
| alprazolam ER tab (XANAX XR equiv)  | -                   | G           | ANTIAXIETY AGENTS                        |
| alprazolam ODT (NIRAVAM equiv)  | -                   | G           | ANTIAXIETY AGENTS                        |
| alprazolam tab (XANAX equiv)  | -                   | G           | ANTIAXIETY AGENTS                        |
| ALREX OPHTH SUSP  | -                   | B           | OPHTHALMIC AGENTS                        |
| ALREX OPHTH SUSP 0.2%   | -                   | B           | OPHTHALMIC AGENTS                        |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ   | -                   | NC          | MIGRAINE PRODUCTS                        |
| ALTABAX OINT  | -                   | NC          | DERMATOLOGICALS                          |
| ALTOPREV TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                      |
| ALTRENO LOTION  | -                   | NC          | DERMATOLOGICALS                          |
| ALUNBRIG PAK  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|--|---------------------|-------------|---|
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)              | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)        | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| ALVAIZ TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                      |
| ALVESCO INHALER  | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| alvimopan cap (ENTEREG equiv)  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.           |
| ALZAIR NASAL SPRAY   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL       |
| amantadine cap (SYMMETREL equiv)   | -                   | G           | ANTIPARKINSON AGENTS                      |
| amantadine syrup (SYMMETREL equiv)   | -                   | G           | ANTIPARKINSON AGENTS                      |
| amantadine tab   | -                   | G           | ANTIPARKINSON AGENTS                      |
| AMBIEN CR TAB  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL            | G           | CARDIOVASCULAR AGENTS - MISC.             |
| AMCINONIDE CREAM 0.1%  | -                   | NC          | DERMATOLOGICALS                           |
| AMCINONIDE LOTION  | -                   | NC          | DERMATOLOGICALS                           |
| amcinonide oint 0.1% (AMCINONIDE OINT equiv)   | -                   | NC          | DERMATOLOGICALS                           |
| AMCINONIDE OINTMENT  | -                   | NC          | DERMATOLOGICALS                           |
| AMERGE TAB   | -                   | NC          | MIGRAINE PRODUCTS                         |
| amethyst tab (LYBREL equiv)  | -                   | \$0         | CONTRACEPTIVES                            |
| amiloride tab (MIDAMOR equiv)  | -                   | G           | DIURETICS                                 |
| AMILORIDE/HCTZ TAB   | -                   | G           | DIURETICS                                 |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv)  | -                   | G           | DIURETICS                                 |
| aminocaproic acid soln (AMICAR equiv)  | -                   | G           | HEMOSTATICS                               |
| aminocaproic acid tab (AMICAR equiv)   | -                   | G           | HEMOSTATICS                               |
| amiodarone tab (CORDARONE equiv)   | -                   | G           | ANTIARRHYTHMICS                           |
| AMITIZA CAP  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.           |
| amitriptyline tab (ELAVIL equiv)   | -                   | G           | ANTIDEPRESSANTS                           |
| AMJEVITA AUTO-INJECTOR (adalimumab-atto)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY            |
| AMJEVITA INJ (adalimumab-atto)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY            |
| amlodipine tab (NORVASC equiv)   | -                   | G           | CALCIUM CHANNEL BLOCKERS                  |
| amlodipine/atorvastatin tab (CADUET equiv)   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.             |
| amlodipine/benazepril cap (LOTREL equiv)   | -                   | G           | ANTIHYPERTENSIVES                         |
| amlodipine/olmesartan tab (AZOR equiv)   | -                   | NC          | ANTIHYPERTENSIVES                         |
| amlodipine/valsartan tab (EXFORGE equiv)   | -                   | G           | ANTIHYPERTENSIVES                         |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)                               | -                   | NC          | ANTIHYPERTENSIVES                         |
| ammonium lactate cream (LAC-HYDRIN equiv)  | OTC                 | EXC         | DERMATOLOGICALS                           |
| ammonium lactate lotion (LAC-HYDRIN equiv)   | OTC                 | EXC         | DERMATOLOGICALS                           |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)     | -                   | G           | DERMATOLOGICALS                           |
| amoxapine tab (AMOXAPINE equiv)  | -                   | G           | ANTIDEPRESSANTS                           |
| amoxicillin cap (TRIMOX equiv)   | -                   | G           | PENICILLINS                               |
| AMOXICILLIN CHEW TAB   | -                   | G           | PENICILLINS                               |
| amoxicillin susp (TRIMOX equiv)  | -                   | G           | PENICILLINS                               |
| amoxicillin tab (AMOXIL equiv)   | -                   | G           | PENICILLINS                               |
| AMOXICILLIN/CLAVULANATE ER TAB   | -                   | B           | PENICILLINS                               |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv)  | -                   | G           | PENICILLINS                               |
| amoxicillin/clavulanate tab (AUGMENTIN equiv)  | -                   | G           | PENICILLINS                               |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine tab (EVEKEO equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)  | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv)  | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| ampicillin cap (AMPICILLIN equiv)   | -                   | G           | PENICILLINS                                       |
| AMZEEQ FOAM   | -                   | NC          | DERMATOLOGICALS                                   |
| anagrelide cap (AGRYLIN equiv)  | -                   | G           | HEMATOLOGICAL AGENTS - MISC.                      |
| ANALPRAM-E KIT  | -                   | B           | ANORECTAL AGENTS                                  |
| ANALPRAM-HC CREAM   | -                   | B           | ANORECTAL AND RELATED PRODUCTS                    |
| ANAPROX TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ANASTIA LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | -                   | \$0         | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ANDRODERM PATCH (QL= 1 patch/day)   | PA-QL               | B           | ANDROGENS-ANABOLIC                                |
| ANDROGEL 1% 25MG  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| ANDROGEL 1% 50MG, TESTIM GEL 1%   | -                   | NC          | ANDROGENS-ANABOLIC                                |
| ANDROGEL 1.62% 1.25GM   | -                   | NC          | ANDROGENS-ANABOLIC                                |
| ANDROGEL 1.62% 2.5GM  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| ANDROGEL PUMP 1%  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| ANGELIQ TAB   | -                   | NC          | ESTROGENS   |
| ANNOVERA RING   | -                   | NC          | CONTRACEPTIVES                                    |
| ANORO ELLIPTA INHALER   | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP  | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| ANTARA CAP, LOFIBRA CAP   | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| antipyrine/benzocaine otic soln (AURALGAN equiv)  | -                   | NC          | OTIC AGENTS                                       |
| ANTIVERT TAB, MECLIZINE TAB   | -                   | NC          | ANTIEMETICS                                       |
| anusol-HC supp  | -                   | NC          | ANORECTAL AGENTS                                  |
| ANZEMET TAB (QL= 9 tabs/fill)   | QL                  | B           | ANTIEMETICS                                       |
| APADAZ TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| APAP/CODEINE SOLN   | -                   | G           | ANALGESICS - OPIOID                               |
| APEXICON E CREAM (PSORCON E equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| APIDRA INJ  | -                   | NC          | ANTIDIABETICS                                     |
| APIDRA SOLOSTAR INJ   | -                   | NC          | ANTIDIABETICS                                     |
| APLENZIN TAB  | -                   | NC          | ANTIDEPRESSANTS                                   |
| APOKYN INJ  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS          |
| apomorphine inj (APOKYN equiv)  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS          |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|---|
| APRACLONIDINE OPHTH SOLN   | -                   | B           | OPHTHALMIC AGENTS                                 |
| apraclonidine ophth soln (IOPIDINE equiv)  | -                   | G           | OPHTHALMIC AGENTS                                 |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill)   | QL                  | G           | ANTIEMETICS                                       |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill)   | QL                  | G           | ANTIEMETICS                                       |
| APRISO CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| APRIZIO PAK KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| APTENSIO XR CAP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| APTIOM TAB   | -                   | NC          | ANTICONVULSANTS                                   |
| APTIVUS CAP  | -                   | B           | ANTIVIRALS  |
| APTIVUS SOLN   | -                   | B           | ANTIVIRALS  |
| ARAKODA TAB  | -                   | NC          | ANTIMALARIALS                                     |
| ARALAST/PROLASTIN/ZEMAIRA INJ  | MSP-PA              | B           | RESPIRATORY AGENTS - MISC.                        |
| ARANESP INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ARAZLO LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| ARCALYST INJ   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| AREXVY INJ   | VAC                 | \$0         | VACCINES  |
| arformoterol tartrate neb soln (BROVANA equiv) (Step Therapy requires trial of PERFOROMIST)                        | ST                  | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)                                 | LD-PA-QL            | B           | AMINOGLYCOSIDES                                   |
| aripiprazole ODT (ABILIFY equiv)   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| aripiprazole soln (ABILIFY equiv)  | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| aripiprazole tab (ABILIFY equiv)   | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ARIXTRA INJ  | -                   | NC          | ANTICOAGULANTS                                    |
| armodafanil tab (NUVIGIL equiv) (QL= 1 tab/day)  | PA-QL               | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| ARMONAIR DIGITAL INHALER 113MCG/ACT  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ARMONAIR DIGITAL INHALER 232MCG/ACT  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ARMONAIR DIGITAL INHALER 55MCG/ACT   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ARMOUR THYROID TAB, NATURE THROID TAB  | -                   | G           | THYROID AGENTS                                    |
| ARNUITY ELLIPTA INHALER  | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ARTHROTEC TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ARYMO ER TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| ARZERRA INJ  | MSP-PA              | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ASACOL HD TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| ASACOL HD TAB, MESALAMINE TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER) | QL-ST               | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)  | -                   | \$0         | CONTRACEPTIVES                                    |
| ASMANEX HFA INHALER  | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| ASMANEX INHALER  | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| aspirin chew tab 81mg (Covered for females up to 60 years of age)  | OTC                 | \$0         | ANALGESICS - NONNARCOTIC                          |
| aspirin EC tab 325mg   | OTC                 | NC          | ANALGESICS - NONNARCOTIC                          |

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| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
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|--|---------------------|-------------|---|
| aspirin ec tab 81mg (Covered for females up to 60 years of age)                  | OTC                 | \$0         | ANALGESICS - NONNARCOTIC                          |
| aspirin tab 325mg  | OTC                 | NC          | ANALGESICS - NONNARCOTIC                          |
| aspirin/codeine tab  | -                   | G           | ANALGESICS - OPIOID                               |
| aspirin/dipyridamole cap (AGGRENEX equiv)  | -                   | G           | HEMATOLOGICAL AGENTS - MISC.                      |
| ASPIRIN/OMEPRAZOLE ER TAB  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| ASPRUZYO SPRINKLE GRANULES   | -                   | NC          | ANTIANGINAL AGENTS                                |
| ASTAGRAF XL CAP  | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| ASTAMED MYO CAP  | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS      |
| ASTEPRO NASAL SPRAY (Step therapy requires trial of azelastine nasal spray 0.1%) | ST                  | B           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| ATACAND TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| atazanavir cap (REYATAZ equiv)   | -                   | G           | ANTIVIRALS  |
| atenolol tab (TENORMIN equiv)  | -                   | G           | BETA BLOCKERS                                     |
| atenolol/chlorthalidone tab (TENORETIC equiv)                                    | -                   | G           | ANTIHYPERTENSIVES                                 |
| atomoxetine cap (STRATTERA equiv)  | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)              | PA                  | B           | ANTIHYPERLIPIDEMICS                               |
| atorvastatin tab (LIPITOR equiv)   | -                   | \$0         | ANTIHYPERLIPIDEMICS                               |
| atovaquone susp (MEPRON equiv)   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| atovaquone/proguanil tab (MALARONE equiv)  | -                   | G           | ANTIMALARIALS                                     |
| ATRALIN GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| ATRIPLA TAB  | -                   | NC          | ANTIVIRALS  |
| ATRIX SYSTEM KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| atropine ophth oint  | -                   | G           | OPHTHALMIC AGENTS                                 |
| atropine ophth soln (ISOPTO ATROPINE equiv)                                      | -                   | G           | OPHTHALMIC AGENTS                                 |
| ATROPINE SUL SOLN 1% OPHTH   | -                   | G           | OPHTHALMIC AGENTS                                 |
| ATROPINE SULFATE OPHTH OINT  | -                   | G           | OPHTHALMIC AGENTS                                 |
| ATROVENT HFA INHALER   | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| AUBAGIO TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUGTYRO CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| AURYXIA TAB (Step Therapy requires trial of RENVELA and FOSRENOL)                | ST                  | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| AUSTEDO TAB (QL= 4 tabs/day)   | LMSP-PA-QL          | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO TITRATION PACK   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB (QL= 2 tabs/day)  | LMSP-PA-QL          | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB 6MG (QL= 3 tabs/day)  | LMSP-PA-QL          | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)                                | LMSP-PA-QL          | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUVELITY TAB   | -                   | NC          | ANTIDEPRESSANTS                                   |
| AUVI-Q INJ   | -                   | NC          | VASOPRESSORS                                      |
| AVAR AEROSOL FOAM  | -                   | NC          | DERMATOLOGICALS                                   |
| AVAR GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| AVAR PAD   | -                   | NC          | DERMATOLOGICALS                                   |
| AVAR-E LS CREAM 10-2%  | -                   | NC          | DERMATOLOGICALS                                   |

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|---|---------------------|-------------|---|
| AVASTIN INJ   | MSP-PA              | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| AVONEX INJ  | LMSP-PA             | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AVSOLA INJ  | MSP-PA              | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| AXERT TAB   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)                                | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| azacitidine inj (VIDAZA equiv)  | MSP                 | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| AZASITE SOLN  | -                   | B           | OPHTHALMIC AGENTS                                 |
| azathioprine tab (IMURAN equiv)   | -                   | G           | ASSORTED CLASSES                                  |
| azathioprine tab 100mg (AZASAN equiv)   | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| azathioprine tab 75mg (AZASAN equiv)  | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| azelaic acid gel (FINACEA equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| azelastine nasal spray 0.1% (ASTELIN equiv)   | -                   | G           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| azelastine nasal spray 0.15% (ASTEPRO equiv) (Step therapy requires trial of azelastine nasal spray 0.1%) | ST                  | G           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| azelastine ophth soln (OPTIVAR equiv)   | -                   | G           | OPHTHALMIC AGENTS                                 |
| azelastine/fluticasone nasal spray (DYMISTA equiv)  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| AZELEX CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| AZENASE PAK   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| AZESCHEW TAB  | -                   | NC          | MULTIVITAMINS                                     |
| AZESCO TAB  | -                   | NC          | MULTIVITAMINS                                     |
| azithromycin susp (ZITHROMAX equiv)   | -                   | G           | MACROLIDES  |
| azithromycin tab (ZITHROMAX equiv)  | -                   | G           | MACROLIDES  |
| AZOPT OPHTH SUSP  | -                   | B           | OPHTHALMIC AGENTS                                 |
| AZOR TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| AZSTARYS CAP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| BACITRACIN OPHTH OINT   | -                   | B           | OPHTHALMIC AGENTS                                 |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)  | -                   | G           | OPHTHALMIC AGENTS                                 |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)  | -                   | G           | OPHTHALMIC AGENTS                                 |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)                               | -                   | G           | OPHTHALMIC AGENTS                                 |
| BACLOFEN CREAM COMPOUND KIT   | -                   | B           | DERMATOLOGICALS                                   |
| BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization Required for members age 9 and older)                   | PA                  | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older)                    | PA                  | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)                                   | PA                  | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older)                  | PA                  | G           | MUSCULOSKELETAL THERAPY AGENTS                    |
| baclofen tab (BACLOFEN equiv)   | -                   | G           | MUSCULOSKELETAL THERAPY AGENTS                    |
| BACLOFEN TAB 5MG  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| BACTROBAN CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| BACTROBAN NASAL OINT (QL= 10 tubes/fill)  | QL                  | B           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| BAFIERTAM CAP   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BALCOLTRA TAB   | -                   | NC          | CONTRACEPTIVES                                    |
| balsalazide cap (COLAZAL equiv)   | -                   | G           | GASTROINTESTINAL AGENTS - MISC.                   |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer   |   |                                 |
| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                |
|--|---------------------|-------------|--|
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)               | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)               | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)                | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| BANZEL SUSP  | PA                  | B           | ANTICONVULSANTS                                |
| BANZEL TAB   | -                   | NC          | ANTICONVULSANTS                                |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)  | QL                  | B           | ANTIDIABETICS                                  |
| BARACLUDE SOLN (Members age 9 or older require Prior Authorization)                                | PA                  | B           | ANTIVIRALS                                     |
| BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR I                                     | -                   | NC          | ANTIDIABETICS                                  |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)                          | QL-RS               | B           | FLUOROQUINOLONES                               |
| BCG INJ  | VAC                 | EXC         | VACCINES                                       |
| B-D INSULIN SYRINGE  | --OTC               | G           | MEDICAL DEVICES AND SUPPLIES                   |
| B-D PEN NEEDLE   | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES                   |
| b-donna tab (DONNATAL equiv)   | -                   | NC          | ULCER DRUGS                                    |
| BEBULIN/PROFILNINE INJ   | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                   |
| BECONASE AQ NASAL SPRAY  | -                   | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL            |
| BELBUCA FILM   | -                   | NC          | ANALGESICS - OPIOID                            |
| BELLADONNA ALKALOID/OPIUM SUPP   | -                   | B           | ULCER DRUGS                                    |
| BELSOMRA TAB   | -                   | NC          | HYPNOTICS                                      |
| benazepril tab (LOTENSIN equiv)  | -                   | G           | ANTIHYPERTENSIVES                              |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)  | -                   | G           | ANTIHYPERTENSIVES                              |
| bendamustine hcl for iv soln (TREANDA equiv)   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| BENEFIX INJ  | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                   |
| BENEFIX/RIXUBIS INJ  | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                   |
| BENICAR HCT TAB  | -                   | NC          | ANTIHYPERTENSIVES                              |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)  | LMSP-PA-QL          | B           | MISCELLANEOUS THERAPEUTIC CLASSE               |
| BENLYSTA INJ (QL= 4 inj/28 day)  | LMSP-PA-QL          | B           | MISCELLANEOUS THERAPEUTIC CLASSE               |
| BENTIVITE TAB  | -                   | NC          | HEMATOPOIETIC AGENTS                           |
| BENZAC WASH  | -                   | NC          | DERMATOLOGICALS                                |
| BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)                                     | RS                  | B           | ANTHELMINTICS                                  |
| benzonatate cap (TESSALON equiv)   | -                   | G           | COUGH/COLD/ALLERGY                             |
| benzonatate cap 150mg (ZONATUSS equiv)   | -                   | NC          | COUGH/COLD/ALLERGY                             |
| BENZOYL PEROXIDE CREAM   | OTC                 | NC          | DERMATOLOGICALS                                |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION   | -                   | NC          | DERMATOLOGICALS                                |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)   | -                   | NC          | DERMATOLOGICALS                                |
| benzphetamine tab  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| benztropine tab  | -                   | G           | ANTIPARKINSON AGENTS                           |
| bepotastine ophth soln (BEPREVE equiv)   | -                   | NC          | OPHTHALMIC AGENTS                              |
| BERINERT INJ (Only available through Accredo 800-803-2523)   | LD-PA               | B           | HEMATOLOGICAL AGENTS - MISC.                   |
| BESER KIT 0.05%  | -                   | NC          | DERMATOLOGICALS                                |
| BESIVANCE OPHTH SUSP   | -                   | NC          | OPHTHALMIC AGENTS                              |
| BESREMI INJ  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416) | LD                  | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.         |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv)   | -                   | G           | DERMATOLOGICALS                                |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                      |
|--|---------------------|-------------|--|
| BETAMETHASONE AUGMENTED GEL                              | -                   | B           | DERMATOLOGICALS                                      |
| betamethasone augmented gel                              | -                   | G           | DERMATOLOGICALS                                      |
| betamethasone augmented lotion (DIPROLENE LOTION equiv)  | -                   | G           | DERMATOLOGICALS                                      |
| betamethasone augmented oint (DIPROLENE OINT equiv)      | -                   | G           | DERMATOLOGICALS                                      |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | -                   | G           | DERMATOLOGICALS                                      |
| betamethasone dipropionate lotion                        | -                   | G           | DERMATOLOGICALS                                      |
| betamethasone dipropionate oint (DIPROSONE OINT equiv)   | -                   | G           | DERMATOLOGICALS                                      |
| betamethasone valerate cream                             | -                   | G           | DERMATOLOGICALS                                      |
| betamethasone valerate foam (LUXIQ equiv)                | -                   | NC          | DERMATOLOGICALS                                      |
| betamethasone valerate lotion                            | -                   | G           | DERMATOLOGICALS                                      |
| betamethasone valerate oint                              | -                   | G           | DERMATOLOGICALS                                      |
| BETASERON INJ  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| BETAXOLOL OPHTH SOLN                                     | -                   | G           | OPHTHALMIC AGENTS                                    |
| betaxolol ophth soln (BETOPTIC-S equiv)                  | -                   | G           | OPHTHALMIC AGENTS                                    |
| betaxolol tab (KERLONE equiv)                            | -                   | G           | BETA BLOCKERS  |
| bethanechol tab (URECHOLINE equiv)                       | -                   | G           | URINARY ANTISPASMODICS                               |
| BETIMOL OPHTH SOLN                                       | -                   | B           | OPHTHALMIC AGENTS                                    |
| BETOPTIC-S OPHTH SOLN                                    | -                   | B           | OPHTHALMIC AGENTS                                    |
| BEVESPI AEROSPHERE INHALER                               | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| BEXAGLIFLOZN TAB   | -                   | NC          | ANTIDIABETICS  |
| bexarotene cap (TARGRETIN equiv)                         | LMSP-PA             | G           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| bexarotene gel (TARGRETIN equiv)                         | LMSP-PA             | G           | DERMATOLOGICALS                                      |
| BEXSERO INJ  | VAC                 | \$0         | VACCINES   |
| BEYFORTUS INJ  | VAC                 | \$0         | PASSIVE IMMUNIZING AND TREATMENT<br>AGENTS           |
| BIAFINE EMULSION   | -                   | NC          | DERMATOLOGICALS                                      |
| bicalutamide tab (CASODEX equiv)                         | -                   | G           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| BIDIL TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                        |
| BIFERARX TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                                 |
| BIJUVA CAP   | -                   | NC          | ESTROGENS  |
| BIKTARVY TAB   | -                   | B           | ANTIVIRALS   |
| BILTRICIDE TAB   | -                   | B           | ANTHELMINTICS  |
| bimatoprost ophth soln                                   | -                   | EXC         | DERMATOLOGICALS                                      |
| bimatoprost ophth soln                                   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| BIMZELX INJ  | -                   | NC          | DERMATOLOGICALS                                      |
| BINOSTO TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| bismuth/metro/tetra cap (PYLERA equiv)                   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| bisoprolol tab (ZEBETA equiv)                            | -                   | G           | BETA BLOCKERS  |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv)          | -                   | G           | ANTIHYPERTENSIVES                                    |
| BLEPHAMIDE OPHTH SOLN                                    | -                   | B           | OPHTHALMIC AGENTS                                    |
| BLEPHAMIDE S.O.P. OPHTH OINT                             | -                   | B           | OPHTHALMIC AGENTS                                    |
| BORTEZOMIB INJ   | MSP-PA              | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
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| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|---|
| bortezomib inj (VELCADE equiv)   | MSP-PA              | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL            | G           | CARDIOVASCULAR AGENTS - MISC.                     |
| BOSULIF CAP  | MSP-PA              | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| BOSULIF TAB  | MSP-PA-SF           | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| BOTOX INJ  | MSP-PA              | B           | NEUROMUSCULAR AGENTS                              |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)    | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| BREO ELLIPTA INHALER   | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| BREO ELLIPTA INHALER 50-25 MCG/ACT   | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| BREXAFEMME TAB   | -                   | NC          | ANTIFUNGALS                                       |
| BREZTRI AEROSPHERE INHALER   | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| BRILINTA TAB   | -                   | B           | HEMATOLOGICAL AGENTS - MISC.                      |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)  | -                   | G           | OPHTHALMIC AGENTS                                 |
| brimonidine ophth soln 0.2%  | -                   | G           | OPHTHALMIC AGENTS                                 |
| brimonidine tartrate gel (MIRVASO equiv)   | -                   | EXC         | DERMATOLOGICALS                                   |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)  | -                   | G           | OPHTHALMIC AGENTS                                 |
| brimonidine/timolol ophth soln (COMBIGAN OPHTH SOLN equiv)                                   | -                   | G           | OPHTHALMIC AGENTS                                 |
| brinzolamide ophth susp (AZOPT equiv)  | -                   | G           | OPHTHALMIC AGENTS                                 |
| BRISDELLE CAP  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BRIVIACT INJ 50MG/5ML  | -                   | NC          | ANTICONVULSANTS                                   |
| BRIVIACT SOLN 10MG/ML  | -                   | NC          | ANTICONVULSANTS                                   |
| BRIVIACT TAB   | -                   | NC          | ANTICONVULSANTS                                   |
| BRIXADI SOLN 128MG/0.36ML (Only available through Walgreens 888-347-3416)                    | LD                  | B           | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 16MG/0.32ML (Only available through Walgreens 888-347-3416)                     | LD                  | B           | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 24MG/0.48ML (Only available through Walgreens 888-347-3416)                     | LD                  | B           | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 32MG/0.64ML (Only available through Walgreens 888-347-3416)                     | LD                  | B           | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 64MG/0.18ML (Only available through Walgreens 888-347-3416)                     | LD                  | B           | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 8MG/0.16ML (Only available through Walgreens 888-347-3416)                      | LD                  | B           | ANALGESICS - OPIOID                               |
| BRIXADI SOLN 96MG/0.27ML (Only available through Walgreens 888-347-3416)                     | LD                  | B           | ANALGESICS - OPIOID                               |
| bromfenac ophth soln (BROMDAY equiv)   | -                   | G           | OPHTHALMIC AGENTS                                 |
| bromfenac sodium ophth soln 0.07% (PROLENSA equiv)   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| bromfenac sodium ophth soln 0.075% (BROMSITE equiv)  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| bromocriptine cap (PARLODEL equiv)   | -                   | G           | ANTIPARKINSON AGENTS                              |
| bromocriptine tab (PARLODEL equiv)   | -                   | G           | ANTIPARKINSON AGENTS                              |
| BROMSITE DROP 0.075%   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| BRONCHITOL CAP   | -                   | NC          | RESPIRATORY AGENTS - MISC.                        |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|---------------------|-------------|---|
| BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)                                   | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| BRYHALI LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| B-SERENE PAD  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day)   | PA-QL               | G           | CORTICOSTEROIDS                                   |
| budesonide inh susp (PULMICORT equiv)   | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| budesonide nasal spray (RHINOCORT AQUA equiv)   | OTC                 | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| budesonide rectal foam (UCERIS RECTAL FOAM equiv)   | -                   | B           | ANORECTAL AND RELATED PRODUCTS                    |
| budesonide SR cap (ENTOCORT EC equiv)   | -                   | G           | CORTICOSTEROIDS                                   |
| budesonide/formoterol inhaler (SYMBICORT equiv)   | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| bumetanide tab (BUMEX equiv)  | -                   | G           | DIURETICS   |
| BUNAVAIL FILM   | -                   | NC          | ANALGESICS - OPIOID                               |
| bupap tab   | -                   | NC          | ANALGESICS - NONNARCOTIC                          |
| buprenorphine hcl buccal film (BELBUCA equiv)   | -                   | NC          | ANALGESICS - OPIOID                               |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)   | QL                  | G           | ANALGESICS - OPIOID                               |
| buprenorphine SL tab (SUBUTEX equiv)  | -                   | G           | ANALGESICS - OPIOID                               |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)   | -                   | G           | ANALGESICS - OPIOID                               |
| buprenorphine/naloxone SL tab (SUBOXONE equiv)  | -                   | G           | ANALGESICS - OPIOID                               |
| bupropion ER tab (WELLBUTRIN equiv)   | -                   | G           | ANTIDEPRESSANTS                                   |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)  | QL-SMKG             | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv)  | -                   | G           | ANTIDEPRESSANTS                                   |
| bupropion XL tab (WELLBUTRIN XL equiv)  | -                   | G           | ANTIDEPRESSANTS                                   |
| bupirone tab (BUSPAR equiv)   | -                   | G           | ANTIAXIETY AGENTS                                 |
| bupirone tab 30mg (BUSPAR equiv)  | -                   | NC          | ANTIAXIETY AGENTS                                 |
| bitalbital/acetaminophen cap  | -                   | NC          | ANALGESICS - NONNARCOTIC                          |
| bitalbital/acetaminophen tab 50-325mg (PHRENILIN equiv) (QL= 60 tabs/30 days)                                 | PA-QL               | G           | ANALGESICS - NONNARCOTIC                          |
| bitalbital/acetaminophen/caffeine cap (FIORICET equiv)  | -                   | NC          | ANALGESICS - NONNARCOTIC                          |
| bitalbital/acetaminophen/caffeine soln  | -                   | NC          | ANALGESICS - NONNARCOTIC                          |
| bitalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 60 tabs/30 days)                                  | PA-QL               | G           | ANALGESICS - NONNARCOTIC                          |
| bitalbital/aspirin/caffeine cap (FIORINAL equiv) (QL= 60 tabs/30 days)  | PA-QL               | G           | ANALGESICS - NONNARCOTIC                          |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB   | -                   | NC          | ANALGESICS - NONNARCOTIC                          |
| BUTISOL TAB   | -                   | B           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)                                   | QL                  | G           | ANALGESICS - OPIOID                               |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                     | QL-RDX              | B           | ANTIDIABETICS                                     |
| BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                                | QL-RDX              | B           | ANTIDIABETICS                                     |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                            | QL-RDX              | B           | ANTIDIABETICS                                     |
| BYETTA INJ (Step Therapy requires trial of VICTOZA or BYDUREON; Diagnosis Restricted – Type 2 Diabetes (E11)) | RDX-ST              | B           | ANTIDIABETICS                                     |
| BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)                    | LD-PA-QL            | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)                    | LD-PA-QL            | B           | GASTROINTESTINAL AGENTS - MISC.                   |

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|-------------|---|------------|--|-------------|-------------------------|
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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                               |
|--|---------------------|-------------|---|
| BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL            | B           | GASTROINTESTINAL AGENTS - MISC.               |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL            | B           | GASTROINTESTINAL AGENTS - MISC.               |
| BYNFEZIA PEN INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| BYVALSON TAB   | -                   | NC          | ANTIHYPERTENSIVES                             |
| CABENUVA IM SUSP   | -                   | NC          | ANTIVIRALS                                    |
| cabergoline tab (DOSTINEX equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)                    | LD-PA-QL            | B           | HEMATOLOGICAL AGENTS - MISC.                  |
| CABOMETYX TAB (QL= 1 tab/day)  | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| CAFCIT INJ   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)               | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| calcipotriene cream (DOVONEX CREAM equiv)  | -                   | G           | DERMATOLOGICALS                               |
| calcipotriene cream (TRIONEX equiv)  | -                   | NC          | DERMATOLOGICALS                               |
| CALCIPOTRIENE FOAM   | -                   | NC          | DERMATOLOGICALS                               |
| CALCIPOTRIENE FOAM, SORILUX FOAM   | -                   | NC          | DERMATOLOGICALS                               |
| calcipotriene oint   | -                   | G           | DERMATOLOGICALS                               |
| calcipotriene soln (DOVONEX SOLN equiv)  | -                   | G           | DERMATOLOGICALS                               |
| calcipotriene/betamethasone dipropionate susp (TACLONEX equiv)                                     | -                   | NC          | DERMATOLOGICALS                               |
| calcipotriene/betamethasone oint (TACLONEX equiv)  | -                   | NC          | DERMATOLOGICALS                               |
| calcitonin inj (MIACALCIN equiv)   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| calcitonin nasal spray (MIACALCIN equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| calcitriol cap (ROCALTROL equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| CALCITRIOL INJ   | LMSP                | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| CALCITRIOL OINT  | -                   | NC          | DERMATOLOGICALS                               |
| calcitriol soln (ROCALTROL equiv)  | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| calcium acetate cap (PHOSLO equiv)   | -                   | G           | GASTROINTESTINAL AGENTS - MISC.               |
| CALIBRATION LIQUID   | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES                  |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)                      | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)                      | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| CALSODORE PAK  | -                   | NC          | DERMATOLOGICALS                               |
| CAMBIA POWDER  | -                   | NC          | MIGRAINE PRODUCTS                             |
| CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.                 |
| candesartan tab (ATACAND equiv)  | -                   | NC          | ANTIHYPERTENSIVES                             |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)  | -                   | NC          | ANTIHYPERTENSIVES                             |
| capecitabine tab (XELODA equiv)  | LMSP                | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer   |   |                                 |
| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                          |
|--|---------------------|-------------|--|
| CAPEX SHAMPOO  | -                   | NC          | DERMATOLOGICALS                          |
| CAPLYTA CAP  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS          |
| CAPRELSA 100MG TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPRELSA 300MG TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)  | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| capsaicin/menthol topical patch (SINELEE equiv)                                    | -                   | NC          | DERMATOLOGICALS                          |
| captopril tab (CAPOTEN equiv)  | -                   | G           | ANTIHYPERTENSIVES                        |
| CARAC CREAM  | -                   | NC          | DERMATOLOGICALS                          |
| CARBAGLU TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| carbamazepine chew tab (TEGRETOL equiv)  | -                   | G           | ANTICONSULTANTS                          |
| carbamazepine ER cap (CARBATROL equiv)   | -                   | G           | ANTICONSULTANTS                          |
| carbamazepine ER tab (TEGRETOL XR equiv)   | -                   | G           | ANTICONSULTANTS                          |
| carbamazepine susp (TEGRETOL equiv)  | -                   | G           | ANTICONSULTANTS                          |
| carbamazepine tab (TEGRETOL equiv)   | -                   | G           | ANTICONSULTANTS                          |
| carbidopa tab (LODOSYN equiv)  | -                   | G           | ANTIPARKINSON AGENTS                     |
| carbidopa/levodopa ER tab (SINEMET CR equiv)                                       | -                   | G           | ANTIPARKINSON AGENTS                     |
| CARBIDOPA/LEVODOPA ODT   | -                   | G           | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv)   | -                   | G           | ANTIPARKINSON AGENTS                     |
| carbidopa/levodopa tab (SINEMET equiv)   | -                   | G           | ANTIPARKINSON AGENTS                     |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)                                  | -                   | B           | ANTIPARKINSON AGENTS                     |
| carbidopa-levodopa-entacapone tab (STALEVO equiv)                                  | -                   | G           | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CARBINOXAMINE SOLN   | -                   | G           | ANTIHISTAMINES                           |
| carbinoxamine tab (PALGIC equiv)   | -                   | G           | ANTIHISTAMINES                           |
| CARDURA XL TAB   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS     |
| CARETOUCH MIS  | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES             |
| carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)  | LD-PA               | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| CARIMUNE INJ   | MSP-PA              | B           | PASSIVE IMMUNIZING AGENTS                |
| carisoprodol tab (SOMA equiv) (QL= 90 tabs/90 days)                                | QL                  | G           | MUSCULOSKELETAL THERAPY AGENTS           |
| carisoprodol tab 250mg (SOMA equiv)  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| CARISOPRODOL/ASPIRIN TAB   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv)                                     | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| CARISOPRODOL/ASPIRIN/CODEINE TAB   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)                     | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| CARMOL LOTION  | -                   | NC          | DERMATOLOGICALS                          |
| CAROSPIR SUSP (Prior Authorization required for members age 9 or older)            | PA                  | B           | DIURETICS                                |
| CARTEOLOL OPHTH SOLN   | -                   | G           | OPHTHALMIC AGENTS                        |
| carteolol ophth soln (OCUPRESS equiv)  | -                   | G           | OPHTHALMIC AGENTS                        |
| carvedilol phosphate ER cap (COREG CR equiv)                                       | -                   | NC          | BETA BLOCKERS                            |
| carvedilol tab (COREG equiv)   | -                   | G           | BETA BLOCKERS                            |
| CATAPRES-TTS PATCH   | -                   | B           | ANTIHYPERTENSIVES                        |
| CAVERJECT INJ (QL= 6 inj/30 days; Step therapy requires trial of sildenafil)       | QL-ST               | B           | CARDIOVASCULAR AGENTS - MISC.            |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)                   | LD-PA               | B           | ANTI-INFECTIVE AGENTS - MISC.            |
| CEFACTOR CAP   | -                   | G           | CEPHALOSPORINS                           |
| cefaclor cap (CECLOR equiv)  | -                   | G           | CEPHALOSPORINS                           |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                  |
|---|---------------------|-------------|--|
| chlorzoxazone tab 500mg   | -                   | G           | MUSCULOSKELETAL THERAPY AGENTS                   |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)                            | LD-PA               | B           | GASTROINTESTINAL AGENTS - MISC.                  |
| cholestyramine lite powder (QUESTRAN LITE equiv)  | -                   | G           | ANTIHYPERLIPIDEMICS                              |
| cholestyramine lite powder pack (QUESTRAN LITE equiv)                                   | -                   | G           | ANTIHYPERLIPIDEMICS                              |
| cholestyramine powder (QUESTRAN equiv)  | -                   | G           | ANTIHYPERLIPIDEMICS                              |
| cholestyramine powder pack (QUESTRAN equiv)   | -                   | G           | ANTIHYPERLIPIDEMICS                              |
| CIBINQO TAB (QL= 1 tab/day)   | LMSP-PA-QL          | B           | DERMATOLOGICALS                                  |
| cicatrace kit (REXASIL equiv)   | -                   | NC          | DERMATOLOGICALS                                  |
| CICLODAN KIT  | -                   | NC          | DERMATOLOGICALS                                  |
| ciclopirox cream (LOPROX CREAM equiv)   | -                   | G           | DERMATOLOGICALS                                  |
| ciclopirox gel (LOPROX equiv)   | -                   | NC          | DERMATOLOGICALS                                  |
| ciclopirox nail soln (PENLAC equiv)   | -                   | G           | DERMATOLOGICALS                                  |
| ciclopirox shampoo (LOPROX equiv) (Step Therapy requires trial of ketoconazole shampoo) | ST                  | G           | DERMATOLOGICALS                                  |
| ciclopirox topical susp (LOPROX equiv)  | -                   | NC          | DERMATOLOGICALS                                  |
| cilostazol tab (PLETAL equiv)   | -                   | G           | HEMATOLOGICAL AGENTS - MISC.                     |
| CILOXAN OPHTH OINT  | -                   | B           | OPHTHALMIC AGENTS                                |
| CIMDUO TAB  | -                   | B           | ANTIVIRALS                                       |
| CIMETIDINE SOLN   | -                   | G           | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| cimetidine soln (CIMETIDINE equiv)  | -                   | G           | ULCER DRUGS                                      |
| cimetidine tab (TAGAMET equiv) (Rx Only)  | -                   | G           | ULCER DRUGS                                      |
| CIMZIA INJ (QL= 2 inj/28 days)  | LMSP-PA-QL          | B           | GASTROINTESTINAL AGENTS - MISC.                  |
| CIMZIA INJ  | LMSP-PA-QL          | NC          | GASTROINTESTINAL AGENTS - MISC.                  |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)  | LMSP-PA-QL          | B           | GASTROINTESTINAL AGENTS - MISC.                  |
| cinacalcet tab (SENSIPAR equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)         | LD-PA-QL            | B           | HEMATOLOGICAL AGENTS - MISC.                     |
| CIPRO HC OTIC SUSP (Step Therapy requires trial of CIPRODEX)                            | ST                  | B           | OTIC AGENTS                                      |
| CIPRO SUSP  | -                   | B           | FLUOROQUINOLONES                                 |
| CIPROFLOXACIN 100MG TAB   | -                   | B           | FLUOROQUINOLONES                                 |
| ciprofloxacin ophth soln (CILOXAN equiv)  | -                   | G           | OPHTHALMIC AGENTS                                |
| CIPROFLOXACIN OTIC SOLN   | -                   | B           | OTIC AGENTS                                      |
| ciprofloxacin susp (CIPRO equiv)  | -                   | G           | FLUOROQUINOLONES                                 |
| ciprofloxacin tab (CIPRO equiv)   | -                   | G           | FLUOROQUINOLONES                                 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)                                  | -                   | G           | OTIC AGENTS                                      |
| CITALOPRAM CAP  | -                   | NC          | ANTIDEPRESSANTS                                  |
| citalopram soln (CELEXA equiv)  | -                   | G           | ANTIDEPRESSANTS                                  |
| citalopram tab (CELEXA equiv)   | -                   | G           | ANTIDEPRESSANTS                                  |
| CITRANATAL 90 DHA, CITRANATAL ASSURE  | -                   | NC          | MULTIVITAMINS                                    |
| CITRANATAL B CALM   | -                   | NC          | MULTIVITAMINS                                    |
| CITRANATAL BLOOM  | -                   | NC          | MULTIVITAMINS                                    |
| CITRANATAL CAP MEDLEY   | -                   | NC          | MULTIVITAMINS                                    |
| CITRANATAL HARMONY  | -                   | NC          | MULTIVITAMINS                                    |
| CITRANATAL RX   | -                   | NC          | MULTIVITAMINS                                    |
| CITRULLINE EASY TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.        |
| CLARINEX SYRUP  | -                   | EXC         | ANTIHISTAMINES                                   |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|---------------------|-------------|-------------------------------|
| CLARINEX TAB  | -                   | EXC         | ANTIHISTAMINES                |
| CLARINEX-D TAB  | -                   | EXC         | COUGH/COLD/ALLERGY            |
| CLARITHROMYC SUSP   | -                   | B           | MACROLIDES                    |
| clarithromycin ER tab (BIAXIN XL equiv)   | -                   | NC          | MACROLIDES                    |
| clarithromycin tab (BIAXIN equiv)   | -                   | G           | MACROLIDES                    |
| CLARITIN CAP  | OTC                 | EXC         | ANTIHISTAMINES                |
| CLARITIN CHEW TAB   | OTC                 | EXC         | ANTIHISTAMINES                |
| CLENIA PLUS SUSP  | -                   | NC          | DERMATOLOGICALS               |
| CLENPIQ SOLN  | -                   | NC          | LAXATIVES                     |
| CLEOCIN VAGINAL SUPP  | -                   | NC          | VAGINAL PRODUCTS              |
| CLIMARA PATCH   | -                   | NC          | ESTROGENS                     |
| CLIMARA PRO PATCH   | -                   | NC          | ESTROGENS                     |
| CLINDACIN KIT   | -                   | NC          | DERMATOLOGICALS               |
| clindamycin cap (CLEOCIN equiv)   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin cap 300mg (CLEOCIN equiv)   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin foam (EVOCLIN equiv)  | -                   | NC          | DERMATOLOGICALS               |
| clindamycin gel (CLEOCIN GEL equiv)   | -                   | G           | DERMATOLOGICALS               |
| clindamycin gel 1% (CLEOCIN GEL equiv)  | -                   | NC          | DERMATOLOGICALS               |
| clindamycin lotion (CLEOCIN- T equiv)   | -                   | G           | DERMATOLOGICALS               |
| clindamycin pad (CLEOCIN-T equiv)   | -                   | G           | DERMATOLOGICALS               |
| clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)            | -                   | NC          | DERMATOLOGICALS               |
| clindamycin soln (CLEOCIN equiv)  | -                   | G           | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin topical soln (CLEOCIN-T equiv)                                      | -                   | G           | DERMATOLOGICALS               |
| clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)                      | QL                  | G           | VAGINAL PRODUCTS              |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv)                               | -                   | G           | DERMATOLOGICALS               |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv)                              | -                   | NC          | DERMATOLOGICALS               |
| clindamycin/tretinoin gel (ZIANA equiv)   | -                   | NC          | DERMATOLOGICALS               |
| CLINDAVIX KIT   | -                   | NC          | DERMATOLOGICALS               |
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)                                 | QL                  | B           | VAGINAL AND RELATED PRODUCTS  |
| CLINISTIX TEST STRIP  | OTC                 | G           | DIAGNOSTIC PRODUCTS           |
| clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization) | PA                  | G           | ANTICONVULSANTS               |
| clobazam tab (ONFI equiv)   | PA                  | G           | ANTICONVULSANTS               |
| clobetasol E foam (OLUX E equiv)  | -                   | NC          | DERMATOLOGICALS               |
| clobetasol foam (OLUX equiv)  | PA                  | G           | DERMATOLOGICALS               |
| clobetasol lotion (CLOBEX equiv)  | PA                  | G           | DERMATOLOGICALS               |
| clobetasol propionate cream (TEMOVATE equiv)                                    | -                   | G           | DERMATOLOGICALS               |
| clobetasol propionate emollient cream (TEMOVATE E equiv)                        | -                   | G           | DERMATOLOGICALS               |
| clobetasol propionate gel (TEMOVATE GEL equiv)                                  | -                   | G           | DERMATOLOGICALS               |
| clobetasol propionate oint (TEMOVATE equiv)                                     | -                   | G           | DERMATOLOGICALS               |
| clobetasol propionate soln (TEMOVATE equiv)                                     | -                   | G           | DERMATOLOGICALS               |
| clobetasol shampoo (CLOBEX equiv)   | -                   | G           | DERMATOLOGICALS               |
| clobetasol spray (CLOBEX equiv)   | -                   | G           | DERMATOLOGICALS               |
| CLOBETAVIX KIT  | -                   | NC          | DERMATOLOGICALS               |
| CLOBEX LOTION   | -                   | NC          | DERMATOLOGICALS               |
| CLOBEX SHAMPOO  | -                   | NC          | DERMATOLOGICALS               |
| CLOCORTOLONE CREAM  | -                   | NC          | DERMATOLOGICALS               |
| clocortolone pivalate cream   | -                   | NC          | DERMATOLOGICALS               |
| CLODERM CREAM   | -                   | NC          | DERMATOLOGICALS               |

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| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>PA</b>   | Plan Exclusion                                   | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>RS</b>   | Lumicera Mandatory Specialty Pharmacy Program    | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>ST</b>   | Prior Authorization                              | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
|             | Restricted to Specialist                         | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |
|             | Step Therapy                                     |  |                                    |

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|--|---------------------|-------------|---|
| CLOMID TAB   | INF                 | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| CLOMIPHENE TAB   | INF                 | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| clomipramine cap (ANAFRANIL equiv)                                   | -                   | G           | ANTIDEPRESSANTS                               |
| clonazepam ODT (KLONOPIN equiv)                                      | -                   | G           | ANTICONVULSANTS                               |
| clonazepam tab (KLONOPIN equiv)                                      | -                   | G           | ANTICONVULSANTS                               |
| clonidine ER tab (KAPVAY equiv)                                      | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv)                                 | -                   | G           | ANTIHYPERTENSIVES                             |
| clonidine tab (CATAPRES equiv)                                       | -                   | G           | ANTIHYPERTENSIVES                             |
| clopidogrel tab 75mg (PLAVIX equiv)                                  | -                   | G           | HEMATOLOGICAL AGENTS - MISC.                  |
| CLOPIDOGREL THERAPY PACK   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                  |
| clorazepate tab (TRANXENE-T equiv)                                   | -                   | G           | ANTIANSIETY AGENTS                            |
| clotrimazole cream (LOTRIMIN AF equiv) (Rx Only)                     | OTC                 | EXC         | DERMATOLOGICALS                               |
| clotrimazole troches (MYCELEX TROCHES equiv)                         | -                   | G           | MOUTH/THROAT/DENTAL AGENTS                    |
| clotrimazole/betamethasone cream (LOTRISONE equiv)                   | -                   | NC          | DERMATOLOGICALS                               |
| clotrimazole/betamethasone lotion (LOTRISONE equiv)                  | -                   | NC          | DERMATOLOGICALS                               |
| CLOZAPINE ODT  | -                   | NC          | ANTI-PSYCHOTICS/ANTIMANIC AGENTS              |
| clozapine odt tab (CLOZAPINE, FAZACLO equiv)                         | -                   | NC          | ANTI-PSYCHOTICS/ANTIMANIC AGENTS              |
| CLOZAPINE ODT, FAZACLO ODT   | -                   | NC          | ANTI-PSYCHOTICS/ANTIMANIC AGENTS              |
| clozapine tab (CLOZARIL equiv)                                       | -                   | G           | ANTI-PSYCHOTICS/ANTIMANIC AGENTS              |
| COCAINE HCL SOLN   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL           |
| CODEINE SULFATE SOLN   | -                   | B           | ANALGESICS - OPIOID                           |
| codeine sulfate tab  | -                   | G           | ANALGESICS - OPIOID                           |
| colchicine cap (MITIGARE equiv)                                      | -                   | NC          | GOUT AGENTS                                   |
| colchicine tab (COLCRYS equiv)                                       | -                   | G           | GOUT AGENTS                                   |
| colchicine/probenecid tab (COL-BENEMID equiv)                        | -                   | G           | GOUT AGENTS                                   |
| COLCRYS TAB  | -                   | NC          | GOUT AGENTS                                   |
| colesevelam pack (WELCHOL equiv)                                     | -                   | G           | ANTIHYPERLIPIDEMICS                           |
| colesevelam tab (WELCHOL equiv)                                      | -                   | G           | ANTIHYPERLIPIDEMICS                           |
| colestipol granule (COLESTID equiv)                                  | -                   | G           | ANTIHYPERLIPIDEMICS                           |
| colestipol powder packet (COLESTID equiv)                            | -                   | G           | ANTIHYPERLIPIDEMICS                           |
| colestipol tab (COLESTID equiv)                                      | -                   | G           | ANTIHYPERLIPIDEMICS                           |
| colistimethate inj (COLY-MYCIN M equiv)                              | LMSP                | B           | ANTI-INFECTIVE AGENTS - MISC.                 |
| COLLANEX EXTERNAL POWDER   | -                   | NC          | DERMATOLOGICALS                               |
| COLY-MYCIN S OTIC SUSP   | -                   | B           | OTIC AGENTS                                   |
| COMBIGAN OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                             |
| COMBIPATCH   | -                   | NC          | ESTROGENS                                     |
| COMBIVENT RESPIMAT INHALER   | -                   | B           | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS      |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA               | B           | ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES     |
| COMIRNATY INJ (QL= 1 dose/17 days)                                   | QL-VAC              | \$0         | VACCINES                                      |
| COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)                       | QL-VAC              | \$0         | VACCINES                                      |
| COMPLERA TAB   | -                   | B           | ANTIVIRALS                                    |
| COMPLETE NATAL DHA   | -                   | G           | MULTIVITAMINS                                 |
| CONCEPT DHA CAP  | -                   | G           | MULTIVITAMINS                                 |
| CONDYLOX GEL   | -                   | B           | DERMATOLOGICALS                               |
| CONJUPRI TAB, LEVAMLODIPINE TAB                                      | -                   | NC          | CALCIUM CHANNEL BLOCKERS                      |

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| EXC Plan Exclusion                                   | INF Infertility   | LD Limited Distribution         |
| LMSP Lumericera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                               | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                          | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                      | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|---|
| CONSENSI TAB   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                      |
| CONTRACEPTIVE FOAM   | OTC                 | \$0         | VAGINAL PRODUCTS                              |
| CONTRACEPTIVE GEL  | OTC                 | \$0         | VAGINAL PRODUCTS                              |
| CONTRACEPTIVE SUPP   | OTC                 | \$0         | VAGINAL PRODUCTS                              |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| CORDRAN CREAM 0.025%   | -                   | NC          | DERMATOLOGICALS                               |
| CORDRAN OINTMENT   | -                   | NC          | DERMATOLOGICALS                               |
| CORDRAN TAPE   | -                   | NC          | DERMATOLOGICALS                               |
| CORLANOR SOLN  | PA                  | B           | CARDIOVASCULAR AGENTS - MISC.                 |
| CORLANOR TAB   | PA                  | B           | CARDIOVASCULAR AGENTS - MISC.                 |
| CORTANE-B OTIC SOLN  | -                   | NC          | OTIC AGENTS                                   |
| CORTEF TAB   | -                   | NC          | CORTICOSTEROIDS                               |
| CORTIC-ND DROPS  | -                   | NC          | OTIC AGENTS                                   |
| CORTIFOAM  | -                   | B           | ANORECTAL AGENTS                              |
| CORTISONE ACETATE TAB  | -                   | B           | CORTICOSTEROIDS                               |
| CORTISPORIN CREAM  | -                   | B           | DERMATOLOGICALS                               |
| CORTISPORIN OINT   | -                   | B           | DERMATOLOGICALS                               |
| CORTROPHIN INJ GEL   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| COSENTYX INJ (1-PACK)  | -                   | NC          | DERMATOLOGICALS                               |
| COSENTYX INJ (2-PACK)  | -                   | NC          | DERMATOLOGICALS                               |
| COSENTYX INJ 300MG/2ML   | -                   | NC          | DERMATOLOGICALS                               |
| COTELLIC TAB (QL= 3 tabs/day)  | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| COTEMPLA XR ODT  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| COVID-19 TEST  | OTC                 | EXC         | DIAGNOSTIC PRODUCTS                           |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)                     | QL-VAC              | \$0         | VACCINES                                      |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)                      | QL-VAC              | \$0         | VACCINES                                      |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)                | QL-VAC              | \$0         | VACCINES                                      |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)                | QL-VAC              | \$0         | VACCINES                                      |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)               | QL-VAC              | \$0         | VACCINES                                      |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)                                  | QL-VAC              | \$0         | VACCINES                                      |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)                                  | QL-VAC              | \$0         | VACCINES                                      |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)                             | QL-VAC              | \$0         | VACCINES                                      |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)                           | QL-VAC              | \$0         | VACCINES                                      |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)                             | QL-VAC              | \$0         | VACCINES                                      |
| COXANTO CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                |
| CREON CAP  | -                   | B           | DIGESTIVE AIDS                                |
| CRESEMBA CAP   | -                   | NC          | ANTIFUNGALS                                   |
| CRESTOR TAB  | -                   | NC          | ANTHYPERLIPIDEMICS                            |
| CRINONE GEL  | PA                  | B           | VAGINAL PRODUCTS                              |
| CRIVAN CAP   | -                   | B           | ANTIVIRALS                                    |
| cromolyn conc (GASTROCROM equiv)   | -                   | G           | GASTROINTESTINAL AGENTS - MISC.               |
| cromolyn neb soln (INTAL equiv)  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| cromolyn ophth soln (CROLOM equiv)   | -                   | G           | OPHTHALMIC AGENTS                             |
| CROMOLYN SODIUM OPHTH SOLN   | -                   | G           | OPHTHALMIC AGENTS                             |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
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| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
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| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|---------------------|-------------|--|
| CROTAN LOTION   | -                   | NC          | DERMATOLOGICALS                          |
| cryselle tab  | -                   | \$0         | CONTRACEPTIVES                           |
| CUE COVID-19 INJ TEST CARTRIDGE   | OTC                 | EXC         | DIAGNOSTIC PRODUCTS                      |
| CUE HEALTH MONITOR  | OTC                 | EXC         | DIAGNOSTIC PRODUCTS                      |
| CUTAQUIG INJ  | -                   | NC          | PASSIVE IMMUNIZING AND TREATMENT AGENTS  |
| CUTIVATE LOTION   | -                   | NC          | DERMATOLOGICALS                          |
| CUVITRU INJ   | -                   | NC          | PASSIVE IMMUNIZING AGENTS                |
| CUVRIOR TAB   | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES        |
| cyanocobalamin inj  | -                   | G           | HEMATOPOIETIC AGENTS                     |
| cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)   | -                   | NC          | HEMATOPOIETIC AGENTS                     |
| CYCLOBENZAPRINE COMPOUND KIT  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| cyclobenzaprine ER cap (AMRIX equiv)  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| cyclobenzaprine tab (FLEXERIL equiv)  | -                   | G           | MUSCULOSKELETAL THERAPY AGENTS           |
| cyclobenzaprine tab 7.5mg (FEXMID equiv)  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| CYCLOGYL OPHTH SOLN   | -                   | B           | OPHTHALMIC AGENTS                        |
| CYCLOMYDRIL OPHTH SOLN  | -                   | B           | OPHTHALMIC AGENTS                        |
| cyclopentolate ophth soln (CYCLOGYL equiv)  | -                   | G           | OPHTHALMIC AGENTS                        |
| cyclophosphamide cap  | -                   | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE TAB  | -                   | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cycloserine cap (CYCLOSERINE CAP equiv)   | -                   | NC          | ANTIMYCOBACTERIAL AGENTS                 |
| CYCLOSET TAB  | -                   | B           | ANTIDIABETICS                            |
| cyclosporine cap (SANDIMMUNE equiv)   | -                   | G           | ASSORTED CLASSES                         |
| cyclosporine modified cap (NEORAL equiv)  | -                   | G           | ASSORTED CLASSES                         |
| cyclosporine modified soln (NEORAL equiv)   | -                   | G           | ASSORTED CLASSES                         |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)   | PA-QL               | G           | OPHTHALMIC AGENTS                        |
| CYCLOSPORINE OPHTH EMULSION 0.1%  | -                   | NC          | OPHTHALMIC AGENTS                        |
| CYFOLEX CAP   | -                   | NC          | HEMATOPOIETIC AGENTS                     |
| CYLTEZO AUTO-INJECTOR (adalimumab-adbm)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| CYLTEZO INJ (adalimumab-adbm)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| cyproheptadine syrup  | -                   | G           | ANTIHISTAMINES                           |
| cyproheptadine tab  | -                   | G           | ANTIHISTAMINES                           |
| CYSTADANE POWDER  | MSP-PA              | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| CYSTADANE POWDER  | MSP-PA              | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)  | LD-QL-RS            | B           | OPHTHALMIC AGENTS                        |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)  | LD                  | B           | GENITOURINARY AGENTS - MISCELLANEOUS     |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS            | B           | OPHTHALMIC AGENTS                        |
| CYTRA K CRYSTALS  | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS     |
| CYTRA-3 SYRUP   | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS     |
| dabigatran etexilate mesylate cap (PRADAXA equiv)   | -                   | G           | ANTICOAGULANTS                           |
| DAKLINZA TAB  | -                   | NC          | ANTIVIRALS                               |

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|--|---------------------|-------------|---|
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist) | LMSP-QL-RS          | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DALIRESP TAB   | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| danazol cap (DANOCRINE equiv)  | -                   | G           | ANDROGENS-ANABOLIC                                |
| dantrolene cap (DANTRIUM equiv)  | -                   | G           | MUSCULOSKELETAL THERAPY AGENTS                    |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG   | -                   | NC          | ANTIDIABETICS                                     |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG  | -                   | NC          | ANTIDIABETICS                                     |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG  | -                   | NC          | ANTIDIABETICS                                     |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG   | -                   | NC          | ANTIDIABETICS                                     |
| dapsone gel (ACZONE equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| dapsone gel 5% (ACZONE equiv)  | -                   | B           | DERMATOLOGICALS                                   |
| DAPSONE GEL 7.5%   | -                   | NC          | DERMATOLOGICALS                                   |
| dapsone tab  | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| DAPTACEL INJ, INFANRIX INJ   | VAC                 | \$0         | TOXOIDS   |
| darifenacin SR tab (ENABLEX equiv)   | -                   | NC          | URINARY ANTISPASMODICS                            |
| DARTISLA ODT TAB   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| darunavir tab (PREZISTA equiv)   | -                   | G           | ANTIVIRALS  |
| DAURISMO TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| DAVIMET/FLUORIDE CHEW 0.75MG   | -                   | NC          | MULTIVITAMINS                                     |
| DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)         | LD-PA-QL            | B           | NEUROMUSCULAR AGENTS                              |
| DAYVIGO TAB  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| DAZOMON GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| DDAVP NASAL SOLN   | -                   | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| deferasirox granules packet (JADENU equiv)   | LMSP                | G           | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| deferasirox tab (JADENU equiv)   | LMSP                | G           | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| deferasirox tab for oral susp (EXJADE equiv)   | LMSP                | G           | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)         | LD-PA               | G           | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| deflazacort tab (EMFLAZA equiv)  | -                   | NC          | CORTICOSTEROIDS                                   |
| DEGLUDEC FLEXTOUCH INJ   | -                   | NC          | ANTIDIABETICS                                     |
| DEGLUDEC INJ   | -                   | NC          | ANTIDIABETICS                                     |
| DELESTROGEN INJ  | -                   | NC          | ESTROGENS   |
| DELSTRIGO TAB  | -                   | B           | ANTIVIRALS  |
| DELZICOL CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| demeclocycline tab (DECLOMYCIN equiv)  | -                   | NC          | TETRACYCLINES                                     |
| DEMSEK CAP   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| DENAVIR CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| DENGVAXIA SUSP   | VAC                 | \$0         | VACCINES  |
| DEPACON INJ  | -                   | NC          | ANTICONSULTANTS                                   |
| DEPLIN CAP   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS      |
| DEPO-ESTRADIOL INJ   | -                   | G           | ESTROGENS   |
| DEPO-MEDROL INJ  | -                   | NC          | CORTICOSTEROIDS                                   |

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|--|---------------------|-------------|--|
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ  | -                   | NC          | CORTICOSTEROIDS                        |
| DEPO-PROVERA INJ   | -                   | NC          | CONTRACEPTIVES                         |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)  | QL                  | \$0         | CONTRACEPTIVES                         |
| DERMACINRX CREAM   | -                   | NC          | DERMATOLOGICALS                        |
| DERMACINRX KIT   | -                   | NC          | DERMATOLOGICALS                        |
| DERMALID PAK   | -                   | NC          | DERMATOLOGICALS                        |
| DERMASORB XM KIT   | -                   | B           | DERMATOLOGICALS                        |
| DESCOVY TAB  | PA                  | \$0         | ANTIVIRALS                             |
| desipramine tab (NORPRAMIN equiv)  | -                   | G           | ANTIDEPRESSANTS                        |
| DESLORATADINE ODT  | -                   | EXC         | ANTIHISTAMINES                         |
| desloratadine tab (CLARINEX equiv)   | -                   | EXC         | ANTIHISTAMINES                         |
| desmopressin acetate nasal spray (DDAVP equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DESONATE GEL   | -                   | NC          | DERMATOLOGICALS                        |
| desonide cream (DESOWEN equiv)   | -                   | G           | DERMATOLOGICALS                        |
| desonide gel   | -                   | NC          | DERMATOLOGICALS                        |
| desonide lotion (DESOWEN equiv)  | -                   | NC          | DERMATOLOGICALS                        |
| desonide oint (DESOWEN equiv)  | -                   | G           | DERMATOLOGICALS                        |
| DESOWEN CREAM  | -                   | NC          | DERMATOLOGICALS                        |
| DESOWEN CREAM KIT  | -                   | NC          | DERMATOLOGICALS                        |
| DESOWEN LOTION   | -                   | NC          | DERMATOLOGICALS                        |
| DESOWEN LOTION KIT   | -                   | NC          | DERMATOLOGICALS                        |
| DESOWEN OINT   | -                   | NC          | DERMATOLOGICALS                        |
| DESOWEN OINT KIT   | -                   | NC          | DERMATOLOGICALS                        |
| desoximetasone cream (TOPICORT CREAM equiv)  | -                   | NC          | DERMATOLOGICALS                        |
| desoximetasone cream 0.05% (TOPICORT equiv)  | -                   | NC          | DERMATOLOGICALS                        |
| desoximetasone gel (TOPICORT equiv)  | -                   | NC          | DERMATOLOGICALS                        |
| desoximetasone oint 0.05% (TOPICORT equiv)   | -                   | NC          | DERMATOLOGICALS                        |
| desoximetasone oint 0.25% (TOPICORT equiv)   | -                   | G           | DERMATOLOGICALS                        |
| desvenlafaxine ER tab (PRISTIQ equiv)  | -                   | G           | ANTIDEPRESSANTS                        |
| DESVENLAFAXINE ER TAB  | -                   | NC          | ANTIDEPRESSANTS                        |
| DETROL LA CAP  | -                   | NC          | URINARY ANTISPASMODICS                 |
| DEXAMETHASONE CONC   | -                   | G           | CORTICOSTEROIDS                        |
| dexamethasone elixir   | -                   | G           | CORTICOSTEROIDS                        |
| dexamethasone pak (DEXPAK equiv)   | -                   | NC          | CORTICOSTEROIDS                        |
| dexamethasone sodium phosphate inj   | -                   | G           | CORTICOSTEROIDS                        |
| DEXAMETHASONE SOLN   | -                   | G           | CORTICOSTEROIDS                        |
| dexamethasone tab (DECADRON equiv)   | -                   | G           | CORTICOSTEROIDS                        |
| DEXAMETHASONE TAB  | -                   | NC          | CORTICOSTEROIDS                        |
| DEXATRAN CAP   | -                   | NC          | MULTIVITAMINS                          |
| DEXCHLORPHENIRAMINE SYRUP  | -                   | NC          | ANTIHISTAMINES                         |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES           |
| DEXCOM G6 SENSOR (QL= 3 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES           |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES           |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES                      |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES                      |
| DEXILANT DR CAP   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS  |
| dexlansoprazole DR cap (DEXILANT equiv)   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS  |
| dexmethylphenidate ER cap (FOCALIN XR equiv)  | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv)  | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| DEXPAK TAB  | -                   | NC          | CORTICOSTEROIDS                                   |
| DEXTENZA OPHTH INSERT   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| dextroamphetamine ER cap (DEXEDRINE equiv)  | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv)  | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv)   | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| DHIVY TAB   | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY<br>AGENTS       |
| DIABETIC METER (all other diabetic meters)  | OTC-PA              | B           | MEDICAL DEVICES AND SUPPLIES                      |
| DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)  | LD-PA               | B           | ANTICONVULSANTS                                   |
| DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)  | LD-PA               | B           | ANTICONVULSANTS                                   |
| DIALYVITE TAB   | -                   | G           | MULTIVITAMINS                                     |
| dialyvite tab (NEPHRO-VITE equiv)   | -                   | G           | MULTIVITAMINS                                     |
| DIALYVITE/ZINC TAB  | -                   | G           | MULTIVITAMINS                                     |
| DIAPHRAGM   | -                   | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| DIASTAT ACDL GEL (QL= 2 packs/fill)   | QL                  | B           | ANTICONVULSANTS                                   |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)  | QL                  | B           | ANTICONVULSANTS                                   |
| diazepam conc (VALIUM equiv)  | -                   | G           | ANTIANKXIETY AGENTS                               |
| DIAZEPAM GEL (QL= 2 packs/fill)   | QL                  | B           | ANTICONVULSANTS                                   |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv)   | -                   | G           | ANTIANKXIETY AGENTS                               |
| diazepam rectal gel (QL= 2 packs/fill)  | QL                  | G           | ANTICONVULSANTS                                   |
| diazepam tab (VALIUM equiv)   | -                   | G           | ANTIANKXIETY AGENTS                               |
| diazoxide susp (PROGLYCEM equiv)  | -                   | G           | ANTIDIABETICS                                     |
| dichlorphenamide tab (KEVEYIS equiv)  | -                   | NC          | DIURETICS   |

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| <b>EXC</b> Plan Exclusion                                 | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>PA</b> Prior Authorization                             | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>RS</b> Restricted to Specialist                        | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
| <b>ST</b> Step Therapy                                    | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |

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|---|---------------------|-------------|---|
| DICLOFENAC CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)   | PA-QL               | G           | DERMATOLOGICALS                                   |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)   | QL                  | G           | DERMATOLOGICALS                                   |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill; Step Therapy requires trial of celecoxib)                       | QL-ST               | B           | DERMATOLOGICALS                                   |
| diclofenac potassium (migraine) packet (CAMBIA equiv)   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| diclofenac potassium cap (ZIPSOR equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac potassium tab (CATAFLAM equiv)   | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac potassium tab 25mg (DICLOFENAC equiv)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac sodium EC tab (VOLTAREN equiv)   | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac sodium gel kit (VENNGEL equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| diclofenac sodium ophth soln (VOLTAREN equiv)   | -                   | G           | OPHTHALMIC AGENTS                                 |
| diclofenac sodium soln (XRYLIX equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| diclofenac sodium soln 2% (PENNSAID SOLN equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| diclofenac sodium XR tab (VOLTAREN XR equiv)  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| diclofenac soln 1.5% (PENNSAID equiv)   | -                   | G           | DERMATOLOGICALS                                   |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| DICLONA GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| DICLOTREX PAK   | -                   | NC          | DERMATOLOGICALS                                   |
| dicloxacillin cap (DYNAPEN equiv)   | -                   | G           | PENICILLINS                                       |
| dicyclomine cap (BENTYL equiv)  | -                   | G           | ULCER DRUGS                                       |
| dicyclomine soln (BENTYL equiv)   | -                   | G           | ULCER DRUGS                                       |
| dicyclomine tab (BENTYL equiv)  | -                   | G           | ULCER DRUGS                                       |
| didanosine DR cap (VIDEX EC equiv)  | -                   | G           | ANTIVIRALS  |
| DIDANOSINE DR CAP, VIDEX EC CAP   | -                   | G           | ANTIVIRALS  |
| DIETHYLPROPION ER TAB   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| diethylpropion tab  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| DIFFERIN OTC GEL 0.1%   | OTC                 | EXC         | DERMATOLOGICALS                                   |
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST               | B           | MACROLIDES  |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST               | B           | MACROLIDES  |
| DIFLORASONE CREAM, PSORCON CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| diflorasone oint  | -                   | NC          | DERMATOLOGICALS                                   |
| diffunisal tab (DOLOBID equiv)  | -                   | G           | ANALGESICS - NONNARCOTIC                          |
| difluprednate ophth emulsion (DUREZOL equiv)  | -                   | G           | OPHTHALMIC AGENTS                                 |
| digoxin soln (LANOXIN equiv)  | -                   | G           | CARDIOTONICS                                      |
| DIGOXIN SOLN 0.05MG/ML  | -                   | G           | CARDIOTONICS                                      |
| digoxin tab (LANOXIN equiv)   | -                   | G           | CARDIOTONICS                                      |
| digoxin tab 62.5mcg (LANOXIN equiv)   | -                   | NC          | CARDIOTONICS                                      |
| dihydroergotamine mesylate inj (D.H.E. equiv)   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill, 2 fills/30 days)                          | PA-QL               | G           | MIGRAINE PRODUCTS                                 |
| DILANTIN CAP 30MG   | -                   | B           | ANTICONVULSANTS                                   |
| diltiazem ER cap (CARDIZEM CD equiv)  | -                   | G           | CALCIUM CHANNEL BLOCKERS                          |
| diltiazem ER cap (CARDIZEM SR equiv)  | -                   | G           | CALCIUM CHANNEL BLOCKERS                          |
| diltiazem ER cap (DILACOR XR equiv)   | -                   | G           | CALCIUM CHANNEL BLOCKERS                          |
| diltiazem ER cap (TIAZAC equiv)   | -                   | G           | CALCIUM CHANNEL BLOCKERS                          |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
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| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
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| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|---------------------|-------------|--|
| diltiazem ER cap 120mg (CARDIZEM SR equiv)                                    | -                   | NC          | CALCIUM CHANNEL BLOCKERS                             |
| diltiazem ER tab (CARDIZEM LA equiv)  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                             |
| DILTIAZEM HCL COATED BEADS CAP ER 24HR 120MG                                  | -                   | G           | CALCIUM CHANNEL BLOCKERS                             |
| DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120MG                        | -                   | G           | CALCIUM CHANNEL BLOCKERS                             |
| diltiazem tab (CARDIZEM equiv)  | -                   | G           | CALCIUM CHANNEL BLOCKERS                             |
| dimethyl fumarate DR cap (TECFIDERA equiv)                                    | LMSP                | G           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)              | LMSP                | G           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| DIOVAN TAB  | -                   | NC          | ANTIHYPERTENSIVES                                    |
| DIPENTUM CAP  | -                   | B           | GASTROINTESTINAL AGENTS - MISC.                      |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)                 | -                   | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| DIPHENOXYLATE/ATROPINE LIQUID   | -                   | B           | ANTIDIARRHEAL/PROBIOTIC AGENTS                       |
| diphenoxylate/atropine tab (LOMOTIL equiv)                                    | -                   | G           | ANTIDIARRHEALS                                       |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ                                     | VAC                 | \$0         | TOXOIDS  |
| dipyridamole tab (PERSANTINE equiv)   | -                   | G           | HEMATOLOGICAL AGENTS - MISC.                         |
| disopyramide cap (NORPACE equiv)  | -                   | G           | ANTIARRHYTHMICS                                      |
| disulfiram tab (ANTABUSE equiv)   | -                   | G           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| DIURIL SUSP   | -                   | B           | DIURETICS  |
| divalproex ER tab (DEPAKOTE ER equiv)   | -                   | G           | ANTICONVULSANTS                                      |
| divalproex sodium DR tab (DEPAKOTE equiv)                                     | -                   | G           | ANTICONVULSANTS                                      |
| divalproex sprinkle cap (DEPAKOTE equiv)                                      | -                   | G           | ANTICONVULSANTS                                      |
| DIVIGEL GEL   | -                   | NC          | ESTROGENS  |
| DIVIGEL GEL, ELESTRIN GEL   | -                   | NC          | ESTROGENS  |
| dofetilide cap (TIKOSYN equiv)  | -                   | G           | ANTIARRHYTHMICS                                      |
| DOJOLVI ORAL LIQUID   | -                   | NC          | NUTRIENTS  |
| DOLGIC PLUS TAB   | -                   | NC          | ANALGESICS - NONNARCOTIC                             |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)                                 | QL                  | G           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)                                | QL                  | G           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)                            | QL                  | G           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| DONNATAL TAB  | -                   | NC          | ULCER DRUGS  |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo<br>800-803-2523) | LD-PA-QL            | B           | HEMATOPOIETIC AGENTS                                 |
| DORAL TAB   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| DORYX MPC TAB   | -                   | NC          | TETRACYCLINES  |
| dorzolamide ophth soln (TRUSOPT equiv)  | -                   | G           | OPHTHALMIC AGENTS                                    |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv)                            | -                   | G           | OPHTHALMIC AGENTS                                    |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN  | -                   | B           | OPHTHALMIC AGENTS                                    |
| DOVATO TAB  | -                   | B           | ANTIVIRALS   |
| doxazosin tab (CARDURA equiv)   | -                   | G           | ANTIHYPERTENSIVES                                    |
| doxepin cap (SINEQUAN equiv)  | -                   | G           | ANTIDEPRESSANTS                                      |
| doxepin conc (SINEQUAN equiv)   | -                   | G           | ANTIDEPRESSANTS                                      |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM                                  | -                   | NC          | DERMATOLOGICALS                                      |
| doxepin hcl cream   | -                   | NC          | DERMATOLOGICALS                                      |

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|---|---------------------|-------------|---|
| doxepin tab (SILENOR equiv)                                 | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS         |
| doxercalciferol cap (HECTOROL equiv)                        | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| DOXYCYCLINE CAP, ORACEA CAP                                 | -                   | NC          | DERMATOLOGICALS                                   |
| doxycycline hyclate cap (VIBRAMYCIN equiv)                  | -                   | G           | TETRACYCLINES                                     |
| doxycycline hyclate DR tab (DORYX equiv)                    | -                   | NC          | TETRACYCLINES                                     |
| doxycycline hyclate tab (VIBRATAB equiv)                    | -                   | G           | TETRACYCLINES                                     |
| doxycycline hyclate tab (TARGADOX equiv)                    | -                   | NC          | TETRACYCLINES                                     |
| doxycycline hyclate tab 75mg, 150mg                         | -                   | NC          | TETRACYCLINES                                     |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)       | -                   | NC          | TETRACYCLINES                                     |
| doxycycline monohydrate cap 150mg (MONODOX equiv)           | -                   | NC          | TETRACYCLINES                                     |
| doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv)     | -                   | G           | TETRACYCLINES                                     |
| doxycycline monohydrate cap 75mg (MONODOX equiv)            | -                   | NC          | TETRACYCLINES                                     |
| doxycycline monohydrate tab (ADOXA equiv)                   | -                   | G           | TETRACYCLINES                                     |
| doxycycline monohydrate tab 150mg (ADOXA equiv)             | -                   | NC          | TETRACYCLINES                                     |
| doxycycline monohydrate tab 75mg (ADOXA equiv)              | -                   | NC          | TETRACYCLINES                                     |
| doxycycline susp (VIBRAMYCIN equiv)                         | -                   | G           | TETRACYCLINES                                     |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv)               | -                   | NC          | ANTIEMETICS                                       |
| D-PENAMINE TAB  | -                   | B           | ASSORTED CLASSES                                  |
| DRIZALMA DR CAP   | -                   | NC          | ANTIDEPRESSANTS                                   |
| dronabinol cap (MARINOL equiv)                              | PA                  | G           | ANTIEMETICS                                       |
| drosiprone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | -                   | NC          | CONTRACEPTIVES                                    |
| DROXIA CAP  | -                   | B           | HEMATOPOIETIC AGENTS                              |
| droxidopa cap (NORTHERA equiv)                              | -                   | NC          | VASOPRESSORS                                      |
| DRYSOL SOLN   | -                   | G           | DERMATOLOGICALS                                   |
| DSUVIA SL TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| DUAKLIR INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| DUAVEE TAB  | -                   | B           | ESTROGENS   |
| DUET  | -                   | NC          | MULTIVITAMINS                                     |
| DUET DHA 400, DUET DHA BALANCED                             | -                   | NC          | MULTIVITAMINS                                     |
| DUETACT TAB   | -                   | NC          | ANTIDIABETICS                                     |
| DULERA INHALER  | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| duloxetine cap 40mg (IRENKA equiv)                          | -                   | NC          | ANTIDEPRESSANTS                                   |
| duloxetine EC cap (CYMBALTA equiv)                          | -                   | G           | ANTIDEPRESSANTS                                   |
| DULOXICAININE PACK  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DUOBRII LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| DUOPA ENTERAL SUSP  | -                   | NC          | ANTIPARKINSON AGENTS                              |
| DUOVISC KIT   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| DUPIXENT INJ (QL= 2 inj/28 days)                            | LMSP-PA-QL          | B           | DERMATOLOGICALS                                   |
| DUPIXENT PEN INJ (QL= 2 inj/28 days)                        | LMSP-PA-QL          | B           | DERMATOLOGICALS                                   |
| DURAVENT PE TAB   | -                   | NC          | COUGH/COLD/ALLERGY                                |
| DUROLANE INJ  | LMSP-PA             | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| dutasteride cap (AVODART equiv)                             | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| dutasteride/tamsulosin cap (JALYN equiv)                    | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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**SISC - Book of Business Drug List Cont.**  
**Alphabetical Index**  
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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| DUTOPROL TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| DUZALLO TAB   | -                   | NC          | GOUT AGENTS                                       |
| DXEVO 11-DAY PAK  | -                   | NC          | CORTICOSTEROIDS                                   |
| DYANAVEL XR CHEW  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| DYRENIUM CAP  | -                   | B           | DIURETICS   |
| DYSPORT INJ   | MSP-PA              | B           | NEUROMUSCULAR AGENTS                              |
| EB-N3 DR CAP  | -                   | NC          | MULTIVITAMINS                                     |
| ECONASIL KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| econazole cream (SPECTAZOLE equiv) (QL= 30gm/30 days)                   | QL                  | G           | DERMATOLOGICALS                                   |
| ECOZA FOAM  | -                   | NC          | DERMATOLOGICALS                                   |
| EDARBI TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| EDARBYCLOR TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| EDECRIN TAB   | -                   | NC          | DIURETICS   |
| EDEX INJ (QL= 6 inj/30 days; Step therapy requires trial of sildenafil) | QL-ST               | B           | CARDIOVASCULAR AGENTS - MISC.                     |
| EDLUAR SL TAB   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS      |
| EDURANT TAB   | -                   | B           | ANTIVIRALS  |
| EFAVIRENZ CAP   | -                   | G           | ANTIVIRALS  |
| efavirenz tab (SUSTIVA equiv)   | -                   | G           | ANTIVIRALS  |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)                | -                   | G           | ANTIVIRALS  |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)           | -                   | G           | ANTIVIRALS  |
| EFFEXOR XR CAP  | -                   | NC          | ANTIDEPRESSANTS                                   |
| EGATEN TAB  | -                   | NC          | ANTHELMINTICS                                     |
| EGRIFTA INJ   | -                   | EXC         | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| ELAPRASE INJ  | MSP-PA              | B           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| ELEPSIA XR TAB  | -                   | NC          | ANTICONVULSANTS                                   |
| eletriptan tab (RELPAK equiv)   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| ELIGEN B12 TAB  | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS   |
| ELIQUIS TAB, ELIQUIS STARTER PACK                                       | -                   | B           | ANTICOAGULANTS                                    |
| ELIXOPHYLLIN ELIXIR   | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS        |
| ELLA TAB  | -                   | \$0         | CONTRACEPTIVES                                    |
| ELMIRON CAP   | -                   | B           | GENITOURINARY AGENTS -<br>MISCELLANEOUS           |
| eluryng vaginal ring (NUVARING equiv)                                   | -                   | NC          | CONTRACEPTIVES                                    |
| ELYXYB SOLN   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| EMADINE OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| EMBEDA CAP  | -                   | NC          | ANALGESICS - OPIOID                               |
| EMCYT CAP   | -                   | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| EMEND CAP   | -                   | NC          | ANTIEMETICS                                       |
| EMEND SUSP  | -                   | NC          | ANTIEMETICS                                       |
| EMFLAZA SUSP  | -                   | NC          | CORTICOSTEROIDS                                   |
| EMFLAZA TAB   | -                   | NC          | CORTICOSTEROIDS                                   |
| EMGALITY INJ (QL= 1 inj/28 days)  | PA-QL               | B           | MIGRAINE PRODUCTS                                 |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)                    | PA-QL               | B           | MIGRAINE PRODUCTS                                 |

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| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|--------------------------------------|
| EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)                       | LD-PA-QL            | B           | HEMATOLOGICAL AGENTS - MISC.         |
| EMSAM PATCH  | -                   | B           | ANTIDEPRESSANTS                      |
| emtricitabine cap (EMTRIVA equiv)  | -                   | G           | ANTIVIRALS                           |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)                                      | -                   | \$0         | ANTIVIRALS                           |
| EMTRIVA CAP  | -                   | B           | ANTIVIRALS                           |
| EMTRIVA SOLN   | -                   | B           | ANTIVIRALS                           |
| EMVERM TAB   | -                   | NC          | ANTHELMINTICS                        |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA                  | G           | ANTIHYPERTENSIVES                    |
| enalapril tab (VASOTEC equiv)  | -                   | G           | ANTIHYPERTENSIVES                    |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv)  | -                   | G           | ANTIHYPERTENSIVES                    |
| ENBRACE HR   | -                   | NC          | MULTIVITAMINS                        |
| ENBREL INJ 25MG (QL= 8 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY       |
| ENBREL INJ 50MG (QL= 4 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY       |
| ENBREL MINI INJ (QL= 4 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY       |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY       |
| ENDARI POWDER PACK (QL= 6 packets/day)   | LMSP-PA-QL          | B           | HEMATOPOIETIC AGENTS                 |
| ENDOMETRIN INSERT  | PA                  | B           | VAGINAL PRODUCTS                     |
| ENGERIX-B/RECOMBIVAX-HB INJ  | VAC                 | \$0         | VACCINES                             |
| enoxaparin inj (LOVENOX equiv)   | -                   | G           | ANTICOAGULANTS                       |
| enpresse tab (TRI-LEVELLEN equiv)  | -                   | \$0         | CONTRACEPTIVES                       |
| ENSPRYNG INJ (QL= 1 inj/28 days)   | LMSP-PA-QL          | B           | MISCELLANEOUS THERAPEUTIC CLASSES    |
| ENSTILAR FOAM  | -                   | NC          | DERMATOLOGICALS                      |
| entacapone tab (COMTAN equiv)  | -                   | G           | ANTIPARKINSON AGENTS                 |
| ENTADFI CAP  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)  | QL                  | G           | ANTIVIRALS                           |
| ENTEREG CAP  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.      |
| ENTRESTO TAB (QL= 2 tabs/day)  | QL                  | B           | CARDIOVASCULAR AGENTS - MISC.        |
| ENTYVIO INJ  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.      |
| ENVARUS XR TAB   | -                   | NC          | ASSORTED CLASSES                     |
| EOHILIA SUSP   | -                   | NC          | CORTICOSTEROIDS                      |
| EPCLUSA PAK  | -                   | NC          | ANTIVIRALS                           |
| EPCLUSA TAB  | -                   | NC          | ANTIVIRALS                           |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)  | LD-PA               | B           | ANTICONVULSANTS                      |
| EPIDUO FORTE GEL 0.3-2.5%  | -                   | NC          | DERMATOLOGICALS                      |
| EPIDUO GEL 0.1-2.5%  | -                   | NC          | DERMATOLOGICALS                      |
| EPIFOAM AEROSOL  | -                   | B           | DERMATOLOGICALS                      |
| epinastine ophth soln (ELESTAT equiv)  | -                   | G           | OPHTHALMIC AGENTS                    |
| epinephrine hcl nasal soln (ADRENALIN equiv)   | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL  |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)                               | QL                  | G           | VASOPRESSORS                         |
| EPIPEN (JR) INJ  | -                   | NC          | VASOPRESSORS                         |
| EPIQUIN MICRO CREAM  | -                   | NC          | DERMATOLOGICALS                      |
| EPIVIR HBV SOLN  | -                   | B           | ANTIVIRALS                           |
| eplerenone tab (INSPIRA equiv)   | -                   | G           | ANTIHYPERTENSIVES                    |
| EPOGEN INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                 |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization)                                   | PA                  | B           | ANTICONVULSANTS                      |
| EPSOLAY CREAM  | -                   | NC          | DERMATOLOGICALS                      |
| EQUETRO CAP  | -                   | B           | ANTIPSYCHOTICS/ANTIMANIC AGENTS      |

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| <b>EXC</b> Plan Exclusion                                 | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>PA</b> Prior Authorization                             | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>RS</b> Restricted to Specialist                        | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
| <b>ST</b> Step Therapy                                    | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |

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|--|---------------------|-------------|---|
| ERGOAL CAP   | -                   | NC          | VITAMINS  |
| ERGOLOID MESYLATES TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ergotamine/cafeine tab (CAFERGOT equiv)  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| ERIVEDGE CAP   | LMSP-PA-SF          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ERLEADA TAB (QL= 4 tabs/day)   | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ERLEADA TAB 240MG (QL= 1 tab/day)  | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)  | LMSP-PA-QL          | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)  | LMSP-PA-QL          | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ERMEZA SOLN 150 MCG/5ML  | -                   | NC          | THYROID AGENTS                                    |
| ERTACZO CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| ERY PAD  | -                   | NC          | DERMATOLOGICALS                                   |
| ERYPED SUSP  | -                   | NC          | MACROLIDES  |
| erythromycin DR cap (Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg)                  | ST                  | G           | MACROLIDES  |
| ERYTHROMYCIN EC CAP (Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg)                  | ST                  | B           | MACROLIDES  |
| erythromycin ethylsuccinate susp (ERYPED equiv) (Step Therapy requires trial of azithromycin or clarithromycin)                  | ST                  | G           | MACROLIDES  |
| ERYTHROMYCIN ETHYLSUCCINATE TAB  | -                   | NC          | MACROLIDES  |
| erythromycin gel   | -                   | G           | DERMATOLOGICALS                                   |
| erythromycin ophth oint  | -                   | G           | OPHTHALMIC AGENTS                                 |
| ERYTHROMYCIN OPHTH OINT  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| erythromycin pad   | -                   | G           | DERMATOLOGICALS                                   |
| erythromycin soln  | -                   | G           | DERMATOLOGICALS                                   |
| erythromycin tab (ERY-TAB equiv) (Step Therapy requires trial of azithromycin, clarithromycin or doxycycline hyclate 100mg)      | ST                  | G           | MACROLIDES  |
| erythromycin tab (ERYTHROMYCIN equiv) (Step Therapy require trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg) | ST                  | G           | MACROLIDES  |
| erythromycin/benzoyl peroxide gel  | -                   | G           | DERMATOLOGICALS                                   |
| ESBRIET CAP  | -                   | NC          | RESPIRATORY AGENTS - MISC.                        |
| ESBRIET TAB 267MG  | -                   | NC          | RESPIRATORY AGENTS - MISC.                        |
| ESBRIET TAB 801MG  | -                   | NC          | RESPIRATORY AGENTS - MISC.                        |
| escitalopram soln (LEXAPRO equiv)  | -                   | G           | ANTIDEPRESSANTS                                   |
| escitalopram tab (LEXAPRO equiv)   | -                   | G           | ANTIDEPRESSANTS                                   |
| ESKATA SOLN  | -                   | NC          | DERMATOLOGICALS                                   |
| esomeprazole cap (NEXIUM equiv) (Rx Only)  | PA                  | G           | ULCER DRUGS                                       |
| esomeprazole DR granule pack (NEXIUM equiv)  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| esomeprazole magnesium DR tab (NEXIUM equiv)   | OTC                 | EXC         | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| estazolam tab (PROSOM equiv)   | -                   | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv)  | -                   | G           | ESTROGENS   |

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|--|---------------------|-------------|---|
| ESTRACE VAGINAL CREAM  | -                   | NC          | VAGINAL PRODUCTS                                  |
| estradiol cream (ESTRACE equiv)  | -                   | NC          | VAGINAL PRODUCTS                                  |
| estradiol patch (CLIMARA equiv)  | -                   | G           | ESTROGENS   |
| estradiol patch (VIVELLE-DOT equiv)  | -                   | G           | ESTROGENS   |
| estradiol tab (ESTRACE equiv)  | -                   | G           | ESTROGENS   |
| estradiol td gel (DIVIGEL equiv)   | -                   | NC          | ESTROGENS   |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)                   | QL                  | G           | VAGINAL PRODUCTS                                  |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)  | QL                  | G           | ESTROGENS   |
| estradiol/norethindrone tab (ACTIVEVELLA equiv)  | -                   | G           | ESTROGENS   |
| ESTRING (3 copays per Rx)  | -                   | B           | VAGINAL PRODUCTS                                  |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)  | QL                  | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| ethacrynic tab (EDECIN equiv)  | -                   | NC          | DIURETICS   |
| ethambutol tab (MYAMBUTOL equiv)   | -                   | G           | ANTIMYCOBACTERIAL AGENTS                          |
| ethosuximide cap (ZARONTIN equiv)  | -                   | G           | ANTICONVULSANTS                                   |
| ethosuximide soln (ZARONTIN equiv)   | -                   | G           | ANTICONVULSANTS                                   |
| etodolac cap (LODINE equiv)  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| etodolac ER tab (LODINE XL equiv)  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| etodolac tab   | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ETOPOSIDE CAP  | LMSP                | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| etravirine tab (INTELENCE equiv)   | -                   | G           | ANTIVIRALS  |
| EUCRISA OINT   | -                   | NC          | DERMATOLOGICALS                                   |
| EULEXIN CAP  | -                   | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| EVAMIST SPRAY  | -                   | NC          | ESTROGENS   |
| EVEKEO ODT   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS    |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day)  | LMSP-PA-QL          | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| everolimus tab (ZORTRESS equiv)  | PA                  | G           | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)  | LMSP-PA-QL          | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| EVIVO LIQUID   | -                   | NC          | ANTIDIARRHEALS                                    |
| EVOCLIN FOAM   | -                   | NC          | DERMATOLOGICALS                                   |
| EVOTAZ TAB   | -                   | B           | ANTIVIRALS  |
| EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)   | LD-PA-QL            | B           | NEUROMUSCULAR AGENTS                              |
| EVZIO INJ  | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| EVZIO INJ  | -                   | NC          | ANTIDOTES   |
| EXALGO TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| EXELDERM CREAM, SULCONAZOLE CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| EXELDERM SOLN  | -                   | NC          | DERMATOLOGICALS                                   |
| EXELDERM SOLN, SULCONAZOLE SOLN  | -                   | NC          | DERMATOLOGICALS                                   |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | -                   | \$0         | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| EXSERVAN FILM  | -                   | NC          | NEUROMUSCULAR AGENTS                              |
| EXTAVIA INJ  | LMSP-PA             | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| EYSUVIS OPHTH SUSP   | -                   | NC          | OPHTHALMIC AGENTS                                 |

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|---|---------------------|-------------|--|
| EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older)                         | PA                  | B           | ANTIHYPERLIPIDEMICS                          |
| ezetimibe tab (ZETIA equiv)   | -                   | G           | ANTIHYPERLIPIDEMICS                          |
| EZETIMIBE/ATORVASTATIN TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                          |
| ezetimibe/simvastatin tab (VYTORIN equiv)   | -                   | NC          | ANTIHYPERLIPIDEMICS                          |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)                      | -                   | NC          | ANTIHYPERLIPIDEMICS                          |
| FABHALTA CAP  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                 |
| FABIOR AEROSOL FOAM   | -                   | NC          | DERMATOLOGICALS                              |
| FABRAZYME INJ   | MSP-PA              | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.       |
| FACTIVE TAB   | -                   | NC          | FLUOROQUINOLONES                             |
| FALESSA KIT   | -                   | NC          | CONTRACEPTIVES                               |
| FALESSA TAB   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| famciclovir tab (FAMVIR equiv)  | -                   | G           | ANTIVIRALS                                   |
| famotidine susp (PEPCID equiv)  | -                   | G           | ULCER DRUGS                                  |
| famotidine tab (PEPCID equiv) (Rx Only)   | -                   | G           | ULCER DRUGS                                  |
| FANAPT TAB (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER)                          | QL-ST               | B           | ANTIPSYCHOTICS/ANTIMANIC AGENTS              |
| FANAPT TITRATION PACK (QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER)         | QL-ST               | B           | ANTIPSYCHOTICS/ANTIMANIC AGENTS              |
| FARXIGA TAB (QL= 1 tab/day)   | QL                  | B           | ANTIDIABETICS                                |
| FASENRA PEN INJ (QL= 1 inj/56 days; Only available through Accredited 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL            | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS      |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)                                    | ST-¢                | G           | GOUT AGENTS                                  |
| FEIBA INJ   | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                 |
| felbamate susp (FELBATOL equiv)   | -                   | G           | ANTICONVULSANTS                              |
| felbamate tab (FELBATOL equiv)  | -                   | G           | ANTICONVULSANTS                              |
| FELBATOL TAB  | -                   | NC          | ANTICONVULSANTS                              |
| felodipine ER tab (PLENDIL equiv)   | -                   | G           | CALCIUM CHANNEL BLOCKERS                     |
| FEM PH GEL  | -                   | B           | VAGINAL PRODUCTS                             |
| FEMALE CONDOMS (QL= 12 condoms/fill)  | OTC-QL              | \$0         | MEDICAL DEVICES AND SUPPLIES                 |
| FEMHRT TAB  | -                   | NC          | ESTROGENS                                    |
| FEMRING (3 copays per Rx)   | -                   | B           | VAGINAL PRODUCTS                             |
| fenofibrate cap 43mg, 130mg (ANTARA equiv)  | -                   | NC          | ANTIHYPERLIPIDEMICS                          |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)  | -                   | G           | ANTIHYPERLIPIDEMICS                          |
| FENOFIBRATE CAP, LIPOFEN CAP  | -                   | NC          | ANTIHYPERLIPIDEMICS                          |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG  | -                   | NC          | ANTIHYPERLIPIDEMICS                          |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)   | -                   | NC          | ANTIHYPERLIPIDEMICS                          |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)   | -                   | G           | ANTIHYPERLIPIDEMICS                          |
| fenofibric acid DR cap (TRILIPIX equiv)   | -                   | G           | ANTIHYPERLIPIDEMICS                          |
| FENOFIBRIC TAB, FIBRICOR TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                          |
| fenopropfen calcium cap (NALFON equiv)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY               |
| fenopropfen calcium tab   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY               |
| FENOPROFEN CAP, NAFLON CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY               |
| FENOPROFEN TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY               |
| fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)  | PA-QL               | G           | ANALGESICS - OPIOID                          |
| fantanyl patch (DURAGESIC equiv)  | -                   | G           | ANALGESICS - OPIOID                          |
| fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)   | -                   | NC          | ANALGESICS - OPIOID                          |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|---|
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)                                    | PA-QL               | B           | ANALGESICS - OPIOID                               |
| FEONYX TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ferrex 150 forte cap   | -                   | G           | HEMATOPOIETIC AGENTS                              |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)                  | LD-PA               | B           | ANTIDOTES   |
| FERRIPROX TAB 1000MG (TWICE DAILY)   | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| FERRO-PLEX TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ferrous sulfate elixir   | OTC                 | NC          | HEMATOPOIETIC AGENTS                              |
| FERROUS SULFATE LIQUID   | OTC                 | NC          | HEMATOPOIETIC AGENTS                              |
| ferrous sulfate soln   | OTC                 | NC          | HEMATOPOIETIC AGENTS                              |
| fesoterodine fumarate ER tab (TOVIAZ equiv)  | -                   | NC          | URINARY ANTISPASMODICS                            |
| FETZIMA CAP  | -                   | NC          | ANTIDEPRESSANTS                                   |
| FETZIMA TITRATION PACK   | -                   | NC          | ANTIDEPRESSANTS                                   |
| FIASP FLEXTOUCH INJ  | -                   | NC          | ANTIDIABETICS                                     |
| FIASP INJ  | -                   | NC          | ANTIDIABETICS                                     |
| FIASP PENFILL INJ, FIASP PUMP CARTRIDGE  | -                   | NC          | ANTIDIABETICS                                     |
| FIBRIK CAP   | -                   | NC          | MULTIVITAMINS                                     |
| FILSPARI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)                  | LD-PA-QL            | B           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| FILSUVEZ GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| FINACEA FOAM   | -                   | B           | DERMATOLOGICALS                                   |
| finasteride tab (PROPECIA equiv)   | -                   | EXC         | DERMATOLOGICALS                                   |
| finasteride tab (PROSCAR equiv)  | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| fingolimod hcl cap 0.5mg (GILENYA equiv)   | LMSP                | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL            | B           | ANTICONVULSANTS                                   |
| FIRAZYR INJ  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)                                 | LD-PA               | B           | ANTIMYASTHENIC/CHOLINERGIC AGENTS                 |
| FIRMAGON INJ   | MSP                 | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| FIRST METRONIDAZOLE SUSP   | -                   | B           | ANTI-INFECTIVE AGENTS - MISC.                     |
| FIRST MOUTHWASH BLM  | -                   | B           | MOUTH/THROAT/DENTAL AGENTS                        |
| FIRST OMEPRAZOLE SUSP  | PA                  | B           | ULCER DRUGS                                       |
| FIRST PANTOPRAZOLE SUSP  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS         |
| FIRVANQ SOLN   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| FIRVANQ SOLN 50MG/ML   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| FLAREX OPHTH SUSP  | -                   | B           | OPHTHALMIC AGENTS                                 |
| flavoxate tab (URISPAS equiv)  | -                   | G           | URINARY ANTISPASMODICS                            |
| FLEBOGAMMA/GAMMAPLEX/OCTAGAM/PRIVIGEN INJ  | MSP-PA              | B           | PASSIVE IMMUNIZING AGENTS                         |
| flecainide tab (TAMBOCOR equiv)  | -                   | G           | ANTIARRHYTHMICS                                   |
| FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)                    | PA                  | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization)                         | PA                  | B           | ANTIHYPERLIPIDEMICS                               |
| FLONASE SENSIMIST NASAL SPRAY  | OTC                 | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| FLO-PRED SUSP  | -                   | NC          | CORTICOSTEROIDS                                   |
| FLORIVA CHEW TAB   | -                   | NC          | MULTIVITAMINS                                     |
| FLORIVA PLUS DROPS   | -                   | B           | MULTIVITAMINS                                     |

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|--|---------------------|-------------|---|
| FLOVENT DISKUS INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| FLOVENT HFA INHALER  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| FLUAD INJ (QL= 1 inj/28 days)  | QL-VAC              | \$0         | VACCINES  |
| FLUAD QUAD INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES  |
| FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)  | QL-VAC              | \$0         | VACCINES  |
| FLUCELVAX QUAD INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES  |
| fluconazole susp (DIFLUCAN equiv)  | -                   | G           | ANTIFUNGALS                                       |
| fluconazole tab (DIFLUCAN equiv)   | -                   | G           | ANTIFUNGALS                                       |
| flucytosine cap (ANCOBON equiv)  | -                   | G           | ANTIFUNGALS                                       |
| fludrocortisone tab (FLORINEF equiv)   | -                   | G           | CORTICOSTEROIDS                                   |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)  | QL-VAC              | \$0         | VACCINES  |
| FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)  | QL-VAC              | \$0         | VACCINES  |
| flunisolide nasal soln   | -                   | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| FLUOCINOLONE ACET CREAM  | -                   | G           | DERMATOLOGICALS                                   |
| fluocinolone acetonide cream   | -                   | G           | DERMATOLOGICALS                                   |
| fluocinolone acetonide oil   | -                   | G           | DERMATOLOGICALS                                   |
| fluocinolone acetonide oint  | -                   | G           | DERMATOLOGICALS                                   |
| fluocinolone acetonide soln  | -                   | G           | DERMATOLOGICALS                                   |
| fluocinolone otic oil (DERMOTIC equiv)   | -                   | G           | OTIC AGENTS                                       |
| fluocinonide cream 0.05% (LIDEX equiv)   | -                   | G           | DERMATOLOGICALS                                   |
| fluocinonide cream 0.1%  | -                   | NC          | DERMATOLOGICALS                                   |
| fluocinonide emollient cream   | -                   | G           | DERMATOLOGICALS                                   |
| fluocinonide gel   | -                   | G           | DERMATOLOGICALS                                   |
| fluocinonide oint  | -                   | G           | DERMATOLOGICALS                                   |
| fluocinonide soln  | -                   | G           | DERMATOLOGICALS                                   |
| FLUOPAR KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | -                   | \$0         | MINERALS & ELECTROLYTES                           |
| FLUORAC CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| FLUORIDEX SENSITIVITY PASTE  | -                   | G           | MOUTH/THROAT/DENTAL AGENTS                        |
| fluorometholone ophth soln (FML LIQUIFILM equiv)   | -                   | G           | OPHTHALMIC AGENTS                                 |
| FLUOROPLEX CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| fluorouracil cream (EFUDEX CREAM equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| FLUOROURACIL CREAM 0.5%  | -                   | NC          | DERMATOLOGICALS                                   |
| fluorouracil soln (FLUOROURACIL equiv)   | -                   | G           | DERMATOLOGICALS                                   |
| FLUOVIX PAK  | -                   | NC          | DERMATOLOGICALS                                   |
| fluoxetine cap (PROZAC equiv)  | -                   | G           | ANTIDEPRESSANTS                                   |
| FLUOXETINE CAP (PMDD)  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine soln (PROZAC equiv)   | -                   | G           | ANTIDEPRESSANTS                                   |
| fluoxetine tab (PROZAC equiv)  | -                   | G           | ANTIDEPRESSANTS                                   |
| FLUOXETINE TAB 60MG  | -                   | NC          | ANTIDEPRESSANTS                                   |
| fluoxetine weekly cap (PROZAC equiv)   | -                   | NC          | ANTIDEPRESSANTS                                   |
| fluphenazine tab (PROLIXIN equiv)  | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| FLURANDRENOL LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| flurandrenolide cream (CORDRAN equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| flurandrenolide lotion (CORDRAN equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| flurandrenolide oint (CORDRAN equiv)   | -                   | NC          | DERMATOLOGICALS                                   |

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|--|---------------------|-------------|---|
| FLURAZEPAM CAP   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| FLURBIPROFEN OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                         |
| FLURBIPROFEN TAB   | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY            |
| flurbiprofen tab (ANSAID equiv)  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY            |
| FLUTAMIDE CAP  | -                   | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| flutamide cap (EULEXIN equiv)  | -                   | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| FLUTICASONE DISKUS INHALER   | -                   | G           | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE HFA INHALER  | -                   | G           | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE LOTION   | -                   | NC          | DERMATOLOGICALS                           |
| fluticasone nasal spray (FLONASE equiv)  | -                   | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL       |
| fluticasone propionate cream (CUTIVATE equiv)  | -                   | G           | DERMATOLOGICALS                           |
| FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT   | -                   | B           | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT   | -                   | B           | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT  | -                   | B           | ASTHMA AND BRONCHODILATOR AGENTS          |
| fluticasone propionate lotion (CUTIVATE equiv)   | -                   | NC          | DERMATOLOGICALS                           |
| fluticasone propionate oint (CUTIVATE equiv)   | -                   | G           | DERMATOLOGICALS                           |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)  | -                   | G           | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT  | -                   | G           | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT  | -                   | NC          | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT  | -                   | NC          | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT  | -                   | G           | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT   | -                   | NC          | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT   | -                   | G           | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT  | -                   | NC          | ASTHMA AND BRONCHODILATOR AGENTS          |
| FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT  | -                   | NC          | ASTHMA AND BRONCHODILATOR AGENTS          |
| fluvastatin cap (LESCOL equiv)   | -                   | NC          | ANTIHYPERTENSIVES                         |
| fluvastatin ER tab (LESCOL XL equiv)   | -                   | NC          | ANTIHYPERTENSIVES                         |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST                  | G           | ANTIDEPRESSANTS                           |
| fluvoxamine tab (LUVOX equiv)  | -                   | G           | ANTIDEPRESSANTS                           |
| FLUZONE HD PF INJ (QL= 1 inj/28 days)  | QL-VAC              | \$0         | VACCINES                                  |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES                                  |
| FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)   | QL-VAC              | \$0         | VACCINES                                  |
| FML FORTE OPHTH SUSP   | -                   | B           | OPHTHALMIC AGENTS                         |

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|--|---------------------|-------------|---|
| FML S.O.P. OPHTH OINT  | -                   | B           | OPHTHALMIC AGENTS                                 |
| FOCALIN XR CAP   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| FOLAGENT DHA CAP   | -                   | NC          | MULTIVITAMINS                                     |
| FOLAMED DHA CAP  | -                   | NC          | MULTIVITAMINS                                     |
| FOLBEE PLUS CZ TAB   | -                   | G           | MULTIVITAMINS                                     |
| folbee tab   | -                   | G           | HEMATOPOIETIC AGENTS                              |
| FOLET ONE  | -                   | NC          | MULTIVITAMINS                                     |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)   | -                   | \$0         | HEMATOPOIETIC AGENTS                              |
| folic acid tab 400mcg (Covered for females only)   | OTC                 | \$0         | HEMATOPOIETIC AGENTS                              |
| folic acid tab 800mcg (Covered for females only)   | OTC                 | \$0         | HEMATOPOIETIC AGENTS                              |
| FOLIKA-V TAB   | -                   | NC          | MULTIVITAMINS                                     |
| FOLITE TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| FOLTANX TAB  | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS   |
| FOLVITE-FE TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| fondaparinux inj (ARIXTRA equiv)   | -                   | G           | ANTICOAGULANTS                                    |
| FORFIVO XL TAB   | -                   | NC          | ANTIDEPRESSANTS                                   |
| formoterol fumarate neb soln (PERFOROMIST equiv)   | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS        |
| FORTAMET TAB   | -                   | NC          | ANTIDIABETICS                                     |
| FORTEO INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| FOSAMAX+D TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.         |
| fosamprenavir tab (LEXIVA equiv)   | -                   | G           | ANTIVIRALS  |
| fosfomycin tromethamine powder pack (MONUROL equiv)  | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| fosinopril tab (MONOPRIL equiv)  | -                   | G           | ANTIHYPERTENSIVES                                 |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)  | -                   | G           | ANTIHYPERTENSIVES                                 |
| FOSRENOL CHEW TAB  | -                   | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| FOSRENOL POWDER PACK   | -                   | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)   | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| FRAGMIN INJ  | -                   | B           | ANTICOAGULANTS                                    |
| FREESTYLE FREEDOM LITE METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE INSULINX METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE INSULINX TEST STRIP  | OTC                 | NC          | DIAGNOSTIC PRODUCTS                               |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)        | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)        | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)        | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST               | G           | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE LITE METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| FREESTYLE LITE TEST STRIP   | OTC                 | NC          | DIAGNOSTIC PRODUCTS                               |
| FREESTYLE PRECISION NEO METER   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| FREESTYLE PRECISION NEO TEST STRIP  | OTC                 | NC          | DIAGNOSTIC PRODUCTS                               |
| FREESTYLE TEST STRIP  | OTC                 | NC          | DIAGNOSTIC PRODUCTS                               |
| FROVA TAB   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| frovatriptan tab (FROVA equiv)  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| FRUZAQLA CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| FULPHILA INJ  | LMSP                | B           | HEMATOPOIETIC AGENTS                              |
| FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)                                       | LD-QL               | B           | DIURETICS   |
| FUROSEMIDE SOLN   | -                   | G           | DIURETICS   |
| furosemide soln (LASIX equiv)   | -                   | G           | DIURETICS   |
| furosemide tab (LASIX equiv)  | -                   | G           | DIURETICS   |
| FUZEON INJ  | LMSP                | B           | ANTIVIRALS  |
| FYCOMPA TAB   | -                   | B           | ANTICONVULSANTS                                   |
| FYCOMPA SUSP  | -                   | B           | ANTICONVULSANTS                                   |
| FYLNETRA INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| gabapentin (once-daily) tab (GRALISE equiv)   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| gabapentin cap 100mg (NEURONTIN equiv) (QL= 9 caps/day)   | QL                  | G           | ANTICONVULSANTS                                   |
| gabapentin cap 300mg (NEURONTIN equiv) (QL= 6 caps/day)   | QL                  | G           | ANTICONVULSANTS                                   |
| gabapentin cap 400mg (NEURONTIN equiv) (QL= 4 caps/day)   | QL                  | G           | ANTICONVULSANTS                                   |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)  | QL                  | G           | ANTICONVULSANTS                                   |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)   | QL                  | G           | ANTICONVULSANTS                                   |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)   | QL                  | G           | ANTICONVULSANTS                                   |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                             | LD-PA-QL            | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| galantamine ER cap (RAZADYNE ER equiv)  | -                   | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN  | -                   | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv)  | -                   | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP  | -                   | B           | MINERALS & ELECTROLYTES                           |
| GAMASTAN S/D INJ  | MSP-PA              | B           | PASSIVE IMMUNIZING AGENTS                         |
| GAMUNEX INJ   | MSP-PA              | B           | PASSIVE IMMUNIZING AGENTS                         |
| GANCICLOVIR INJ   | MSP                 | B           | ANTIVIRALS  |
| ganciclovir inj (CYTOVENE equiv)  | MSP                 | B           | ANTIVIRALS  |
| ganirelix ac inj (GANIRELIX equiv)  | INF-MSP             | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| GARDASIL 9 INJ  | VAC                 | \$0         | VACCINES  |
| gatifloxacin ophth soln (ZYMAXID equiv)   | -                   | G           | OPHTHALMIC AGENTS                                 |
| GATTEX KIT  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL                  | \$0         | LAXATIVES   |
| GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)  | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| GEAMETDRAY GEL  | -                   | NC          | DERMATOLOGICALS                                   |

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|--|---------------------|-------------|---|
| gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL            | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| GELCLAIR GEL   | -                   | B           | MOUTH/THROAT/DENTAL AGENTS                        |
| GELNIQUE   | -                   | NC          | URINARY ANTISPASMODICS                            |
| gemfibrozil tab (LOPID equiv)  | -                   | G           | ANTIHYPERTENSIVES                                 |
| GEMTESA TAB  | -                   | NC          | URINARY ANTISPASMODICS                            |
| GEN7T LOTION   | -                   | NC          | DERMATOLOGICALS                                   |
| GEN7T PAD 3.5%   | -                   | NC          | DERMATOLOGICALS                                   |
| GEN7T PLUS LOTION  | -                   | NC          | DERMATOLOGICALS                                   |
| GEN7T PLUS PAD   | -                   | NC          | DERMATOLOGICALS                                   |
| GENOTROPIN INJ   | LMSP-PA             | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| GENTAK OPHTH OINT  | -                   | G           | OPHTHALMIC AGENTS                                 |
| gentamicin ophth soln (GARAMYCIN equiv)  | -                   | G           | OPHTHALMIC AGENTS                                 |
| gentamicin sulfate cream   | -                   | G           | DERMATOLOGICALS                                   |
| gentamicin sulfate oint  | -                   | G           | DERMATOLOGICALS                                   |
| GENVISC 850 INJ  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| GENVOYA TAB  | -                   | B           | ANTIVIRALS  |
| GIALAX KIT   | -                   | NC          | LAXATIVES   |
| gianvi tab, ocella tab (YASMIN, YAZ equiv)   | -                   | \$0         | CONTRACEPTIVES                                    |
| GILENYA CAP 0.25MG   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILENYA CAP 0.5MG  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)                  | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| GIMOTI NASAL SPRAY   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| GLASSIA INJ  | MSP-PA              | B           | RESPIRATORY AGENTS - MISC.                        |
| glatiramer inj (COPAXONE equiv)  | LMSP-PA             | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GLEOSTINE/LOMUSTINE CAP  | -                   | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| glimepiride tab (AMARYL equiv)   | -                   | G           | ANTIDIABETICS                                     |
| glipizide ER tab (GLUCOTROL XL equiv)  | -                   | G           | ANTIDIABETICS                                     |
| glipizide tab (GLUCOTROL equiv)  | -                   | G           | ANTIDIABETICS                                     |
| GLIPIZIDE TAB  | -                   | NC          | ANTIDIABETICS                                     |
| glipizide/metformin tab (METAGLIP equiv)   | -                   | G           | ANTIDIABETICS                                     |
| GLOPERBA SOLN (Prior Authorization required for members age 9 or older)                    | PA                  | B           | GOUT AGENTS                                       |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)  | QL                  | B           | ANTIDIABETICS                                     |
| GLUCAGEN INJ   | -                   | B           | DIAGNOSTIC PRODUCTS                               |
| GLUCAGON DIAGNOSTIC INJ  | -                   | NC          | DIAGNOSTIC PRODUCTS                               |
| GLUCAGON EMR INJ (QL= 2 inj/fill)  | QL                  | B           | ANTIDIABETICS                                     |
| GLUCAGON INJ KIT (QL= 2 inj/fill)  | QL                  | B           | ANTIDIABETICS                                     |
| GLUCAGON KIT (QL= 2 inj/fill)  | QL                  | G           | ANTIDIABETICS                                     |
| GLUMETZA TAB 1000MG  | -                   | NC          | ANTIDIABETICS                                     |
| GLUMETZA TAB 500MG   | -                   | NC          | ANTIDIABETICS                                     |
| GLYBURID MCR TAB   | -                   | G           | ANTIDIABETICS                                     |
| glyburide tab (MICRONASE equiv)  | -                   | G           | ANTIDIABETICS                                     |
| glyburide/metformin tab (GLUCOVANCE equiv)   | -                   | G           | ANTIDIABETICS                                     |

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|--|---------------------|-------------|--|
| GLYCATE TAB  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| GLYCATE TAB, GLYCOPYRROLATE TAB  | -                   | NC          | ULCER DRUGS  |
| glycopyrrolate oral soln (CUVPOSA equiv)   | -                   | G           | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| glycopyrrolate tab (ROBINUL equiv)   | -                   | G           | ULCER DRUGS  |
| GLYGEST PAK  | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS      |
| GLYXAMBI TAB (QL= 1 tab/day)   | QL                  | B           | ANTI-DIABETICS                                       |
| GOCOVRI CAP  | -                   | NC          | ANTIPARKINSON AGENTS                                 |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2<br>fills/calendar year; All other members covered at generic copay) | QL                  | \$0         | LAXATIVES  |
| GONITRO POWDER   | -                   | NC          | ANTIANGINAL AGENTS                                   |
| GRALISE STARTER PACK   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| GRALISE TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)   | QL                  | G           | ANTIEMETICS  |
| GRANISOL SOLN (QL= 60ml/fill)  | QL                  | B           | ANTIEMETICS  |
| GRANIX INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                                 |
| GRASTEK SL TAB   | -                   | NC          | BIOLOGICALS MISC                                     |
| griseofulvin micro tab (GRIFULVIN V equiv)   | -                   | G           | ANTIFUNGALS  |
| griseofulvin susp (GRIFULVIN equiv)  | -                   | G           | ANTIFUNGALS  |
| griseofulvin tab (GRIS-PEG equiv)  | -                   | G           | ANTIFUNGALS  |
| GUAIFENESEN SYRUP  | -                   | NC          | COUGH/COLD/ALLERGY                                   |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)   | OTC-QL              | G           | COUGH/COLD/ALLERGY                                   |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)   | OTC-QL              | G           | COUGH/COLD/ALLERGY                                   |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv)  | -                   | NC          | COUGH/COLD/ALLERGY                                   |
| guanfacine ER tab (INTUNIV equiv)  | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| guanfacine IR tab (TENEX equiv)  | -                   | G           | ANTIHYPERTENSIVES                                    |
| GVOKE INJ (QL= 2 inj/fill)   | QL                  | B           | ANTIDIABETICS  |
| GVOKE INJ KIT (QL= 2 inj/fill)   | QL                  | B           | ANTIDIABETICS  |
| GVOKE PFS INJ (QL= 2 inj/fill)   | QL                  | B           | ANTIDIABETICS  |
| HADLIMA INJ (QL= 2 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HADLIMA PUSH INJ (QL= 2 inj/28 days)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HAEGARDA INJ (Only available through Accredo 800-803-2523)   | LD-PA               | B           | HEMATOLOGICAL AGENTS - MISC.                         |
| halcinonide cream (HALOG equiv)  | -                   | NC          | DERMATOLOGICALS                                      |
| HALOBETASOL AER  | -                   | NC          | DERMATOLOGICALS                                      |
| halobetasol propionate cream (ULTRAVATE equiv)   | -                   | G           | DERMATOLOGICALS                                      |
| halobetasol propionate foam (HALOBETASOL equiv)  | -                   | NC          | DERMATOLOGICALS                                      |
| halobetasol propionate oint (ULTRAVATE equiv)  | -                   | G           | DERMATOLOGICALS                                      |
| HALOG CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| HALOG OINT   | -                   | NC          | DERMATOLOGICALS                                      |
| HALOG SOLN   | -                   | NC          | DERMATOLOGICALS                                      |
| halonate pac kit (ULTRAVATE KIT equiv)   | -                   | NC          | DERMATOLOGICALS                                      |

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|--|---------------------|-------------|--|
| haloperidol lactate conc (HALDOL equiv)  | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| haloperidol tab (HALDOL equiv)   | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| HARVONI PELLETT PAK  | -                   | NC          | ANTIVIRALS   |
| HARVONI TAB  | -                   | NC          | ANTIVIRALS   |
| HAVRIX INJ, VAQTA INJ  | VAC                 | \$0         | VACCINES   |
| HC BUTYRATE CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| HC BUTYRATE SOLN   | -                   | NC          | DERMATOLOGICALS                                      |
| HC/PRAMOXINE CREAM 1-2.35%   | -                   | NC          | DERMATOLOGICALS                                      |
| HC-LIDOCAINE CREAM   | -                   | NC          | DERMATOLOGICALS                                      |
| HELIDAC PACK   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| HELIXATE/KOGENATE INJ  | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                         |
| HEMANGEOL SOLN   | -                   | NC          | BETA BLOCKERS  |
| HEMLIBRA INJ   | LMSP-PA             | B           | HEMATOLOGICAL AGENTS - MISC.                         |
| HEPLISAV-B INJ   | VAC                 | \$0         | VACCINES   |
| HERCEPTIN INJ  | MSP-PA              | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| HETLIOZ CAP  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| HETLIOZ SUSP   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| HEXALEN CAP  | -                   | B           | ANTINEOPLASTICS                                      |
| HIXDEFRIMA SOLN  | -                   | NC          | DERMATOLOGICALS                                      |
| HIZENTRA INJ   | MSP-PA              | B           | PASSIVE IMMUNIZING AGENTS                            |
| HOMATROPINE OPHTH SOLN   | -                   | B           | OPHTHALMIC AGENTS                                    |
| HORIZANT TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| HULIO INJ (adalimumab fkjp)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| HULIO KIT (adalimumab-fkjp)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| HUMALOG JR KWIKPEN INJ   | -                   | B           | ANTIDIABETICS  |
| HUMALOG KWIKPEN INJ  | -                   | B           | ANTIDIABETICS  |
| HUMALOG MIX INJ  | -                   | B           | ANTIDIABETICS  |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN                                    | -                   | B           | ANTIDIABETICS  |
| HUMALOG PEN INJ  | -                   | B           | ANTIDIABETICS  |
| HUMATE-P/WILATE INJ  | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                         |
| HUMATIN CAP  | -                   | NC          | AMINOGLYCOSIDES                                      |
| HUMATROPE INJ, ZOMACTON INJ  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)       | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)           | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)      | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                       |

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| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                |
|--|---------------------|-------------|--------------------------------|
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN MIX INJ  | OTC                 | B           | ANTIDIABETICS                  |
| HUMULIN MIX PEN INJ  | OTC                 | B           | ANTIDIABETICS                  |
| HUMULIN N INJ  | OTC                 | B           | ANTIDIABETICS                  |
| HUMULIN N PEN INJ  | OTC                 | B           | ANTIDIABETICS                  |
| HUMULIN R INJ  | OTC                 | B           | ANTIDIABETICS                  |
| HUMULIN R INJ U-500  | -                   | B           | ANTIDIABETICS                  |
| HUMULIN R U-500 KWIKPEN INJ  | -                   | B           | ANTIDIABETICS                  |
| HURRISEAL MIS SNAP   | -                   | NC          | MEDICAL DEVICES AND SUPPLIES   |
| HYALGAN INJ  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS |
| HYCAMTIN CAP   | LMSP-PA             | B           | ANTINEOPLASTICS                |
| HYCLODEX SOLN  | -                   | NC          | DERMATOLOGICALS                |
| HYCODAN SYRUP  | -                   | B           | COUGH/COLD/ALLERGY             |
| HYCOFENIX SOLN   | -                   | NC          | COUGH/COLD/ALLERGY             |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)   | QL                  | G           | COUGH/COLD/ALLERGY             |
| hydralazine tab (APRESOLINE equiv)   | -                   | G           | ANTIHYPERTENSIVES              |
| hydrochlorothiazide cap (MICROZIDE equiv)  | -                   | G           | DIURETICS                      |
| hydrochlorothiazide tab (HYDRODIURIL equiv)  | -                   | G           | DIURETICS                      |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)   | QL                  | B           | ANALGESICS - OPIOID            |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)                                       | QL                  | G           | ANALGESICS - OPIOID            |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)                                       | QL                  | G           | ANALGESICS - OPIOID            |
| hydrocodone/acetaminophen cap (LORCET equiv)   | -                   | G           | ANALGESICS - OPIOID            |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)   | -                   | G           | ANALGESICS - OPIOID            |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)  | -                   | NC          | ANALGESICS - OPIOID            |
| hydrocodone/acetaminophen tab (LORTAB equiv)   | -                   | G           | ANALGESICS - OPIOID            |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)   | -                   | NC          | ANALGESICS - OPIOID            |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)  | -                   | NC          | ANALGESICS - OPIOID            |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)  | -                   | NC          | ANALGESICS - OPIOID            |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)             | QL                  | G           | COUGH/COLD/ALLERGY             |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL                  | G           | COUGH/COLD/ALLERGY             |
| hydrocodone/homatropine syrup (HYCODAN equiv)  | -                   | G           | COUGH/COLD/ALLERGY             |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv)   | -                   | G           | ANALGESICS - OPIOID            |
| HYDROCODONE/IBUPROFEN TAB 10-200MG   | -                   | B           | ANALGESICS - OPIOID            |
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM   | -                   | G           | ANORECTAL AND RELATED PRODUCTS |
| hydrocortisone butyrate cream (LOCOID equiv)   | -                   | NC          | DERMATOLOGICALS                |
| HYDROCORTISONE BUTYRATE LIPO CREAM   | -                   | NC          | DERMATOLOGICALS                |
| hydrocortisone butyrate lipocream (LOCOID equiv)   | -                   | NC          | DERMATOLOGICALS                |
| hydrocortisone butyrate oint (LOCOID equiv)  | -                   | NC          | DERMATOLOGICALS                |
| hydrocortisone butyrate soln (LOCOID equiv)  | -                   | NC          | DERMATOLOGICALS                |
| hydrocortisone cream (PROCTOCORT equiv)  | -                   | G           | DERMATOLOGICALS                |
| hydrocortisone enema (CORTENEMA equiv)   | -                   | G           | ANORECTAL AGENTS               |
| hydrocortisone lotion (HYTONE equiv)   | -                   | G           | DERMATOLOGICALS                |
| hydrocortisone lotion (LOCOID equiv)   | -                   | NC          | DERMATOLOGICALS                |
| hydrocortisone lotion 2% (ALA SCALP equiv)   | -                   | NC          | DERMATOLOGICALS                |
| hydrocortisone oint  | -                   | G           | DERMATOLOGICALS                |
| HYDROCORTISONE PAK   | -                   | NC          | DERMATOLOGICALS                |
| hydrocortisone pramoxine cream (PRAMOSONE equiv)   | -                   | G           | DERMATOLOGICALS                |
| hydrocortisone supp (ANUSOL HC equiv)  | -                   | G           | ANORECTAL AGENTS               |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                            |
|--|---------------------|-------------|--|
| hydrocortisone tab (CORTEF equiv)  | -                   | G           | CORTICOSTEROIDS                            |
| hydrocortisone valerate cream (WESTCORT equiv)                                   | -                   | NC          | DERMATOLOGICALS                            |
| hydrocortisone valerate oint (WESTCORT equiv)                                    | -                   | NC          | DERMATOLOGICALS                            |
| HYDROCORTISONE/PRAMOXINE SUPP  | -                   | NC          | ANORECTAL AND RELATED PRODUCTS             |
| hydromorphone ER tab (EXALGO TAB equiv)  | -                   | NC          | ANALGESICS - OPIOID                        |
| HYDROMORPHONE SUPP   | -                   | NC          | ANALGESICS - OPIOID                        |
| hydromorphone tab (DILAUDID equiv)   | -                   | G           | ANALGESICS - OPIOID                        |
| hydroquinone cream (LUSTRA equiv)  | -                   | EXC         | DERMATOLOGICALS                            |
| hydroquinone cream/sunscreen (LUSTRA ULTRA equiv)                                | -                   | NC          | DERMATOLOGICALS                            |
| hydroquinone micro cream (EPIQUIN MICRO equiv)                                   | -                   | NC          | DERMATOLOGICALS                            |
| hydroxychloroquine tab (PLAQUENIL equiv)   | -                   | G           | ANTIMALARIALS                              |
| HYDROXYM GEL   | -                   | NC          | DERMATOLOGICALS                            |
| HYDROXYPROGESTERONE CAPROATE INJ   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| hydroxyurea cap (HYDREA equiv)   | -                   | G           | ANTINEOPLASTICS                            |
| hydroxyzine pamoate cap (VISTARIL equiv)   | -                   | G           | ANTIAXIETY AGENTS                          |
| hydroxyzine syrup (ATARAX equiv)   | -                   | G           | ANTIAXIETY AGENTS                          |
| hydroxyzine tab (ATARAX equiv)   | -                   | G           | ANTIAXIETY AGENTS                          |
| HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL            | B           | DERMATOLOGICALS                            |
| HYLAMEND GEL FIRST AID   | -                   | NC          | ANTISEPTICS & DISINFECTANTS                |
| HYLINATE LOTION  | -                   | NC          | DERMATOLOGICALS                            |
| HYMOVIS INJ  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS             |
| HYOPHEN TAB  | -                   | B           | ANTI-INFECTIVE AGENTS - MISC.              |
| hyophen tab (PROSED DS equiv)  | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.              |
| HYOSCYAMINE INJ  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| hyoscyamine sulfate CR tab (LEVBIID equiv)                                       | -                   | G           | ULCER DRUGS                                |
| hyoscyamine sulfate elixir (LEVSIN equiv)  | -                   | G           | ULCER DRUGS                                |
| hyoscyamine sulfate ODT (ANASPAZ equiv)  | -                   | G           | ULCER DRUGS                                |
| hyoscyamine sulfate SL tab (LEVSIN equiv)  | -                   | G           | ULCER DRUGS                                |
| hyoscyamine sulfate soln (LEVSIN equiv)  | -                   | G           | ULCER DRUGS                                |
| hyoscyamine tab (LEVSIN equiv)   | -                   | G           | ULCER DRUGS                                |
| HYQVIA INJ   | MSP-PA              | B           | PASSIVE IMMUNIZING AGENTS                  |
| HYRIMOZ INJ (adalimumab-adaz)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY             |
| HYRMIOZ PFS INJ (adalimumab-adaz)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY             |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)                         | QL                  | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.     |
| IBRANCE CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| IBRANCE TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| IBSRELA TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.            |
| IBU 600-EZS KIT  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY             |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)                                   | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY             |
| ibuprofen tab  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY             |
| ibuprofen tab ((RX only))  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY             |
| ibuprofen-famotidine tab (DUEXIS equiv)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY             |
| icatibant inj (FIRAZYR equiv)  | LMSP-PA             | G           | HEMATOLOGICAL AGENTS - MISC.               |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
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| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|---------------------|-------------|--|
| ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)                     | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| icosapent ethyl cap (VASCEPA equiv)   | -                   | NC          | ANTIHYPERLIPIDEMICS                            |
| IDACIO INJ (adalimumab-aacf)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                 |
| IDHIFA TAB (QL= 1 tab/day)  | MSP-PA-QL           | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| IHEEZO GEL  | -                   | NC          | OPHTHALMIC AGENTS                              |
| ILEVRO OPTH SUSP  | -                   | B           | OPHTHALMIC AGENTS                              |
| imatinib tab (GLEEVEC equiv)  | LMSP                | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| IMBRUVICA CAP 140MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)       | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)         | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)               | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| IMBRUVICA TAB 140MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| IMBRUVICA TAB 280MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)              | LD-PA-QL            | B           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| imipramine pamoate cap (TOFRANIL PM equiv)  | -                   | G           | ANTIDEPRESSANTS                                |
| imipramine tab (TOFRANIL equiv)   | -                   | G           | ANTIDEPRESSANTS                                |
| imiquimod cream (ALDARA equiv)  | -                   | G           | DERMATOLOGICALS                                |
| IMIQUIMOD CREAM 3.75%   | -                   | NC          | DERMATOLOGICALS                                |
| imiquimod cream 3.75% (IMIQUIMOD equiv)   | -                   | NC          | DERMATOLOGICALS                                |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)   | QL                  | B           | MIGRAINE PRODUCTS                              |
| IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY  | -                   | NC          | MIGRAINE PRODUCTS                              |
| IMITREX TAB   | -                   | NC          | MIGRAINE PRODUCTS                              |
| IMOVAX INJ  | VAC                 | EXC         | VACCINES                                       |
| IMPAVIDO CAP  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                  |
| IMPEKLO LOTION  | -                   | NC          | DERMATOLOGICALS                                |
| IMPOYZ CREAM  | -                   | NC          | DERMATOLOGICALS                                |
| IMVEXXY SUPP  | -                   | NC          | VAGINAL PRODUCTS                               |
| INBRIJA INH POWDER (QL= 10 caps/day)  | PA-QL               | B           | ANTIPARKINSON AND RELATED THERAPY AGENTS       |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)              | LD                  | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.         |
| INCRUSE ELLIPTA INHALER   | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS        |
| indapamide tab (LOZOL equiv)  | -                   | G           | DIURETICS                                      |
| INDERAL XL CAP, INNOPRAN XL CAP   | -                   | NC          | BETA BLOCKERS                                  |
| INDOCIN SUPP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                 |
| INDOCIN SUSP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                 |
| indomethacin cap (INDOCIN equiv)  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                 |
| INDOMETHACIN CAP, TIVORBEX CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                 |
| indomethacin CR cap (INDOCIN SR equiv)  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                 |
| indomethacin suppository (INDOCIN equiv)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                 |

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| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>PA</b>   | Plan Exclusion                                   | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>RS</b>   | Lumicera Mandatory Specialty Pharmacy Program    | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>ST</b>   | Prior Authorization                              | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
|             | Restricted to Specialist                         | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |
|             | Step Therapy                                     |  |                                    |

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|---|---------------------|-------------|---|
| indomethacin susp (INDOCIN equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| INFLATHERM PAK  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)              | LD-PA-QL            | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL            | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLYTA TAB (QL= 8 tabs/day)   | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| INPEFA TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| INPEN INSULIN INJECTION DEVICE  | -                   | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| INQOVI TAB (QL= 5 tabs/28 days)   | MSP-PA-QL           | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| INREBIC CAP   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)  | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN ASPART INJ (NOVOLOG equiv)  | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)  | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN ASPART MIX INJ (NOVOLOG equiv)  | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN ASPART PENFILL INJ  | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN GLARGINE SOLN PEN-INJ   | -                   | B           | ANTIDIABETICS                                     |
| INSULIN GLARGINE-YFGN (SINGLE PEN)  | -                   | NC          | ANTIDIABETICS                                     |
| INSULIN LISPRO INJ (HUMALOG equiv)  | -                   | G           | ANTIDIABETICS                                     |
| INSULIN LISPRO JR KWIKPEN INJ   | -                   | B           | ANTIDIABETICS                                     |
| INSULIN LISPRO KWIKPEN INJ  | -                   | B           | ANTIDIABETICS                                     |
| INSULIN SYRINGE   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| INTELENCE TAB   | -                   | B           | ANTIVIRALS  |
| INTENSE COUGH LIQUID  | -                   | NC          | COUGH/COLD/ALLERGY                                |
| INTERMEZZO SL TAB   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| INTRAROSA SUPP  | -                   | NC          | VAGINAL PRODUCTS                                  |
| INTRON-A INJ  | MSP                 | B           | ANTINEOPLASTICS                                   |
| INVEGA TAB  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| INVELTYS OPTH SUSP  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| INVIRASE CAP  | -                   | B           | ANTIVIRALS  |
| INVIRASE TAB  | -                   | B           | ANTIVIRALS  |
| INVOKAMET TAB   | -                   | NC          | ANTIDIABETICS                                     |
| INVOKAMET XR TAB  | -                   | NC          | ANTIDIABETICS                                     |
| INVOKANA TAB  | -                   | NC          | ANTIDIABETICS                                     |
| IODOFLEX PAD  | -                   | NC          | ANTISEPTICS & DISINFECTANTS                       |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv)   | -                   | G           | DERMATOLOGICALS                                   |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)                              | -                   | NC          | DERMATOLOGICALS                                   |
| IOPIDINE OPTH SOLN  | -                   | B           | OPHTHALMIC AGENTS                                 |
| IPOL INJ  | VAC                 | \$0         | VACCINES  |
| ipratropium nasal spray (ATROVENT equiv)  | -                   | G           | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| ipratropium neb soln (ATROVENT equiv)   | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| irbesartan tab (AVAPRO equiv)   | -                   | G           | ANTIHYPERTENSIVES                                 |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv)  | -                   | G           | ANTIHYPERTENSIVES                                 |

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|--|---------------------|-------------|--|
| IRESSA TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ISENTRESS (HD) TAB   | -                   | B           | ANTIVIRALS                               |
| ISENTRESS CHEW TAB   | -                   | B           | ANTIVIRALS                               |
| ISENTRESS POWDER PACK  | -                   | B           | ANTIVIRALS                               |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv)  | -                   | \$0         | CONTRACEPTIVES                           |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB   | -                   | B           | MIGRAINE PRODUCTS                        |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)   | -                   | G           | MIGRAINE PRODUCTS                        |
| isoniazid syrup (ISONIAZID equiv)  | -                   | G           | ANTIMYCOBACTERIAL AGENTS                 |
| ISONIAZID TAB  | -                   | G           | ANTIMYCOBACTERIAL AGENTS                 |
| ISOPTO CARBACHOL OPHTH SOLN  | -                   | B           | OPHTHALMIC AGENTS                        |
| isosorbide dinitrate tab (ISORDIL equiv)   | -                   | G           | ANTIANGINAL AGENTS                       |
| isosorbide dinitrate tab 40mg (ISORDIL equiv)  | -                   | G           | ANTIANGINAL AGENTS                       |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.            |
| isosorbide mononitrate ER tab (IMDUR equiv)  | -                   | G           | ANTIANGINAL AGENTS                       |
| ISOSORBIDE MONONITRATE TAB   | -                   | G           | ANTIANGINAL AGENTS                       |
| isosorbide mononitrate tab (MONOKET equiv)   | -                   | G           | ANTIANGINAL AGENTS                       |
| isotretinoin cap 25mg (ABSORICA equiv)   | -                   | NC          | DERMATOLOGICALS                          |
| isotretinoin cap 35mg (ABSORICA equiv)   | -                   | NC          | DERMATOLOGICALS                          |
| ISOXSUPRINE TAB  | -                   | G           | CARDIOVASCULAR AGENTS - MISC.            |
| isradipine cap (DYNACIRC equiv)  | -                   | G           | CALCIUM CHANNEL BLOCKERS                 |
| ISTALOL OPHTH SOLN   | -                   | B           | OPHTHALMIC AGENTS                        |
| ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL            | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)  | LD-PA-QL            | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)  | LD-PA-QL            | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| itraconazole cap (SPORANOX equiv)  | -                   | G           | ANTIFUNGALS                              |
| itraconazole soln (SPORANOX equiv)   | PA                  | G           | ANTIFUNGALS                              |
| IVERMECTIN CREAM   | -                   | NC          | DERMATOLOGICALS                          |
| ivermectin cream (SOOLANTRA equiv)   | -                   | NC          | DERMATOLOGICALS                          |
| IVERMECTIN LOTION  | -                   | NC          | DERMATOLOGICALS                          |
| ivermectin tab (STROMEKTOL equiv)  | PA                  | G           | ANTHELMINTICS                            |
| IWILFIN TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IXCHIQ INJ   | -                   | NC          | VACCINES                                 |
| IYUZEH OPHTH DROPS   | -                   | NC          | OPHTHALMIC AGENTS                        |
| JADENU SPRINKLE  | -                   | NC          | ANTIDOTES AND SPECIFIC ANTAGONISTS       |
| JAKAFI TAB (QL= 2 tabs/day)  | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JANUMET TAB (QL= 2 tabs/day)   | QL                  | B           | ANTIDIABETICS                            |
| JANUMET XR TAB (QL= 2 tabs/day)  | QL                  | B           | ANTIDIABETICS                            |
| JANUVIA TAB (QL= 1 tab/day)  | QL-¢                | B           | ANTIDIABETICS                            |
| JARDIANCE TAB (QL= 1 tab/day)  | QL                  | B           | ANTIDIABETICS                            |
| JAYPIRCA TAB (QL= 2 tabs/day)  | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JENLIVA CAP  | -                   | NC          | MULTIVITAMINS                            |
| JENTADUETO TAB (QL= 2 tabs/day)  | QL                  | B           | ANTIDIABETICS                            |
| JENTADUETO XR TAB (QL= 2 tabs/day)   | QL                  | B           | ANTIDIABETICS                            |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| JESDUVROQ TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| jinteli tab (FEMHRT equiv)  | -                   | G           | ESTROGENS   |
| JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL            | B           | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| JUBLIA SOLN   | -                   | NC          | DERMATOLOGICALS                                   |
| JULUCA TAB  | -                   | B           | ANTIVIRALS  |
| JUXTAPID CAP  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older) | PA                  | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)        | LD-PA-QL            | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)        | LD-PA-QL            | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| KALETRA TAB   | -                   | B           | ANTIVIRALS  |
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)     | LD-PA-QL            | B           | RESPIRATORY AGENTS - MISC.                        |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)        | LD-PA-QL            | B           | RESPIRATORY AGENTS - MISC.                        |
| KAPSPARGO CAP   | -                   | NC          | BETA BLOCKERS                                     |
| KAPVAY TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| KARBINAL ER SUSP  | -                   | NC          | ANTIHISTAMINES                                    |
| KATERZIA SUSP (Prior Authorization required for members age 9 or older)             | PA                  | B           | CALCIUM CHANNEL BLOCKERS                          |
| KEFLEX CAP 750MG  | -                   | NC          | CEPHALOSPORINS                                    |
| kelnor tab (DEMULEN equiv)  | -                   | \$0         | CONTRACEPTIVES                                    |
| KENALOG INJ   | -                   | NC          | CORTICOSTEROIDS                                   |
| KENALOG INJ, TRIAMCINOLONE ACE INJ  | -                   | NC          | CORTICOSTEROIDS                                   |
| KERAFOAM  | -                   | NC          | DERMATOLOGICALS                                   |
| KERALAC CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| KERAMATRIX  | -                   | NC          | DERMATOLOGICALS                                   |
| KERASTAT CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| KERASTAT GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| KERENDIA TAB (QL= 1 tab/day)  | PA-QL               | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| KERYDIN SOLN  | -                   | NC          | DERMATOLOGICALS                                   |
| KESIMPTA INJ  | LMSP-PA             | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KETAMINE HCL TROCHES  | -                   | NC          | GENERAL ANESTHETICS                               |
| ketoconazole cream (NIZORAL CREAM equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| ketoconazole tab (NIZORAL equiv)  | -                   | G           | ANTIFUNGALS                                       |
| KETO-DIASTIX TEST STRIP   | OTC                 | G           | DIAGNOSTIC PRODUCTS                               |
| KETOPROFEN CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| KETOPROFEN ER CAP   | -                   | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| KETOROLAC INJ   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ketorolac inj (TORADOL equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)                             | QL                  | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)                             | QL                  | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)                            | QL                  | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| ketorolac ophth soln (ACULAR (LS) equiv)  | -                   | G           | OPHTHALMIC AGENTS                                 |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|---------------------|-------------|--|
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)                              | QL                  | G           | ANALGESICS - ANTI-INFLAMMATORY             |
| KETOSTIX  | OTC                 | G           | DIAGNOSTIC PRODUCTS                        |
| ketotifen ophth soln (ZADITOR equiv)  | OTC                 | EXC         | OPHTHALMIC AGENTS                          |
| KEVEYIS TAB   | -                   | NC          | DIURETICS                                  |
| KEVZARA INJ (QL= 2 inj/28 days)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY             |
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)      | LD-PA-QL            | B           | ANALGESICS - ANTI-INFLAMMATORY             |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ  | VAC                 | \$0         | TOXOIDS                                    |
| KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE                                     | VAC                 | \$0         | TOXOIDS                                    |
| KISQALI PAK (QL= 91 tabs/28 days)   | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| KISQALI TAB (QL= 63 tabs/28 days)   | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| KITABIS PAK NEB SOLN  | -                   | NC          | AMINOGLYCOSIDES                            |
| KLARITY-B DROPS   | -                   | NC          | OPHTHALMIC AGENTS                          |
| KLARITY-L DROPS   | -                   | NC          | OPHTHALMIC AGENTS                          |
| KLISYRI OINT  | -                   | NC          | DERMATOLOGICALS                            |
| KLOXXADO NASAL SPRAY  | -                   | B           | ANTIDOTES AND SPECIFIC ANTAGONISTS         |
| KOMBIGLYZE XR TAB   | -                   | NC          | ANTIDIABETICS                              |
| KONVOMEK SUSP   | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| KORLYM TAB  | -                   | NC          | ANTIDIABETICS                              |
| KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)      | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| K-PHOS TAB  | -                   | B           | MINERALS & ELECTROLYTES                    |
| KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)     | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES   |
| KRINTAFEL TAB   | -                   | B           | ANTIMALARIALS                              |
| KRISTALOSE PACK, LACTULOSE PACK   | -                   | NC          | LAXATIVES                                  |
| KRISTALOSE PACKET   | -                   | NC          | LAXATIVES                                  |
| K-TAB   | -                   | G           | MINERALS & ELECTROLYTES                    |
| KUVAN POWDER PACK   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.     |
| KUVAN TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.     |
| KYBELLA INJ   | -                   | NC          | DERMATOLOGICALS                            |
| KYNAMRO INJ   | -                   | NC          | ANTIHYPERTENSIVES                          |
| KYNMOBI FILM  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS   |
| KYNMOBI TITRATION KIT   | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS   |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP   | -                   | NC          | ANDROGENS-ANABOLIC                         |
| L.E.T. GEL  | -                   | NC          | DERMATOLOGICALS                            |
| labetalol tab (NORMODYNE equiv)   | -                   | G           | BETA BLOCKERS                              |
| lacosamide oral solution (VIMPAT equiv)   | -                   | G           | ANTICONVULSANTS                            |
| lacosamide tab (VIMPAT equiv)   | -                   | G           | ANTICONVULSANTS                            |
| LACRISERT OPTH INSERT   | -                   | NC          | OPHTHALMIC AGENTS                          |
| LACTIC ACID LOTION  | -                   | G           | DERMATOLOGICALS                            |
| lactulose soln  | -                   | G           | LAXATIVES                                  |

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| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>PA</b>   | Plan Exclusion                                   | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>RS</b>   | Lumicera Mandatory Specialty Pharmacy Program    | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>ST</b>   | Prior Authorization                              | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
|             | Restricted to Specialist                         | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |
|             | Step Therapy                                     |  |                                    |

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|---|---------------------|-------------|--|
| LAGEVRIO CAP (EUA) (QL= 40 caps/fill)   | QL                  | \$0         | ANTIVIRALS                                       |
| LAGEVRIO CAP 200MG (QL= 40 caps/fill)   | QL                  | B           | ANTIVIRALS                                       |
| LAMICTAL ODT KIT, LAMICTAL XR KIT   | -                   | B           | ANTICONVULSANTS                                  |
| lamivudine soln (EPIVIR equiv)  | -                   | G           | ANTIVIRALS                                       |
| lamivudine tab (EPIVIR equiv)   | -                   | G           | ANTIVIRALS                                       |
| lamivudine tab 100mg (EPIVIR HBV equiv)   | -                   | G           | ANTIVIRALS                                       |
| lamivudine/zidovudine tab (COMBIVIR equiv)  | -                   | G           | ANTIVIRALS                                       |
| lamotrigine chew tab (LAMICTAL equiv)   | -                   | G           | ANTICONVULSANTS                                  |
| lamotrigine ER tab (LAMICTAL XR equiv)  | -                   | G           | ANTICONVULSANTS                                  |
| lamotrigine ODT (LAMICTAL equiv)  | -                   | G           | ANTICONVULSANTS                                  |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv)  | -                   | G           | ANTICONVULSANTS                                  |
| lamotrigine tab (LAMICTAL equiv)  | -                   | G           | ANTICONVULSANTS                                  |
| LAMPIT TAB (Restricted to Infectious Disease Specialist)  | RS                  | B           | ANTI-INFECTIVE AGENTS - MISC.                    |
| LANCET KIT  | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES                     |
| LANCETS   | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES                     |
| LANOXIN INJ   | -                   | NC          | CARDIOTONICS                                     |
| LANOXIN TAB 62.5MCG   | -                   | NC          | CARDIOTONICS                                     |
| lansoprazole cap (PREVACID equiv) (Rx Only)   | -                   | G           | ULCER DRUGS                                      |
| lansoprazole odt (PREVACID SOLUTAB equiv)   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| LANSOPRAZOLE SUSP   | PA                  | B           | ULCER DRUGS                                      |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS |
| lanthanum carbonate chew tab (FOSRENOL equiv)   | -                   | G           | GASTROINTESTINAL AGENTS - MISC.                  |
| LANTUS INJ, INSULIN GLARGINE INJ  | -                   | NC          | ANTIDIABETICS                                    |
| lapatinib ditosylate tab (TYKERB equiv)   | LMSP-PA             | G           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| LASTACFT OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)  | QL                  | G           | OPHTHALMIC AGENTS                                |
| LATISSE SOLN  | -                   | NC          | DERMATOLOGICALS                                  |
| LATUDA TAB  | -                   | NC          | ANTI-PSYCHOTICS/ANTIMANIC AGENTS                 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv)   | -                   | \$0         | CONTRACEPTIVES                                   |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)  | PA-QL               | B           | ANALGESICS - OPIOID                              |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)   | LMSP-PA-QL          | B           | ANTIVIRALS                                       |
| leflunomide tab (ARAVA equiv)   | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                   |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS            | G           | MISCELLANEOUS THERAPEUTIC CLASSE                 |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)   | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| LESCOL XL TAB   | -                   | NC          | ANTIHYPERLIPIDEMICS                              |
| letrozole tab (FEMARA equiv)  | -                   | G           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |
| leucovorin tab  | -                   | G           | ANTINEOPLASTICS                                  |
| LEUKERAN TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES      |

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| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
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|---|---------------------|-------------|---|
| LEUKINE INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                    |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST               | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| levabuterol neb soln (XOPENEX equiv)  | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVEMIR FLEXTOUCH INJ   | -                   | B           | ANTIDIABETICS                           |
| LEVEMIR INJ   | -                   | B           | ANTIDIABETICS                           |
| levetiracetam ER tab (KEPPRA XR equiv)  | -                   | G           | ANTICONVULSANTS                         |
| levetiracetam soln (KEPPRA equiv)   | -                   | G           | ANTICONVULSANTS                         |
| levetiracetam tab (KEPPRA equiv)  | -                   | G           | ANTICONVULSANTS                         |
| LEVITRA TAB   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.           |
| LEVOBUNOLOL OPHTH SOLN  | -                   | G           | OPHTHALMIC AGENTS                       |
| levobunolol ophth soln (BETAGAN equiv)  | -                   | G           | OPHTHALMIC AGENTS                       |
| levocarnitine soln (CARNITOR equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.  |
| levocarnitine tab (CARNITOR equiv)  | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.  |
| levocetirizine soln (XYZAL equiv)   | -                   | EXC         | ANTIHISTAMINES                          |
| levocetirizine tab (XYZAL equiv)  | -                   | EXC         | ANTIHISTAMINES                          |
| levofloxacin ophth soln (QUIXIN equiv)  | -                   | G           | OPHTHALMIC AGENTS                       |
| LEVOFLOXACIN OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                       |
| LEVOFLOXACIN OPHTH SOLN 0.5%  | -                   | G           | OPHTHALMIC AGENTS                       |
| levofloxacin soln (LEVAQUIN equiv)  | -                   | G           | FLUOROQUINOLONES                        |
| levofloxacin tab (LEVAQUIN equiv)   | -                   | G           | FLUOROQUINOLONES                        |
| levonorgestrel tab (PLAN B equiv)   | OTC                 | \$0         | CONTRACEPTIVES                          |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)   | -                   | NC          | CONTRACEPTIVES                          |
| LEVORPHANOL TAB   | -                   | NC          | ANALGESICS - OPIOID                     |
| levorphanol tab (LEVORPHANOL equiv)   | -                   | NC          | ANALGESICS - OPIOID                     |
| LEVOTHYROXINE INJ   | -                   | NC          | THYROID AGENTS                          |
| LEVOTHYROXINE INJ 100MCG/ML   | -                   | NC          | THYROID AGENTS                          |
| levothyroxine tab (SYNTHROID equiv)   | -                   | G           | THYROID AGENTS                          |
| LEXIVA SUSP   | -                   | B           | ANTIVIRALS                              |
| LIALDA TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.         |
| LICART PATCH  | -                   | NC          | DERMATOLOGICALS                         |
| LIDO/MENTHOL SPRAY  | -                   | NC          | DERMATOLOGICALS                         |
| LIDO/RAC/TET GEL  | -                   | NC          | DERMATOLOGICALS                         |
| LIDOCAINE CREAM   | -                   | NC          | DERMATOLOGICALS                         |
| lidocaine cream 3% (LIDAMANTLE equiv)   | -                   | G           | DERMATOLOGICALS                         |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv)  | -                   | NC          | DERMATOLOGICALS                         |
| LIDOCAINE GEL   | -                   | B           | DERMATOLOGICALS                         |
| lidocaine gel (GLYDO equiv)   | -                   | G           | DERMATOLOGICALS                         |
| lidocaine gel (XYLOCAINE equiv)   | -                   | G           | DERMATOLOGICALS                         |
| lidocaine lotion  | -                   | NC          | DERMATOLOGICALS                         |
| lidocaine oint (QL= 36gm/fill)  | QL                  | G           | DERMATOLOGICALS                         |
| lidocaine oint/transparent dressing kit   | -                   | NC          | DERMATOLOGICALS                         |
| LIDOCAINE ORAL SOLN 4%  | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS              |
| lidocaine patch 3.5% (GEN7T equiv)  | -                   | NC          | DERMATOLOGICALS                         |
| lidocaine patch 4% (LIDODERM equiv)   | -                   | NC          | DERMATOLOGICALS                         |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)   | QL                  | G           | DERMATOLOGICALS                         |
| lidocaine soln (XYLOCAINE equiv)  | -                   | G           | DERMATOLOGICALS                         |

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| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                      |
|---|---------------------|-------------|--|
| LIDOCAINE SUPP  | -                   | NC          | ANORECTAL AND RELATED PRODUCTS                       |
| lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)   | -                   | G           | MOUTH/THROAT/DENTAL AGENTS                           |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv)  | -                   | G           | ANORECTAL AGENTS                                     |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT   | -                   | NC          | ANORECTAL AGENTS                                     |
| lidocaine/prilocaine cream (EMLA equiv)   | -                   | G           | DERMATOLOGICALS                                      |
| LIDOCIN GEL   | -                   | NC          | DERMATOLOGICALS                                      |
| LIDODERM PATCH 4%   | -                   | NC          | DERMATOLOGICALS                                      |
| LIDOLOG KIT   | -                   | NC          | CORTICOSTEROIDS                                      |
| LIDOSTREAM KIT  | -                   | NC          | DERMATOLOGICALS                                      |
| LIDOTIN PAK   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| LIDOTRAL CREAM (lidocaine cream equiv)  | -                   | NC          | DERMATOLOGICALS                                      |
| LIDOTREX GEL  | -                   | NC          | DERMATOLOGICALS                                      |
| LIDOVEX CREAM   | -                   | NC          | DERMATOLOGICALS                                      |
| LIKMEZ SUSP (Prior Authorization required for members age 9 or older)   | PA                  | B           | ANTI-INFECTIVE AGENTS - MISC.                        |
| LINDANE SHAMPOO   | -                   | G           | DERMATOLOGICALS                                      |
| linezolid susp (Restricted to Infectious Disease Specialist)  | RS                  | G           | ANTI-INFECTIVE AGENTS - MISC.                        |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)   | RS                  | G           | ANTI-INFECTIVE AGENTS - MISC.                        |
| LINZESS CAP (QL= 1 cap/day)   | PA-QL               | B           | GASTROINTESTINAL AGENTS - MISC.                      |
| liothyronine tab (CYTOMEL equiv)  | -                   | G           | THYROID AGENTS                                       |
| LIPITOR TAB   | -                   | NC          | ANTIHYPERLIPIDEMICS                                  |
| LIQREV SUSP   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                        |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)   | QL                  | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day;<br>Members age 9 or older require Prior Authorization) | PA-QL               | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| lisinopril tab (PRINIVIL/ZESTRIL equiv)   | -                   | G           | ANTIHYPERTENSIVES                                    |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)   | -                   | G           | ANTIHYPERTENSIVES                                    |
| LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS<br>Specialty 800-378-0695)                                  | LD-PA-QL            | B           | DERMATOLOGICALS                                      |
| lithium carbonate cap (ESKALITH ER equiv)   | -                   | G           | ANTI-PSYCHOTICS/ANTIMANIC AGENTS                     |
| lithium carbonate ER tab (LITHOBID equiv)   | -                   | G           | ANTI-PSYCHOTICS/ANTIMANIC AGENTS                     |
| lithium carbonate tab   | -                   | G           | ANTI-PSYCHOTICS/ANTIMANIC AGENTS                     |
| LITHOSTAT TAB   | -                   | B           | GENITOURINARY AGENTS -<br>MISCELLANEOUS              |
| LIVALO TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                                  |
| LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana<br>866-849-4481)   | LD-PA-QL            | B           | GASTROINTESTINAL AGENTS - MISC.                      |
| LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics<br>800-850-4306)   | LD-PA-QL            | B           | ANTIVIRALS   |
| L-METHYLFOLATE TAB  | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS      |
| LO LOESTRIN TAB   | -                   | NC          | CONTRACEPTIVES                                       |
| LOCOID CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| LOCOID LIPOCREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| LOCOID OINT   | -                   | NC          | DERMATOLOGICALS                                      |
| LOCOID SOLN   | -                   | NC          | DERMATOLOGICALS                                      |
| LODOCO TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                        |
| loestrin 21 tab   | -                   | NC          | CONTRACEPTIVES                                       |
| loestrin tab  | -                   | NC          | CONTRACEPTIVES                                       |

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|---|---------------------|-------------|--|
| LOKELMA PAK   | PA                  | B           | MISCELLANEOUS THERAPEUTIC CLASSE                     |
| LOMAIRA TAB   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| LONHALA MAGNAIR SOLN  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| LONSURF TAB   | MSP-PA              | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| loperamide cap (IMODIUM equiv)  | -                   | NC          | ANTIDIARRHEALS                                       |
| loperamide hcl soln (LOPERAMIDE equiv)  | OTC                 | NC          | ANTIDIARRHEAL/PROBIOTIC AGENTS                       |
| lopinavir/ritonavir soln (KALETRA equiv)  | -                   | G           | ANTIVIRALS   |
| lopinavir/ritonavir tab (KALETRA equiv)   | -                   | G           | ANTIVIRALS   |
| loratadine cap (CLARITIN equiv)   | OTC                 | EXC         | ANTIHISTAMINES                                       |
| lorazepam conc (ATIVAN equiv)   | -                   | G           | ANTIANSIETY AGENTS                                   |
| lorazepam tab (ATIVAN equiv)  | -                   | G           | ANTIANSIETY AGENTS                                   |
| LORBRENA TAB 25MG (QL= 1 tab/day)   | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| LORBRENA TAB 25MG (QL= 3 tabs/day)  | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| LOREEV XR CAP   | -                   | NC          | ANTIANSIETY AGENTS                                   |
| LORTAB ELIXIR   | -                   | B           | ANALGESICS - OPIOID                                  |
| LORVATUS PHARMAPAK KIT  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                       |
| losartan tab (COZAAR equiv)   | -                   | G           | ANTIHYPERTENSIVES                                    |
| losartan/hydrochlorothiazide tab (HYZAAR equiv)   | -                   | G           | ANTIHYPERTENSIVES                                    |
| LOTEMAX OPHTH GEL   | -                   | B           | OPHTHALMIC AGENTS                                    |
| LOTEMAX OPHTH OINT  | -                   | B           | OPHTHALMIC AGENTS                                    |
| LOTEMAX SM GEL 0.38%  | -                   | NC          | OPHTHALMIC AGENTS                                    |
| loteprednol etabonate ophth gel (LOTEMAX equiv)   | -                   | G           | OPHTHALMIC AGENTS                                    |
| loteprednol ophth susp (LOTEMAX equiv)  | -                   | G           | OPHTHALMIC AGENTS                                    |
| LOTRIMIN AF CREAM   | -                   | NC          | DERMATOLOGICALS                                      |
| LOTRISONE CREAM   | -                   | NC          | DERMATOLOGICALS                                      |
| lovastatin tab (MEVACOR equiv)  | -                   | \$0         | ANTIHYPERLIPIDEMICS                                  |
| loxapine cap (LOXITANE equiv)   | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)   | PA-QL               | G           | GASTROINTESTINAL AGENTS - MISC.                      |
| LUCEMYRA TAB (QL= 96 tabs/7 days)   | PA-QL               | B           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| LUCENTIS INJ  | MSP-PA              | B           | OPHTHALMIC AGENTS                                    |
| LULICONAZOLE CREAM, LUZU CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics<br>800-850-4306)                                   | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics<br>800-850-4306)                             | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| LUMIGAN OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                    |
| LUMIZYME/MYOZYME INJ  | MSP-PA              | B           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| LUMRYZ PACK   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics<br>800-850-4306 or PantheRx Pharmacy 855-726-8479) | LD-PA-QL            | B           | MISCELLANEOUS THERAPEUTIC CLASSE                     |
| LUPRON DEPOT PED INJ  | MSP                 | B           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |

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|--|---------------------|-------------|---|
| LUPRON DEPOT-PED INJ   | MSP                 | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| lurasidone hcl tab (LATUDA equiv)  | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| LUVIRA CAP   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS      |
| LUXIQ FOAM   | -                   | NC          | DERMATOLOGICALS                                   |
| LYBALVI TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)   | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LYRICA CAP   | -                   | NC          | ANTICONVULSANTS                                   |
| LYRICA CAP 225MG   | -                   | NC          | ANTICONVULSANTS                                   |
| LYRICA CAP 300MG   | -                   | NC          | ANTICONVULSANTS                                   |
| LYSODREN TAB (Only available through Walgreens 888-347-3416)   | LD                  | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)                                       | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| LYUMJEV INJ  | -                   | B           | ANTIDIABETICS                                     |
| LYUMJEV KWIKPEN INJ  | -                   | B           | ANTIDIABETICS                                     |
| LYUMJEV TEMPO PEN INJ  | -                   | NC          | ANTIDIABETICS                                     |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)   | PA                  | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| MACRILEN PACK  | -                   | NC          | DIAGNOSTIC PRODUCTS                               |
| MACUGEN INJ  | MSP-PA              | B           | OPHTHALMIC AGENTS                                 |
| MALARONE TAB   | -                   | NC          | ANTIMALARIALS                                     |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)  | QL                  | G           | DERMATOLOGICALS                                   |
| MALE CONDOMS (QL= 12 condoms/fill)   | OTC-QL              | \$0         | MEDICAL DEVICES AND SUPPLIES                      |
| MAPROTILINE TAB  | -                   | G           | ANTIDEPRESSANTS                                   |
| maraviroc tab (SELZENTRY equiv)  | -                   | G           | ANTIVIRALS  |
| MARPLAN TAB  | -                   | B           | ANTIDEPRESSANTS                                   |
| MATULANE CAP   | -                   | B           | ANTINEOPLASTICS                                   |
| MAVENCLAD THERAPY PAK (Only available through Walgreens 888-347-3416)  | LD                  | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAVYRET PAK (QL= 5 packs/day)  | LMSP-PA-QL          | B           | ANTIVIRALS  |
| MAVYRET TAB (QL= 3 tabs/day)   | LMSP-PA-QL          | B           | ANTIVIRALS  |
| MAXALT MLT TAB   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| MAXALT TAB   | -                   | NC          | MIGRAINE PRODUCTS                                 |
| MAXIDEX OPTH SOLN  | -                   | B           | OPHTHALMIC AGENTS                                 |
| MAYZENT TAB  | LMSP-PA             | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK   | LMSP-PA             | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| meclizine chew tab (BONINE equiv) (Rx Only)  | -                   | G           | ANTIEMETICS                                       |
| meclizine tab (ANTIVERT equiv) (Rx Only)   | -                   | G           | ANTIEMETICS                                       |
| MECLOFENAMATE CAP (Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen) | ST                  | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| MEDI-PATCH W/LIDOCAINE PATCH   | -                   | NC          | DERMATOLOGICALS                                   |
| MEDROL TAB   | -                   | NC          | CORTICOSTEROIDS                                   |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)   | QL                  | \$0         | CONTRACEPTIVES                                    |
| medroxyprogesterone tab (PROVERA equiv)  | -                   | G           | PROGESTINS  |
| mefenamic acid cap (PONSTEL equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |

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|---------------------------------------|---------------------|-------------|---|
| mefloquine tab (LARIAM equiv)         | -                   | G           | ANTIMALARIALS                                     |
| megestrol ES susp (MEGACE ES equiv)   | -                   | G           | PROGESTINS  |
| megestrol susp (MEGACE equiv)         | -                   | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| megestrol tab (MEGACE equiv)          | -                   | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MEKINIST SOLN                         | LMSP-PA             | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day)   | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MEKINIST TAB 2MG (QL= 1 tab/day)      | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MEKTOVI TAB (QL= 6 tabs/day)          | MSP-PA-QL           | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| meloxicam cap (VIVLODEX equiv)        | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| MELOXICAM COMFORT KIT                 | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| MELOXICAM SUSP                        | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| meloxicam tab (MOBIC equiv)           | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| MELPHALAN TAB                         | -                   | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| MELQUIN 3 SOLN                        | -                   | NC          | DERMATOLOGICALS                                   |
| memantine ER cap (NAMENDA XR equiv)   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine soln (NAMENDA equiv)        | -                   | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv)         | -                   | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENACTRA INJ                          | VAC                 | \$0         | VACCINES  |
| MENEST TAB                            | -                   | B           | ESTROGENS   |
| MENOSTAR PATCH                        | -                   | NC          | ESTROGENS   |
| MENQUADFI INJ                         | VAC                 | \$0         | VACCINES  |
| MENTAX CREAM                          | -                   | NC          | DERMATOLOGICALS                                   |
| MENTHOREAL10 THERAPY PACK             | -                   | NC          | DERMATOLOGICALS                                   |
| MENVEO INJ                            | VAC                 | \$0         | VACCINES  |
| meperidine tab (DEMEROL equiv)        | -                   | NC          | ANALGESICS - OPIOID                               |
| meprobamate tab (MILTOWN equiv)       | -                   | NC          | ANTI-ANXIETY AGENTS                               |
| mercaptopurine tab (PURINETHOL equiv) | -                   | G           | ANTINEOPLASTICS                                   |
| mesalamine DR cap (DELZICOL equiv)    | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| mesalamine DR tab (LIALDA equiv)      | -                   | G           | GASTROINTESTINAL AGENTS - MISC.                   |
| mesalamine enema (ROWASA equiv)       | -                   | G           | GASTROINTESTINAL AGENTS - MISC.                   |
| mesalamine enema kit (ROWASA equiv)   | -                   | G           | GASTROINTESTINAL AGENTS - MISC.                   |
| mesalamine ER cap (APRISO equiv)      | -                   | G           | GASTROINTESTINAL AGENTS - MISC.                   |
| mesalamine ER cap (PENTASA CR equiv)  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| mesalamine supp (CANASA equiv)        | -                   | G           | GASTROINTESTINAL AGENTS - MISC.                   |
| mesalamine tab (ASACOL equiv)         | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| MESALAMINE TAB DR                     | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| MESNEX TAB                            | LMSP                | B           | ANTINEOPLASTICS                                   |
| METANX CAP                            | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS      |
| metaxalone tab (SKELAXIN equiv)       | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| METAXALONE TAB 400MG                  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer   |   |                                 |
| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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**SISC - Book of Business Drug List Cont.**  
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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| METDRAY GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| metformin ER osmotic tab (FORTAMET equiv)                                   | -                   | NC          | ANTIDIABETICS                                     |
| metformin ER osmotic tab (GLUMETZA equiv)                                   | -                   | NC          | ANTIDIABETICS                                     |
| metformin ER tab (GLUCOPHAGE XR equiv)                                      | -                   | G           | ANTIDIABETICS                                     |
| metformin soln (RIOMET equiv)   | -                   | G           | ANTIDIABETICS                                     |
| metformin tab (GLUCOPHAGE equiv)  | -                   | G           | ANTIDIABETICS                                     |
| METFORMIN TAB   | -                   | NC          | ANTIDIABETICS                                     |
| methadone soln  | -                   | G           | ANALGESICS - OPIOID                               |
| methadone tab (DOLOPHINE equiv)   | -                   | G           | ANALGESICS - OPIOID                               |
| methadose tab   | -                   | G           | ANALGESICS - OPIOID                               |
| methamphetamine tab (DESOXYN equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methazolamide tab (NEPTAZANE equiv)   | -                   | G           | DIURETICS   |
| methenamine hippurate tab (HIPREX equiv)                                    | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| methenamine mandelate tab   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| methimazole tab (TAPAZOLE equiv)  | -                   | G           | THYROID AGENTS                                    |
| METHITEST TAB (Step Therapy requires trial of ANDROGEL or ANDRODERM         | ST                  | B           | ANDROGENS-ANABOLIC                                |
| methocarbamol tab (ROBAXIN equiv)   | -                   | G           | MUSCULOSKELETAL THERAPY AGENTS                    |
| METHOCARBAMOL TAB   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| METHOTREXATE INJ  | -                   | G           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| methotrexate tab (TREXALL equiv)  | -                   | G           | ANTINEOPLASTICS                                   |
| METHOXSALEN CAP   | -                   | B           | DERMATOLOGICALS                                   |
| methoxsalen cap (OXSORALEN ULTRA equiv)                                     | -                   | G           | DERMATOLOGICALS                                   |
| methscopolamine tab (PAMINE equiv)  | -                   | G           | ULCER DRUGS                                       |
| methsuximide cap (CELONTIN equiv)   | -                   | G           | ANTICONVULSANTS                                   |
| METHYLDOPA TAB  | -                   | G           | ANTIHYPERTENSIVES                                 |
| methyl dopa tab (ALDOMET equiv)   | -                   | G           | ANTIHYPERTENSIVES                                 |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL                  | G           | OXYTOCICS   |
| methylphenidate CD cap (METADATE CD equiv)                                  | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate chew tab (METHYLIN equiv)                                   | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv)                                   | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER cap (APTENSIO XR equiv)                                  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| METHYLPHENIDATE ER TAB  | -                   | B           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate ER tab  | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate soln (METHYLIN equiv)                                       | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate tab (RITALIN equiv)   | -                   | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylphenidate td patch (DAYTRANA equiv)                                   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| methylprednisolone acetate inj (DEPO-MEDROL equiv)                          | -                   | G           | CORTICOSTEROIDS                                   |
| methylprednisolone dose pack (MEDROL equiv)                                 | -                   | G           | CORTICOSTEROIDS                                   |
| methylprednisolone tab (MEDROL equiv)                                       | -                   | G           | CORTICOSTEROIDS                                   |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv)                    | -                   | G           | CORTICOSTEROIDS                                   |

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| <b>LMSP</b> | Plan Exclusion  | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>PA</b>   | Lumicera Mandatory Specialty Pharmacy Program                               | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>RS</b>   | Prior Authorization   | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>ST</b>   | Restricted to Specialist  | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
|             | Step Therapy  | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |

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**SISC - Book of Business Drug List Cont.**  
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|--|---------------------|-------------|---|
| methyltestosterone cap   | -                   | NC          | ANDROGENS-ANABOLIC                        |
| METIPRANOLOL OPHTH SOLN  | -                   | B           | OPHTHALMIC AGENTS                         |
| metoclopramide soln (REGLAN equiv)   | -                   | G           | GASTROINTESTINAL AGENTS - MISC.           |
| metoclopramide tab (REGLAN equiv)  | -                   | G           | GASTROINTESTINAL AGENTS - MISC.           |
| metolazone tab (ZAROXOLYN equiv)   | -                   | G           | DIURETICS                                 |
| metoprolol ER tab (TOPROL XL equiv)  | -                   | G           | BETA BLOCKERS                             |
| metoprolol tab (LOPRESSOR equiv)   | -                   | G           | BETA BLOCKERS                             |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)   | -                   | G           | ANTIHYPERTENSIVES                         |
| METOZOLV ODT   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.           |
| metronidazole cap (FLAGYL equiv)   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.             |
| metronidazole cream (METROCREAM equiv)   | -                   | G           | DERMATOLOGICALS                           |
| metronidazole gel 0.75% (METROGEL equiv)   | -                   | G           | DERMATOLOGICALS                           |
| metronidazole gel 1% (METROGEL equiv) (Step Therapy requires trial of metronidazole gel 0.75%)                           | ST                  | G           | DERMATOLOGICALS                           |
| metronidazole lotion (METROLOTION equiv)   | -                   | G           | DERMATOLOGICALS                           |
| metronidazole tab (FLAGYL equiv)   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.             |
| metronidazole vaginal gel (METROGEL equiv)   | -                   | G           | VAGINAL PRODUCTS                          |
| metyrosine cap (DEMSEER equiv)   | -                   | NC          | ANTIHYPERTENSIVES                         |
| mexiletine hcl cap   | -                   | G           | ANTIARRHYTHMICS                           |
| MEXPAROX HC CREAM  | -                   | NC          | DERMATOLOGICALS                           |
| MICARDIS HCT TAB   | -                   | NC          | ANTIHYPERTENSIVES                         |
| MICLARA LIQUID   | -                   | NC          | ANTIHISTAMINES                            |
| MICORT-HC CREAM  | -                   | NC          | DERMATOLOGICALS                           |
| MICROVIX LP PAK  | -                   | NC          | DERMATOLOGICALS                           |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)   | RS                  | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| midodrine tab (PROAMATINE equiv)   | -                   | G           | VASOPRESSORS                              |
| MIEBO OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                         |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA-QL            | G           | ANTIDIABETICS                             |
| mifepristone tab (MIFIPREX equiv)  | LD-PA-QL            | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| MIGERGOT SUPP  | -                   | NC          | MIGRAINE PRODUCTS                         |
| MIGLITOL TAB   | -                   | B           | ANTIDIABETICS                             |
| miglitol tab (MIGLITOL equiv)  | -                   | G           | ANTIDIABETICS                             |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)  | LD-PA               | G           | HEMATOPOIETIC AGENTS                      |
| MILLIPRED DP PAK   | -                   | NC          | CORTICOSTEROIDS                           |
| MILLIPRED TAB  | -                   | NC          | CORTICOSTEROIDS                           |
| minocycline cap (MINOCIN equiv)  | -                   | G           | TETRACYCLINES                             |
| MINOCYCLINE ER CAP   | -                   | NC          | TETRACYCLINES                             |
| minocycline ER tab (SOLODYN equiv)   | -                   | NC          | TETRACYCLINES                             |
| minocycline tab (DYNACIN equiv) (Step therapy requires trial of minocycline caps)  | ST                  | G           | TETRACYCLINES                             |
| MINOLIRA TAB   | -                   | NC          | TETRACYCLINES                             |
| minoxidil tab (LONITEN equiv)  | -                   | G           | ANTIHYPERTENSIVES                         |
| MIRALAX PACKET   | OTC                 | EXC         | LAXATIVES                                 |
| MIRAPEX ER TAB   | -                   | NC          | ANTIPARKINSON AGENTS                      |
| MIRENA IUD   | -                   | \$0         | CONTRACEPTIVES                            |
| mirtazapine ODT (REMERON equiv)  | -                   | G           | ANTIDEPRESSANTS                           |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|---|
| mirtazapine tab (REMERON equiv)  | -                   | G           | ANTIDEPRESSANTS                                   |
| MIRVASO GEL  | -                   | EXC         | DERMATOLOGICALS                                   |
| misoprostol tab (CYTOTEC equiv)  | -                   | G           | ULCER DRUGS                                       |
| M-M-R II INJ   | VAC                 | \$0         | VACCINES  |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)                                | PA-QL               | G           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| MODERIBA TAB   | -                   | NC          | ANTIVIRALS  |
| moexipril tab (UNIVASC equiv)  | -                   | G           | ANTIHYPERTENSIVES                                 |
| MOLINDONE TAB  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| mometasone cream (ELOCON equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| mometasone nasal spray (NASONEX equiv)   | -                   | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| mometasone oint (ELOCON equiv)   | -                   | G           | DERMATOLOGICALS                                   |
| mometasone soln (ELOCON equiv)   | -                   | G           | DERMATOLOGICALS                                   |
| MONOCLATE-P INJ  | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                      |
| MONODOX CAP 75MG   | -                   | NC          | TETRACYCLINES                                     |
| montelukast chew tab (SINGULAIR equiv)   | -                   | G           | ASTHMA AND BRONCHODILATOR<br>AGENTS               |
| montelukast granule pack (SINGULAIR equiv)                                     | -                   | G           | ASTHMA AND BRONCHODILATOR<br>AGENTS               |
| montelukast tab (SINGULAIR equiv)  | -                   | G           | ASTHMA AND BRONCHODILATOR<br>AGENTS               |
| MONUROL GRANULE PACK   | -                   | B           | ANTI-INFECTIVE AGENTS - MISC.                     |
| MORPHABOND TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| MORPHINE SULF SOLN 10MG/5ML  | -                   | G           | ANALGESICS - OPIOID                               |
| MORPHINE SULFATE ER BEAD CAP   | -                   | NC          | ANALGESICS - OPIOID                               |
| MORPHINE SULFATE ER CAP  | -                   | NC          | ANALGESICS - OPIOID                               |
| morphine sulfate ER cap (KADIAN equiv)   | -                   | NC          | ANALGESICS - OPIOID                               |
| morphine sulfate ER tab (MS CONTIN equiv)                                      | -                   | G           | ANALGESICS - OPIOID                               |
| morphine sulfate soln  | -                   | G           | ANALGESICS - OPIOID                               |
| MORPHINE SULFATE SUPP  | -                   | G           | ANALGESICS - OPIOID                               |
| morphine sulfate tab   | -                   | G           | ANALGESICS - OPIOID                               |
| MOTEGRITY TAB (QL= 1 tab/day)  | PA-QL               | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| MOTPOLY XR CAP   | -                   | NC          | ANTICONVULSANTS                                   |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX              | B           | ANTIDIABETICS                                     |
| MOVANTIK TAB   | PA                  | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| MOVIPREP SOLN  | -                   | NC          | LAXATIVES   |
| MOXATAG TAB  | -                   | NC          | PENICILLINS                                       |
| MOXATAG TAB 775MG  | -                   | NC          | PENICILLINS                                       |
| MOXEZA OPHTH SOLN 0.5%   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN                 | -                   | NC          | OPHTHALMIC AGENTS                                 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)                             | -                   | G           | OPHTHALMIC AGENTS                                 |
| MOXIFLOXACIN SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| moxifloxacin tab (AVELOX equiv)  | -                   | G           | FLUOROQUINOLONES                                  |
| MOZOBIL INJ  | MSP-PA              | B           | HEMATOPOIETIC AGENTS                              |
| MPM PAK  | -                   | NC          | OXYTOCICS   |
| MUCINEX LIQUID   | -                   | NC          | COUGH/COLD/ALLERGY                                |
| MUCINEX TAB  | -                   | NC          | COUGH/COLD/ALLERGY                                |
| MULPLETA TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                              |

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| <b>PA</b>   | Plan Exclusion                                   | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>RS</b>   | Lumicera Mandatory Specialty Pharmacy Program    | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>ST</b>   | Prior Authorization                              | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
|             | Restricted to Specialist                         | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |
|             | Step Therapy                                     |  |                                    |

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|---|---------------------|-------------|--|
| MULTAQ TAB  | -                   | B           | ANTIARRHYTHMICS                                |
| MULTIGEN FOLIC TAB  | -                   | G           | HEMATOPOIETIC AGENTS                           |
| MULTIGEN PLUS TAB   | -                   | G           | HEMATOPOIETIC AGENTS                           |
| MULTIGEN TAB  | -                   | G           | HEMATOPOIETIC AGENTS                           |
| MULTI-MAC TAB   | -                   | NC          | MULTIVITAMINS                                  |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG   | -                   | G           | MULTIVITAMINS                                  |
| MULTIVITAMIN/FLOURIDE CHEW 1MG  | -                   | G           | MULTIVITAMINS                                  |
| MULTIVITAMIN/FLUORIDE CHEW TAB  | -                   | G           | MULTIVITAMINS                                  |
| multivitamin/minerals tab (STROVITE equiv)                                | -                   | G           | MULTIVITAMINS                                  |
| mupirocin cream (BACTROBAN CREAM equiv)                                   | -                   | NC          | DERMATOLOGICALS                                |
| mupirocin oint (BACTROBAN OINT equiv)                                     | -                   | G           | DERMATOLOGICALS                                |
| MUSE SUPP (QL= 6 supp/30 days; Step therapy requires trial of sildenafil) | QL-ST               | B           | CARDIOVASCULAR AGENTS - MISC.                  |
| MYALEPT INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.         |
| MYCAPSSA CAP  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.         |
| mycophenolate DR tab (MYFORTIC equiv)                                     | -                   | G           | ASSORTED CLASSES                               |
| mycophenolate mofetil cap (CELLCEPT equiv)                                | -                   | G           | ASSORTED CLASSES                               |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv)                          | -                   | G           | ASSORTED CLASSES                               |
| mycophenolate mofetil tab (CELLCEPT equiv)                                | -                   | G           | ASSORTED CLASSES                               |
| MYDAYIS CAP 12.5MG  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDAYIS CAP 25MG  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDAYIS CAP 37.5MG  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDAYIS CAP 50MG  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYFEMBREE TAB (QL= 1 tab/day)   | PA-QL               | B           | ESTROGENS                                      |
| MYLERAN TAB   | LMSP                | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES       |
| MYNATAL-Z TAB   | -                   | NC          | MULTIVITAMINS                                  |
| MYRBETRIQ SUSP  | -                   | NC          | URINARY ANTISPASMODICS                         |
| MYRBETRIQ TAB   | -                   | NC          | URINARY ANTISPASMODICS                         |
| MYTESI TAB  | -                   | NC          | ANTIDIARRHEALS                                 |
| nabumetone tab (RELAFEN equiv)  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                 |
| nadolol tab (CORGARD equiv)   | -                   | G           | BETA BLOCKERS                                  |
| NAFLON CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                 |
| NAFTIFINE CREAM   | -                   | NC          | DERMATOLOGICALS                                |
| naftifine cream (NAFTIN equiv)  | -                   | NC          | DERMATOLOGICALS                                |
| naftifine gel (NAFTIN equiv)  | -                   | NC          | DERMATOLOGICALS                                |
| naftifine hcl gel 2% (NAFTIN equiv)                                       | -                   | NC          | DERMATOLOGICALS                                |
| NAFTIN CREAM  | -                   | NC          | DERMATOLOGICALS                                |
| NAFTIN GEL  | -                   | NC          | DERMATOLOGICALS                                |
| NAFTIN GEL 2%   | -                   | NC          | DERMATOLOGICALS                                |
| NAGLAZYME INJ   | MSP-PA              | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.         |
| naloxone hcl nasal spray (NARCAN equiv)                                   | OTC                 | G           | ANTIDOTES AND SPECIFIC ANTAGONISTS             |
| naloxone inj  | -                   | G           | ANTIDOTES AND SPECIFIC ANTAGONISTS             |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill)                                   | QL                  | B           | ANTIDOTES AND SPECIFIC ANTAGONISTS             |

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| <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>PA</b> Prior Authorization                             | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>RS</b> Restricted to Specialist                        | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
| <b>ST</b> Step Therapy                                    | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |

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**SISC - Book of Business Drug List Cont.**  
**Alphabetical Index**  
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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                      |
|---|---------------------|-------------|--|
| naloxone prefilled inj  | QL--                | G           | ANTIDOTES AND SPECIFIC ANTAGONISTS                   |
| naltrexone tab (REVia equiv)  | -                   | G           | ANTIDOTES  |
| NAMENDA XR CAP  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR TITRATION PACK   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| NAPRELAN CR TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| NAPROSYN EC TAB   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| NAPROSYN EC TAB 500MG   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| NAPROXEN CREAM COMPOUND KIT   | -                   | NC          | DERMATOLOGICALS                                      |
| naproxen EC tab (NAPROSYN EC equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| naproxen EC tab 500mg (NAPROSYN EC equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| naproxen sodium CR tab (NAPRELAN CR equiv)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| naproxen sodium tab (ANAPROX equiv)   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| NAPROXEN SUSP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| naproxen susp (NAPROSYN equiv)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| naproxen tab (NAPROSYN equiv)   | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                       |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)                               | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)                   | QL                  | G           | MIGRAINE PRODUCTS                                    |
| NARCAN NASAL SPRAY  | OTC                 | G           | ANTIDOTES AND SPECIFIC ANTAGONISTS                   |
| NARDIL TAB 15MG   | -                   | B           | ANTIDEPRESSANTS                                      |
| NASCOBAL SPRAY  | -                   | NC          | HEMATOPOIETIC AGENTS                                 |
| NATACHEW  | -                   | NC          | MULTIVITAMINS  |
| NATACYN OPHTH SUSP (QL= 15ml/fill)  | QL                  | B           | OPHTHALMIC AGENTS                                    |
| NATAZIA TAB   | -                   | NC          | CONTRACEPTIVES                                       |
| nateglinide tab (STARLIX equiv)   | -                   | G           | ANTIDIABETICS  |
| NATESTO GEL   | -                   | NC          | ANDROGENS-ANABOLIC                                   |
| NATESTO NASAL GEL   | -                   | NC          | ANDROGENS-ANABOLIC                                   |
| NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA               | B           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| NATROBA SUSP (QL= 1 bottle/fill)  | QL                  | B           | DERMATOLOGICALS                                      |
| NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)               | QL-RS               | B           | ANTICONVULSANTS                                      |
| nebivolol hcl tab (BYSTOLIC equiv)  | ¢                   | G           | BETA BLOCKERS  |
| NEBUSAL NEB SOLN  | -                   | B           | COUGH/COLD/ALLERGY                                   |
| NEEVO DHA   | -                   | NC          | MULTIVITAMINS  |
| NEFAZODONE TAB  | -                   | G           | ANTIDEPRESSANTS                                      |
| nefazodone tab 50mg, 250mg  | -                   | G           | ANTIDEPRESSANTS                                      |
| NENDRUX GEL   | -                   | NC          | DERMATOLOGICALS                                      |
| neomycin tab  | -                   | G           | AMINOGLYCOSIDES                                      |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN  | -                   | G           | OPHTHALMIC AGENTS                                    |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)                     | -                   | G           | OTIC AGENTS  |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)                     | -                   | G           | OTIC AGENTS  |
| neomycin/polymixin/dexamethasone ophth oint (MAXITROL equiv)                        | -                   | G           | OPHTHALMIC AGENTS                                    |
| neomycin/polymixin/dexamethasone ophth soln (MAXITROL equiv)                        | -                   | G           | OPHTHALMIC AGENTS                                    |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN  | -                   | G           | OPHTHALMIC AGENTS                                    |
| NEONATAL 19 TAB   | -                   | B           | MULTIVITAMINS  |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|---------------------|-------------|---|
| NEONATAL FE TAB   | -                   | B           | MULTIVITAMINS                                     |
| NEOSALUS FOAM   | -                   | NC          | DERMATOLOGICALS                                   |
| NEOSALUS LOTION   | -                   | NC          | DERMATOLOGICALS                                   |
| NEO-SYNALAR CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| NEPHRON FA TAB  | -                   | B           | HEMATOPOIETIC AGENTS                              |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| NESTABS ABC   | -                   | NC          | MULTIVITAMINS                                     |
| NESTABS DHA   | -                   | NC          | MULTIVITAMINS                                     |
| NESTABS ONE   | -                   | NC          | MULTIVITAMINS                                     |
| NEULASTA INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| NEUPOGEN INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| NEUPRO PATCH  | PA                  | B           | ANTIPARKINSON AGENTS                              |
| NEURONTIN SOLN  | -                   | NC          | ANTICONVULSANTS                                   |
| NEURONTIN TAB 600MG   | -                   | NC          | ANTICONVULSANTS                                   |
| NEURONTIN TAB 800MG   | -                   | NC          | ANTICONVULSANTS                                   |
| NEVANAC OPHTH SUSP  | -                   | B           | OPHTHALMIC AGENTS                                 |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)                       | ST                  | G           | ANTIVIRALS  |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)   | ST                  | G           | ANTIVIRALS  |
| NEVIRAPINE SUSP   | -                   | G           | ANTIVIRALS  |
| nevirapine tab (VIRAMUNE equiv)   | -                   | G           | ANTIVIRALS  |
| NEXA PLUS   | -                   | NC          | MULTIVITAMINS                                     |
| NEXICLON XR TAB   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| NEXIUM 24HR TAB   | OTC                 | EXC         | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS         |
| NEXIUM GRANULE PACK   | -                   | NC          | ULCER DRUGS                                       |
| NEXLETOL TAB (QL= 1 tab/day)  | PA-QL               | B           | ANTIHYPERLIPIDEMICS                               |
| NEXLIZET TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| NEXPLANON IMPLANT   | -                   | \$0         | CONTRACEPTIVES                                    |
| NEXTSTELLIS TAB   | -                   | NC          | CONTRACEPTIVES                                    |
| NGENLA INJ  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| niacin cap  | OTC                 | EXC         | VITAMINS  |
| niacin CR tab (SLO-NIACIN equiv)  | OTC                 | EXC         | VITAMINS  |
| niacin ER tab (NIASPAN equiv)   | -                   | G           | ANTIHYPERLIPIDEMICS                               |
| niacin tab  | OTC                 | EXC         | VITAMINS  |
| NIACIN TR TAB   | OTC                 | EXC         | VITAMINS  |
| niacinamide tab   | OTC                 | EXC         | VITAMINS  |
| NIACOR TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| NIASPAN ER TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| nicardipine cap (CARDENE equiv)   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                          |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)                      | OTC-QL-SMKG         | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT  | OTC-QL-SMKG         | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)                     | OTC-QL-SMKG         | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|---|
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)  | OTC-QL-SMKG         | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER (Limited to 180 days/plan year)   | QL-SMKG             | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year)   | QL-SMKG             | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv)   | -                   | G           | CALCIUM CHANNEL BLOCKERS                          |
| nifedipine ER tab (ADALAT CC equiv)  | -                   | G           | CALCIUM CHANNEL BLOCKERS                          |
| nilutamide tab (NILANDRON equiv)   | LMSP                | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| nimodipine cap (NIMOTOP equiv)   | -                   | G           | CALCIUM CHANNEL BLOCKERS                          |
| NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA               | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| nisoldipine ER tab (SULAR equiv)   | -                   | G           | CALCIUM CHANNEL BLOCKERS                          |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG  | -                   | G           | CALCIUM CHANNEL BLOCKERS                          |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)  | PA-QL               | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| nitisinone cap (ORFADIN equiv)   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| NITRO-BID OINT   | -                   | B           | ANTIANGINAL AGENTS                                |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR   | -                   | NC          | ANTIANGINAL AGENTS                                |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv)   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| nitrofurantoin monohydrate cap (MACROBID equiv)  | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| nitrofurantoin susp (FURADANTIN equiv) (Covered for members age 9 or younger)                                      | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| NITROFURANTOIN SUSP  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| NITROGLYCERIN ER CAP   | -                   | G           | ANTIANGINAL AGENTS                                |
| nitroglycerin lingual spray (NITROLINGUAL equiv)   | -                   | G           | ANTIANGINAL AGENTS                                |
| nitroglycerin oint (RECTIV equiv)  | -                   | B           | ANORECTAL AND RELATED PRODUCTS                    |
| nitroglycerin patch (NITRO-DUR equiv)  | -                   | G           | ANTIANGINAL AGENTS                                |
| nitroglycerin SL tab (NITROSTAT equiv)   | -                   | G           | ANTIANGINAL AGENTS                                |
| NITROMIST SPRAY  | -                   | B           | ANTIANGINAL AGENTS                                |
| NITYR TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| NIVESTYM INJ   | LMSP                | B           | HEMATOPOIETIC AGENTS                              |
| NIZATIDINE CAP   | -                   | G           | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| nizatidine cap (AXID equiv)  | -                   | G           | ULCER DRUGS                                       |
| NIZATIDINE SOLN (Members age 9 or older require Prior Authorization)   | PA                  | B           | ULCER DRUGS                                       |
| NIZORAL A-D SHAMPOO  | OTC                 | EXC         | DERMATOLOGICALS                                   |
| nizoral a-d shampoo (NIZORAL equiv)  | OTC                 | EXC         | DERMATOLOGICALS                                   |
| NOCDURNA SL TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| NOCTIVA EMULSION SPRAY   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| NORDITROPIN INJ, NUTROPIN AQ INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)  | -                   | NC          | CONTRACEPTIVES                                    |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)  | -                   | NC          | CONTRACEPTIVES                                    |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)   | -                   | \$0         | CONTRACEPTIVES                                    |

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| <b>LMSP</b> | Plan Exclusion  | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>PA</b>   | Lumicera Mandatory Specialty Pharmacy Program                               | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>RS</b>   | Prior Authorization   | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>ST</b>   | Restricted to Specialist  | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
|             | Step Therapy  | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |

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|---|---------------------|-------------|---|
| norethindrone tab (NORA-QD equiv)                                       | -                   | \$0         | CONTRACEPTIVES                                    |
| norethindrone tab (AYGESTIN equiv)                                      | -                   | G           | PROGESTINS  |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)              | -                   | \$0         | CONTRACEPTIVES                                    |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)              | -                   | NC          | CONTRACEPTIVES                                    |
| NORGESIC TAB FORTE  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS                    |
| NORITATE CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA                  | B           | CALCIUM CHANNEL BLOCKERS                          |
| NORPACE CR CAP  | -                   | B           | ANTIARRHYTHMICS                                   |
| NORTHERA CAP  | -                   | NC          | VASOPRESSORS                                      |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)               | -                   | \$0         | CONTRACEPTIVES                                    |
| nortrel tab (OVCON 35 equiv)  | -                   | \$0         | CONTRACEPTIVES                                    |
| nortriptyline cap (PAMELOR equiv)                                       | -                   | G           | ANTIDEPRESSANTS                                   |
| nortriptyline oral soln (NORTRIPTYLINE equiv)                           | -                   | G           | ANTIDEPRESSANTS                                   |
| NORVIR CAP  | -                   | B           | ANTIVIRALS  |
| NORVIR POWDER PACK  | -                   | B           | ANTIVIRALS  |
| NORVIR SOLN   | -                   | B           | ANTIVIRALS  |
| NOVACORT GEL  | -                   | NC          | DERMATOLOGICALS                                   |
| NOVOFINE PEN NEEDLE   | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES                      |
| NOVOLIN 70/30 FLEXPEN INJ   | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN 70/30 FLEXPEN RELION INJ  | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN 70/30 INJ   | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN 70/30 RELION INJ  | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN N FLEXPEN INJ   | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN N INJ   | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN R FLEXPEN INJ   | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN R INJ   | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLIN R RELION INJ  | OTC                 | NC          | ANTIDIABETICS                                     |
| NOVOLOG FLEXPEN INJ   | -                   | NC          | ANTIDIABETICS                                     |
| NOVOLOG INJ   | -                   | NC          | ANTIDIABETICS                                     |
| NOVOLOG MIX FLEXPEN INJ   | -                   | NC          | ANTIDIABETICS                                     |
| NOVOLOG MIX INJ   | -                   | NC          | ANTIDIABETICS                                     |
| NOVOLOG PENFILL INJ   | -                   | NC          | ANTIDIABETICS                                     |
| NOVOPEN ECHO  | -                   | B           | MEDICAL DEVICES AND SUPPLIES                      |
| NOVOSEVEN INJ   | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                      |
| NOVOTWIST PEN NEEDLE  | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES                      |
| NOVOTWIST/NOVOFINE PEN NEEDLE   | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES                      |
| NOXAFIL PAK   | -                   | B           | ANTIFUNGALS                                       |
| NOXAFIL TAB   | -                   | NC          | ANTIFUNGALS                                       |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)                    | -                   | G           | THYROID AGENTS                                    |
| NPLATE INJ  | MSP-PA              | B           | HEMATOPOIETIC AGENTS                              |
| NUBEQA TAB (QL= 4 tabs/day)   | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| NUCALA INJ (QL= 1 inj/28 days)  | LMSP-PA-QL          | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| NUCARACLINPA KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| NUCARARXPAK KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| NUCYNTA ER TAB (QL= 2 tabs/day)   | QL                  | B           | ANALGESICS - OPIOID                               |
| NUCYNTA TAB   | -                   | B           | ANALGESICS - OPIOID                               |
| NUEDEXTA CAP (QL= 2 caps/day)   | PA-QL               | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|--|---------------------|-------------|--|
| nulido pad (NULIDO equiv)  | -                   | NC          | DERMATOLOGICALS                                      |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL                  | \$0         | LAXATIVES  |
| NUPLAZID CAP   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| NUPLAZID TAB   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| NUQUIN HP CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| NURTEC ODT   | -                   | NC          | MIGRAINE PRODUCTS                                    |
| NUVAKAAN II KIT  | -                   | NC          | DERMATOLOGICALS                                      |
| NUVARING   | -                   | \$0         | CONTRACEPTIVES                                       |
| NUVIGIL TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| NUZYRA TAB   | -                   | NC          | TETRACYCLINES  |
| NYMALIZE SOLN  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                             |
| nystatin cream (MYCOSTATIN CREAM equiv)  | -                   | G           | DERMATOLOGICALS                                      |
| nystatin oint  | -                   | G           | DERMATOLOGICALS                                      |
| nystatin powder  | -                   | G           | ANTIFUNGALS  |
| nystatin susp  | -                   | G           | MOUTH/THROAT/DENTAL AGENTS                           |
| nystatin tab   | -                   | G           | ANTIFUNGALS  |
| nystatin topical powder  | -                   | G           | DERMATOLOGICALS                                      |
| nystatin/triamcinolone cream   | -                   | NC          | DERMATOLOGICALS                                      |
| nystatin/triamcinolone oint  | -                   | NC          | DERMATOLOGICALS                                      |
| NYVEPRIA INJ   | LMSP                | B           | HEMATOPOIETIC AGENTS                                 |
| OB COMPLETE ONE  | -                   | NC          | MULTIVITAMINS  |
| OB COMPLETE PETITE   | -                   | NC          | MULTIVITAMINS  |
| OB COMPLETE PREMIER  | -                   | NC          | MULTIVITAMINS  |
| OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                                   | LD-PA-QL-SF-ϕ       | B           | GASTROINTESTINAL AGENTS - MISC.                      |
| octreotide inj (SANDOSTATIN equiv)   | LMSP                | G           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| OCTREOTIDE INJ 100MCG  | LMSP                | B           | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| ODACTRA SL TAB   | -                   | NC          | ALLERGENIC EXTRACTS/BIOLOGICALS<br>MISC              |
| ODEFSEY TAB  | -                   | B           | ANTIVIRALS   |
| ODOMZO CAP   | LMSP-PA-SF          | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                                     | LD-PA-QL-SF         | B           | RESPIRATORY AGENTS - MISC.                           |
| ofloxacin ophth soln (OCUFLOX equiv)   | -                   | G           | OPHTHALMIC AGENTS                                    |
| ofloxacin otic soln (FLOXIN equiv)   | -                   | G           | OTIC AGENTS  |
| ofloxacin tab (FLOXIN equiv)   | -                   | G           | FLUOROQUINOLONES                                     |
| OGSIVEO TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| OJJAARA TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| olanzapine ODT (ZYPREXA equiv)   | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| olanzapine tab (ZYPREXA equiv)   | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| olanzapine/fluoxetine cap (SYMBYAX equiv)  | -                   | G           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| OLLIZAC POWDER   | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS      |

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| <b>EXC</b> Plan Exclusion                                   | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>LMSP</b> Lumericera Mandatory Specialty Pharmacy Program | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>PA</b> Prior Authorization                               | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>RS</b> Restricted to Specialist                          | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
| <b>ST</b> Step Therapy                                      | <b>VAC</b> Vaccine Program   | <b>ϕ</b> RxCENTS                   |

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|---|---------------------|-------------|--|
| olmesartan tab (BENICAR equiv)  | -                   | G           | ANTIHYPERTENSIVES                          |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)   | -                   | NC          | ANTIHYPERTENSIVES                          |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)  | -                   | G           | ANTIHYPERTENSIVES                          |
| olopatadine nasal spray (PATANASE equiv)  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL        |
| olopatadine ophth soln 0.1% (PATANOL equiv)   | -                   | G           | OPHTHALMIC AGENTS                          |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%) | QL-ST               | G           | OPHTHALMIC AGENTS                          |
| OLPRUVA PACK  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.     |
| OLUMIANT TAB (QL= 1 tab/day)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY             |
| OLUX E FOAM   | -                   | NC          | DERMATOLOGICALS                            |
| OLUX FOAM   | -                   | NC          | DERMATOLOGICALS                            |
| OLYSIO CAP  | -                   | NC          | ANTIVIRALS                                 |
| OMEGA-3 RX PAK COMPLETE   | -                   | NC          | ANTIHYPERLIPIDEMICS                        |
| omega-3-acid ethyl esters cap (LOVAZA equiv)  | -                   | G           | ANTIHYPERLIPIDEMICS                        |
| omeprazole DR cap (PRILOSEC equiv)  | -                   | G           | ULCER DRUGS                                |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv)   | OTC                 | EXC         | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| omeprazole tab  | OTC                 | EXC         | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv)   | -                   | NC          | ULCER DRUGS                                |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)   | -                   | NC          | ULCER DRUGS                                |
| OMNARIS NASAL SPRAY   | -                   | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL        |
| OMNIPAQUE SOLN  | -                   | NC          | DIAGNOSTIC PRODUCTS                        |
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)   | QL                  | B           | MEDICAL DEVICES AND SUPPLIES               |
| OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)   | QL                  | B           | MEDICAL DEVICES AND SUPPLIES               |
| OMNIPOD 5 INTRO KIT (QL= 1 kit/year)  | QL                  | B           | MEDICAL DEVICES AND SUPPLIES               |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month)   | QL                  | B           | MEDICAL DEVICES AND SUPPLIES               |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year)   | QL                  | B           | MEDICAL DEVICES AND SUPPLIES               |
| OMNIPOD DASH PDM KIT  | -                   | NC          | MEDICAL DEVICES AND SUPPLIES               |
| OMNIPOD DASH PODS (QL= 10 pods/month)   | QL                  | B           | MEDICAL DEVICES AND SUPPLIES               |
| OMNIPOD GO KIT (QL= 10 pods/month)  | QL                  | B           | MEDICAL DEVICES AND SUPPLIES               |
| OMNIPOD STARTER KIT (QL= 1 kit/year)  | QL                  | B           | MEDICAL DEVICES AND SUPPLIES               |
| OMNITROPE INJ   | LMSP-PA             | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.     |
| OMVOH INJ   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.            |
| ondansetron ODT (ZOFTRAN equiv)   | -                   | G           | ANTIEMETICS                                |
| ondansetron soln (ZOFTRAN equiv)  | -                   | G           | ANTIEMETICS                                |
| ONDANSETRON TAB   | -                   | G           | ANTIEMETICS                                |
| ondansetron tab (ZOFTRAN equiv)   | -                   | G           | ANTIEMETICS                                |
| ONETOUCH DELICA LANCETS   | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES               |
| ONETOUCH DELICA PLUS LANCETS  | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES               |
| ONETOUCH DELICA ULTRASOFT LANCETS   | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES               |
| ONETOUCH KIT  | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES               |
| ONETOUCH METER  | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES               |
| ONETOUCH TEST STRIP   | OTC                 | G           | DIAGNOSTIC PRODUCTS                        |
| ONETOUCH VERIO FLEX METER   | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES               |
| ONETOUCH VERIO METER  | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES               |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|--|
| ONETOUCH VERIO REFLECT METER   | OTC                 | \$0         | MEDICAL DEVICES AND SUPPLIES             |
| ONETOUCH VERIO TEST STRIP  | OTC                 | G           | DIAGNOSTIC PRODUCTS                      |
| ONEXTON GEL 1.2-3.75%  | -                   | NC          | DERMATOLOGICALS                          |
| ONFI SUSP  | -                   | NC          | ANTICONVULSANTS                          |
| ONFI TAB   | -                   | NC          | ANTICONVULSANTS                          |
| ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)   | PA-QL               | B           | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| ONGLYZA TAB  | -                   | NC          | ANTIDIABETICS                            |
| ONUREG TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ONYCHO-MED KIT   | -                   | NC          | DERMATOLOGICALS                          |
| ONZETRA XSAIL  | -                   | NC          | MIGRAINE PRODUCTS                        |
| OPANA ER TAB (CRUSH RESISTANT)   | -                   | NC          | ANALGESICS - OPIOID                      |
| OPANA TAB  | -                   | NC          | ANALGESICS - OPIOID                      |
| OPFOLDA CAP  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| OPILL TAB  | OTC                 | NC          | CONTRACEPTIVES                           |
| opium tincture   | -                   | G           | ANTIDIARRHEALS                           |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)                         | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.            |
| OPVEE NASAL SPRAY  | -                   | B           | ANTIDOTES AND SPECIFIC ANTAGONISTS       |
| OPZELURA CREAM (QL= 4 tubes/30 days for the first two months; then QL= 12 tubes/year thereafter) | PA-QL               | B           | DERMATOLOGICALS                          |
| ORACIT SOLN  | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS     |
| ORALAIR SL TAB   | -                   | NC          | BIOLOGICALS MISC                         |
| ORAPRED ODT TAB  | -                   | NC          | CORTICOSTEROIDS                          |
| ORAVIG TAB   | -                   | B           | MOUTH/THROAT/DENTAL AGENTS               |
| ORENCIA CLICK INJ (QL= 4 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY           |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY           |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY           |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY           |
| ORENITRAM TAB  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.            |
| ORENITRAM TAB MONTH PAK  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.            |
| ORFADIN CAP  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ORFADIN SUSP   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306)                 | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORIAHNN CAP (QL= 2 caps/day)   | PA-QL               | B           | ESTROGENS                                |
| ORILISSA TAB 150MG (QL= 1 tab/day)   | PA-QL               | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ORILISSA TAB 200MG (QL= 2 tabs/day)  | PA-QL               | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)       | LD-PA-QL            | B           | RESPIRATORY AGENTS - MISC.               |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)                      | LD-PA-QL            | B           | RESPIRATORY AGENTS - MISC.               |
| ORLADEYO CAP   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.             |
| orphenadrine citrate ER tab (NORFLEX equiv)  | -                   | G           | MUSCULOSKELETAL THERAPY AGENTS           |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
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|---|---------------------|-------------|--|
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| ORSERDU TAB (QL= 3 tabs/day; Only available through Onco360 877-662-6633)                           | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)                      | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORTHOVISC/MONOVISC INJ  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| ORTIKOS ER CAP  | -                   | NC          | CORTICOSTEROIDS                          |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill, 1 fill/calendar year)                            | QL                  | G           | ANTIVIRALS                               |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill, 1 fill/calendar year)                       | QL                  | G           | ANTIVIRALS                               |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill, 1 fill per calendar year)                         | QL                  | G           | ANTIVIRALS                               |
| OSMOLEX ER TAB  | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| OSMOPREP TAB  | -                   | NC          | LAXATIVES                                |
| OSPHENA TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| OZEZLA STARTER PACK (QL= 1 pack/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY           |
| OZEZLA TAB (QL= 2 tabs/day)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY           |
| otomax-HC otic soln (CORTANE-B equiv)   | -                   | NC          | OTIC AGENTS                              |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN  | -                   | NC          | OTIC AGENTS                              |
| OVACE PLUS CREAM  | -                   | NC          | DERMATOLOGICALS                          |
| OVACE PLUS LOTION   | -                   | NC          | DERMATOLOGICALS                          |
| OVACE PLUS SHAMPOO  | -                   | NC          | DERMATOLOGICALS                          |
| OVACE PLUS FOAM   | -                   | NC          | DERMATOLOGICALS                          |
| OVEEZA CAP  | -                   | NC          | HEMATOPOIETIC AGENTS                     |
| OVIDREL INJ   | INF-MSP             | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| oxaprozin tab (DAYPRO equiv)  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY           |
| oxazepam cap (SERAX equiv)  | -                   | G           | ANTI-ANXIETY AGENTS                      |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)                           | LD-PA-QL            | B           | HEMATOPOIETIC AGENTS                     |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through Accredo 800-803-2523)             | LD-PA-QL            | B           | HEMATOPOIETIC AGENTS                     |
| oxcarbazepine susp (TRILEPTAL equiv)  | -                   | G           | ANTICONVULSANTS                          |
| oxcarbazepine tab (TRILEPTAL equiv)   | -                   | G           | ANTICONVULSANTS                          |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523) | LD-PA-QL            | B           | OPHTHALMIC AGENTS                        |
| OXIANUJO CREAM  | -                   | NC          | DERMATOLOGICALS                          |
| oxiconazole nitrate cream (OXISTAT equiv)   | -                   | NC          | DERMATOLOGICALS                          |
| OXISTAT CREAM   | -                   | NC          | DERMATOLOGICALS                          |
| OXISTAT LOTION  | -                   | NC          | DERMATOLOGICALS                          |
| OXTELLAR XR TAB   | -                   | NC          | ANTICONVULSANTS                          |
| oxybutynin ER tab (DITROPAN XL equiv)   | -                   | G           | URINARY ANTISPASMODICS                   |
| oxybutynin syrup  | -                   | G           | URINARY ANTISPASMODICS                   |
| oxybutynin tab (DITROPAN equiv)   | -                   | G           | URINARY ANTISPASMODICS                   |
| OXYBUTYNIN TAB  | -                   | NC          | URINARY ANTISPASMODICS                   |
| oxycodone cap (OXYIR equiv)   | -                   | G           | ANALGESICS - OPIOID                      |
| oxycodone conc (ROXICODONE equiv)   | -                   | G           | ANALGESICS - OPIOID                      |
| OXYCODONE ER TAB (QL= 2 tabs/day)   | QL                  | B           | ANALGESICS - OPIOID                      |
| oxycodone soln (ROXICODONE equiv)   | -                   | G           | ANALGESICS - OPIOID                      |
| oxycodone tab (ROXICODONE equiv)  | -                   | G           | ANALGESICS - OPIOID                      |

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|--|---------------------|-------------|---|
| oxycodone/acetaminophen cap (TYLOX equiv)  | -                   | G           | ANALGESICS - OPIOID                               |
| OXYCODONE/ACETAMINOPHEN SOLN   | -                   | G           | ANALGESICS - OPIOID                               |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML                         | -                   | NC          | ANALGESICS - OPIOID                               |
| oxycodone/acetaminophen tab (PERCOCET equiv)   | -                   | G           | ANALGESICS - OPIOID                               |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG  | -                   | NC          | ANALGESICS - OPIOID                               |
| OXYCODONE/ASPIRIN TAB  | -                   | G           | ANALGESICS - OPIOID                               |
| oxycodone/ibuprofen tab (COMBUNOX equiv)   | -                   | G           | ANALGESICS - OPIOID                               |
| OXYCONTIN CR TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| OXYMORPHONE ER TAB   | -                   | NC          | ANALGESICS - OPIOID                               |
| oxymorphone tab (OPANA equiv)  | -                   | NC          | ANALGESICS - OPIOID                               |
| OXYTROL PATCH (OTC)  | OTC                 | EXC         | URINARY ANTISPASMODICS                            |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))               | QL-RDX              | B           | ANTIDIABETICS                                     |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)                        | LD-PA               | B           | ALLERGENIC EXTRACTS/BIOLOGICALS MISC              |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)                       | LD-PA               | B           | ALLERGENIC EXTRACTS/BIOLOGICALS MISC              |
| paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of ABILIFY or quetiapine ER) | ST                  | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)                    | LD-PA-QL-SF         | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP  | -                   | NC          | DIGESTIVE AIDS                                    |
| PANDEL CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| pantoprazole EC tab (PROTONIX equiv)   | -                   | G           | ULCER DRUGS                                       |
| pantoprazole sodium packet (PROTONIX equiv)  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| PARAGARD IUD   | -                   | \$0         | CONTRACEPTIVES                                    |
| paramox hc gel (NOVACORT GEL equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| PAREGORIC TINCTURE   | -                   | NC          | ANTIDIARRHEALS                                    |
| paricalcitol cap (ZEMPLAR equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| paromomycin cap (HUMATIN equiv)  | -                   | G           | AMINOGLYCOSIDES                                   |
| paroxetine cap (BRISDELLE equiv)   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv)   | -                   | G           | ANTIDEPRESSANTS                                   |
| paroxetine oral susp (PAXIL equiv)   | -                   | G           | ANTIDEPRESSANTS                                   |
| paroxetine tab (PAXIL equiv)   | -                   | G           | ANTIDEPRESSANTS                                   |
| PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)  | QL                  | B           | ANTIVIRALS  |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)  | QL                  | B           | ANTIVIRALS  |
| PAZEO OPTH SOLN 0.7%   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)  | LMSP-PA-QL          | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| pb-belladonna elixir (DONNATAL equiv)  | -                   | NC          | ULCER DRUGS                                       |
| PEAK FLOW METER  | OTC                 | G           | MEDICAL DEVICES AND SUPPLIES                      |
| PEDIARIX INJ   | VAC                 | \$0         | TOXOIDS   |
| pediatric multiple vitamins/fluoride chew tab  | -                   | G           | MULTIVITAMINS                                     |
| pediatric multiple vitamins/fluoride soln  | -                   | G           | MULTIVITAMINS                                     |
| pediatric multiple vitamins/fluoride/iron soln   | -                   | G           | MULTIVITAMINS                                     |
| PEDIZOLPAK THERAPY PACK  | -                   | NC          | DERMATOLOGICALS                                   |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| PEDVAXHIB INJ  | VAC                 | \$0         | VACCINES  |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)               | QL                  | \$0         | LAXATIVES   |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)    | QL                  | \$0         | LAXATIVES   |
| peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL                  | \$0         | LAXATIVES   |
| PEGANONE TAB   | -                   | B           | ANTICONVULSANTS                                   |
| PEGASYS INJ  | LMSP                | B           | ANTIVIRALS  |
| PEG-INTRON INJ   | LMSP                | B           | ANTIVIRALS  |
| PEG-PREP KIT   | PA                  | B           | LAXATIVES   |
| PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)  | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| PEN NEEDLE   | OTC                 | NC          | MEDICAL DEVICES AND SUPPLIES                      |
| PENBRAYA INJ   | VAC                 | \$0         | VACCINES  |
| peniclovir cream (DENA VIR equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| penicillamine cap (CUPRIMINE equiv)  | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| penicillamine tab (DEPEN TITRATAB equiv)   | -                   | G           | MISCELLANEOUS THERAPEUTIC CLASSES                 |
| penicillin vk tab (VEETIDS equiv)  | -                   | G           | PENICILLINS                                       |
| PENLAC SOLN  | -                   | NC          | DERMATOLOGICALS                                   |
| PENNSAID SOLN  | -                   | NC          | DERMATOLOGICALS                                   |
| PENTACEL INJ   | VAC                 | \$0         | TOXOIDS   |
| pentamidine neb soln (NEBUPENT equiv)  | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| PENTASA CR CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| PENTASA CR CAP 250MG   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| pentazocine/acetaminophen tab (TALACEN equiv)  | -                   | G           | ANALGESICS - OPIOID                               |
| pentazocine/naloxone tab (TALWIN NX equiv)   | -                   | G           | ANALGESICS - OPIOID                               |
| PENTOSAN CAP   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| pentoxifylline ER tab (TRENTAL equiv)  | -                   | G           | HEMATOLOGICAL AGENTS - MISC.                      |
| PEPCID SUSP  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS         |
| PERINDOPRIL TAB  | -                   | G           | ANTIHYPERTENSIVES                                 |
| perindopril tab (ACEON equiv)  | -                   | G           | ANTIHYPERTENSIVES                                 |
| permethrin cream (ELIMITE CREAM equiv)   | -                   | G           | DERMATOLOGICALS                                   |
| perphenazine tab (TRILAFON equiv)  | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| PERPHENAZINE/ AMITRIPTYLINE TAB  | -                   | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PEXEVA TAB   | -                   | NC          | ANTIDEPRESSANTS                                   |
| PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)   | LD                  | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| phenazopyridine tab (PYRIDIUM equiv)   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| phenazopyridine tab 95mg (AZO equiv)   | OTC                 | EXC         | GENITOURINARY AGENTS - MISCELLANEOUS              |
| phenazopyridine tab 97.5mg (AZO equiv)   | OTC                 | EXC         | GENITOURINARY AGENTS - MISCELLANEOUS              |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
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|--|---------------------|-------------|---|
| phenazopyridine tab 99.5mg (AZO equiv)                                   | OTC                 | EXC         | GENITOURINARY AGENTS - MISCELLANEOUS              |
| PHENDIMETRAZINE ER TAB   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| phendimetrazine tab (BONTRIL PDM equiv)                                  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| PHENELZINE SULFATE TAB   | -                   | G           | ANTIDEPRESSANTS                                   |
| phenelzine tab (NARDIL equiv)  | -                   | G           | ANTIDEPRESSANTS                                   |
| phenobarbital elixir   | -                   | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| phenobarbital tab  | -                   | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| phenoxybenzamine cap (DIBENZYLINE equiv)                                 | -                   | G           | ANTIHYPERTENSIVES                                 |
| phenylephrine ophth soln (MYDFRIN equiv)                                 | -                   | G           | OPHTHALMIC AGENTS                                 |
| phenytoin cap (DILANTIN equiv)   | -                   | G           | ANTICONVULSANTS                                   |
| phenytoin chew tab (DILANTIN equiv)                                      | -                   | G           | ANTICONVULSANTS                                   |
| phenytoin susp (DILANTIN equiv)  | -                   | G           | ANTICONVULSANTS                                   |
| PHEXXI GEL (QL= 1 box/fill)  | QL                  | \$0         | VAGINAL AND RELATED PRODUCTS                      |
| PHOSLYRA SOLN  | -                   | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv)                           | -                   | G           | MINERALS & ELECTROLYTES                           |
| PHOSPHOLINE OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| PHOTREXA OP KIT  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| PHOTREXA VISCOUS OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| phytonadione tab (MEPHYTON equiv)  | -                   | G           | VITAMINS  |
| PICATO GEL (QL= 1 box/fill)  | QL                  | B           | DERMATOLOGICALS                                   |
| PIFELTRO TAB   | -                   | B           | ANTIVIRALS  |
| pilocarpine ophth soln (ISOPTO CARPINE equiv)                            | -                   | G           | OPHTHALMIC AGENTS                                 |
| pilocarpine tab (SALAGEN equiv)  | -                   | G           | MOUTH/THROAT/DENTAL AGENTS                        |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | -                   | G           | DERMATOLOGICALS                                   |
| PIMOZIDE TAB   | -                   | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv)  | -                   | G           | BETA BLOCKERS                                     |
| pioglitazone tab (ACTOS equiv)   | -                   | G           | ANTIDIABETICS                                     |
| pioglitazone/glimepiride tab (DUETACT equiv)                             | -                   | NC          | ANTIDIABETICS                                     |
| pioglitazone/metformin tab (ACTOPLUS MET equiv)                          | -                   | NC          | ANTIDIABETICS                                     |
| PIQRAY TAB   | LMSP-PA-SF          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)                         | LMSP-PA-QL          | G           | RESPIRATORY AGENTS - MISC.                        |
| PIRFENIDONE TAB  | -                   | NC          | RESPIRATORY AGENTS - MISC.                        |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)                   | LMSP-PA-QL          | G           | RESPIRATORY AGENTS - MISC.                        |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)                   | LMSP-PA-QL          | G           | RESPIRATORY AGENTS - MISC.                        |
| piroxicam cap (FELDENE equiv)  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                    |
| pitavastatin calcium tab (LIVALO equiv)                                  | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| PLAN B TAB   | OTC                 | \$0         | CONTRACEPTIVES                                    |
| PLAVIX TAB 300MG   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| PLEGRIDY INJ   | LMSP-PA             | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ   | LMSP-PA             | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLENVU SOLN  | -                   | NC          | LAXATIVES   |

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|---|---------------------|-------------|---|
| plerixafor subcutaneous inj (MOZOBIL INJ equiv)             | MSP-PA              | B           | HEMATOPOIETIC AGENTS                              |
| PLEXION CREAM 9.8-4.8%                                      | -                   | NC          | DERMATOLOGICALS                                   |
| PLIAGLIS CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| PLIAGLIS KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| PNEUMOVAX INJ   | VAC                 | \$0         | VACCINES  |
| PODIAPN CAP   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS      |
| PODOCON SOLN  | -                   | B           | DERMATOLOGICALS                                   |
| podofilox gel (CONDYLOX equiv)                              | -                   | G           | DERMATOLOGICALS                                   |
| PODOFILOX SOLN  | -                   | G           | DERMATOLOGICALS                                   |
| podofilox soln (CONDYLOX equiv)                             | -                   | G           | DERMATOLOGICALS                                   |
| POKONZA POWDER  | -                   | NC          | MINERALS & ELECTROLYTES                           |
| polyethylene glycol 3350 powder (MIRALAX equiv)             | OTC                 | EXC         | LAXATIVES   |
| POLYETHYLENE GLYCOL 8000 GRANULES                           | -                   | B           | PHARMACEUTICAL ADJUVANTS                          |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)        | -                   | G           | OPHTHALMIC AGENTS                                 |
| POLY-TUSSIN DM SYRUP  | -                   | NC          | COUGH/COLD/ALLERGY                                |
| POLY-VI-FLOR CHEW 0.25MG                                    | -                   | NC          | MULTIVITAMINS                                     |
| POLY-VI-FLOR CHEW 0.5MG                                     | -                   | NC          | MULTIVITAMINS                                     |
| POLY-VI-FLOR CHEW 1MG                                       | -                   | NC          | MULTIVITAMINS                                     |
| POLY-VI-FLOR CHEW W/IRON                                    | -                   | NC          | MULTIVITAMINS                                     |
| POLY-VI-FLOR SUSP   | -                   | NC          | MULTIVITAMINS                                     |
| POMALYST CAP (QL= 21 caps/28 days)                          | MSP-PA-QL           | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| PONVORY TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PONVORY TAB STARTER PACK                                    | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| posaconazole DR tab (NOXAFIL equiv) (QL= 93 tabs/30 days)   | PA-QL               | G           | ANTIFUNGALS                                       |
| posaconazole susp (NOXAFIL equiv) (QL= 525ml/26 days)       | PA-QL               | G           | ANTIFUNGALS                                       |
| POT/CHLORIDE EFFER TAB                                      | -                   | G           | MINERALS & ELECTROLYTES                           |
| POTABA POWDER PACKET  | -                   | B           | VITAMINS  |
| potassium bicarbonate effer tab (K-LYTE equiv)              | -                   | G           | MINERALS & ELECTROLYTES                           |
| potassium chloride effer tab (K-LYTE/CL equiv)              | -                   | G           | MINERALS & ELECTROLYTES                           |
| potassium chloride ER cap (MICRO-K equiv)                   | -                   | G           | MINERALS & ELECTROLYTES                           |
| potassium chloride ER tab (K-TAB equiv)                     | -                   | G           | MINERALS & ELECTROLYTES                           |
| potassium chloride micro tab (K-DUR equiv)                  | -                   | G           | MINERALS & ELECTROLYTES                           |
| potassium chloride powder packet (KLOR-CON equiv)           | -                   | G           | MINERALS & ELECTROLYTES                           |
| potassium chloride soln                                     | -                   | G           | MINERALS & ELECTROLYTES                           |
| POTASSIUM CHLORIDE TAB ER                                   | -                   | G           | MINERALS & ELECTROLYTES                           |
| potassium citrate CR tab (UROKIT-K TAB equiv)               | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| potassium citrate/citric acid soln (POLYCITRA-K equiv)      | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS              |
| potassium iodide oral soln (SSKI equiv)                     | -                   | G           | COUGH/COLD/ALLERGY                                |
| potassium phosphate monobasic tab (K-PHOS equiv)            | -                   | G           | MINERALS & ELECTROLYTES                           |
| POTIGA TAB (QL= 3 tabs/day)                                 | QL                  | B           | ANTICONVULSANTS                                   |
| PRADAXA PELLETT PACK  | -                   | NC          | ANTICOAGULANTS                                    |
| pramipexole ER tab (MIRAPEX ER equiv)                       | -                   | G           | ANTIPARKINSON AGENTS                              |

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|--|---------------------|-------------|--|
| pramipexole tab (MIRAPEX equiv)                      | -                   | G           | ANTIPARKINSON AGENTS                                 |
| PRAMOSONE CREAM 1-1%                                 | -                   | NC          | DERMATOLOGICALS                                      |
| PRAMOSONE CREAM 1-2.5%                               | -                   | NC          | DERMATOLOGICALS                                      |
| PRAMOSONE E CREAM                                    | -                   | B           | DERMATOLOGICALS                                      |
| PRAMOSONE LOTION                                     | -                   | NC          | DERMATOLOGICALS                                      |
| PRAMOSONE OINT                                       | -                   | NC          | DERMATOLOGICALS                                      |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv)   | -                   | G           | ANORECTAL AGENTS                                     |
| PRANDIMET TAB  | -                   | NC          | ANTIDIABETICS  |
| PRASCION RA CREAM                                    | -                   | B           | DERMATOLOGICALS                                      |
| prasugrel tab (EFFIENT equiv)                        | -                   | G           | HEMATOLOGICAL AGENTS - MISC.                         |
| pravastatin tab (PRAVACHOL equiv)                    | -                   | \$0         | ANTIHYPERTENSIVES                                    |
| praziquantel tab (BILTRICIDE equiv)                  | -                   | G           | ANTHELMINTICS  |
| prazosin cap (MINIPRESS equiv)                       | -                   | G           | ANTIHYPERTENSIVES                                    |
| PRECISION XTRA KETONE TEST STRIP                     | OTC                 | NC          | DIAGNOSTIC PRODUCTS                                  |
| PRECISION XTRA METER                                 | -                   | NC          | MEDICAL DEVICES AND SUPPLIES                         |
| PRECISION XTRA TEST STRIP                            | --OTC               | NC          | DIAGNOSTIC PRODUCTS                                  |
| PRED FORTE OPHTH SUSP                                | -                   | B           | OPHTHALMIC AGENTS                                    |
| PRED MILD OPHTH SOLN                                 | -                   | B           | OPHTHALMIC AGENTS                                    |
| PRED-G OPHTH SOLN                                    | -                   | B           | OPHTHALMIC AGENTS                                    |
| PREDNICARBATE CREAM                                  | -                   | B           | DERMATOLOGICALS                                      |
| PREDNICARBATE OIN                                    | -                   | B           | DERMATOLOGICALS                                      |
| prednisolone ODT (ORAPRED equiv)                     | -                   | NC          | CORTICOSTEROIDS                                      |
| PREDNISOLONE ODT TAB                                 | -                   | NC          | CORTICOSTEROIDS                                      |
| PREDNISOLONE OPHTH SUSP                              | -                   | G           | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN             | -                   | G           | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE SOLN                                    | -                   | B           | CORTICOSTEROIDS                                      |
| prednisolone soln                                    | -                   | G           | CORTICOSTEROIDS                                      |
| prednisolone soln (PEDIAPRED equiv)                  | -                   | G           | CORTICOSTEROIDS                                      |
| prednisolone tab (MILLIPRED equiv)                   | -                   | NC          | CORTICOSTEROIDS                                      |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN                 | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP                 | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN       | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP       | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN       | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP       | -                   | NC          | OPHTHALMIC AGENTS                                    |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP                    | -                   | NC          | OPHTHALMIC AGENTS                                    |
| prednisone pack                                      | -                   | NC          | CORTICOSTEROIDS                                      |
| PREDNISON SOLN                                       | -                   | B           | CORTICOSTEROIDS                                      |
| prednisone tab (DELTASONE equiv)                     | -                   | G           | CORTICOSTEROIDS                                      |
| PREDNISON/DIPHENHYDRAMINE KIT                        | -                   | NC          | CORTICOSTEROIDS                                      |
| PREFERA OB   | -                   | NC          | MULTIVITAMINS  |
| PREFERA OB ONE                                       | -                   | NC          | MULTIVITAMINS  |
| PREFEST TAB  | -                   | B           | ESTROGENS  |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day)       | QL                  | G           | ANTICONVULSANTS                                      |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL                  | G           | ANTICONVULSANTS                                      |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL                  | G           | ANTICONVULSANTS                                      |
| pregabalin ER tab (LYRICA CR equiv)                  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day)        | QL                  | G           | ANTICONVULSANTS                                      |
| PREGEN DHA CAP                                       | -                   | NC          | MULTIVITAMINS  |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                            |
|---|---------------------|-------------|--|
| PREGENNA TAB  | -                   | NC          | MULTIVITAMINS                              |
| PREHEVBRIO SUSP   | VAC                 | \$0         | VACCINES                                   |
| PREMARIN TAB  | -                   | B           | ESTROGENS                                  |
| PREMARIN VAGINAL CREAM  | -                   | NC          | VAGINAL PRODUCTS                           |
| PREMPHASE TAB, PREMPRO TAB  | -                   | B           | ESTROGENS                                  |
| PRENA1 CHEW   | -                   | NC          | MULTIVITAMINS                              |
| PRENA1 PEARL, VITAPEARL   | -                   | NC          | MULTIVITAMINS                              |
| PRENA1 TRUE, VITATRUE   | -                   | NC          | MULTIVITAMINS                              |
| PRENARA CAP   | -                   | NC          | MULTIVITAMINS                              |
| PRENATA   | -                   | G           | MULTIVITAMINS                              |
| PRENATABS RX TAB  | -                   | G           | MULTIVITAMINS                              |
| PRENATAL 19 CHEW TAB  | -                   | G           | MULTIVITAMINS                              |
| PRENATAL 19 TAB   | -                   | G           | MULTIVITAMINS                              |
| PRENATAL FORMULA, PRENATAL MULTI + DHA  | -                   | G           | MULTIVITAMINS                              |
| PRENATAL MULTIVITAMIN + D   | -                   | G           | MULTIVITAMINS                              |
| PRENATAL PLUS IRON  | -                   | G           | MULTIVITAMINS                              |
| PRENATAL VITAMINS (NON-PREFERRED)   | -                   | B           | MULTIVITAMINS                              |
| PRENATE AM  | -                   | NC          | MULTIVITAMINS                              |
| PRENATE CHEWABLE  | -                   | NC          | MULTIVITAMINS                              |
| PRENATE DHA   | -                   | NC          | MULTIVITAMINS                              |
| PRENATE ELITE   | -                   | NC          | MULTIVITAMINS                              |
| PRENATE ESSENTIAL   | -                   | NC          | MULTIVITAMINS                              |
| PRENATE MINI  | -                   | NC          | MULTIVITAMINS                              |
| PRENATE MINI, TRISTART DHA  | -                   | NC          | MULTIVITAMINS                              |
| PRENATE TAB   | -                   | NC          | MULTIVITAMINS                              |
| PRENATRIX TAB   | -                   | NC          | MULTIVITAMINS                              |
| PRENATRYL TAB   | -                   | NC          | MULTIVITAMINS                              |
| PRESTALIA TAB   | -                   | NC          | ANTIHYPERTENSIVES                          |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)   | QL-RS               | B           | ANTIMYCOBACTERIAL AGENTS                   |
| PREVACID CAP  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| PREVACID OTC CAP  | OTC                 | EXC         | ULCER DRUGS                                |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | -                   | \$0         | MOUTH/THROAT/DENTAL AGENTS                 |
| PREVIDENT PASTE   | -                   | B           | MOUTH/THROAT/DENTAL AGENTS                 |
| PREVIDENT SOLN  | -                   | B           | MOUTH/THROAT/DENTAL AGENTS                 |
| PREVNAR 13 INJ  | VAC                 | \$0         | VACCINES                                   |
| PREVNAR 20 INJ (Covered for members age 19 years or older)  | VAC                 | \$0         | VACCINES                                   |
| PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)   | LMSP-PA-QL          | B           | ANTIVIRALS                                 |
| PREZCOBIX TAB   | -                   | B           | ANTIVIRALS                                 |
| PREZISTA SUSP   | -                   | B           | ANTIVIRALS                                 |
| PREZISTA TAB  | -                   | B           | ANTIVIRALS                                 |
| PRIFTIN TAB   | -                   | B           | ANTIMYCOBACTERIAL AGENTS                   |
| PRILOSEC CAP  | -                   | NC          | ULCER DRUGS                                |
| PRILOSEC OTC DR TAB   | OTC                 | EXC         | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| PRILOSEC OTC DR TAB   | OTC                 | NC          | ULCER DRUGS                                |

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| <b>EXC</b> Plan Exclusion                                 | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>PA</b> Prior Authorization                             | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>RS</b> Restricted to Specialist                        | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
| <b>ST</b> Step Therapy                                    | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                        |
|--|---------------------|-------------|--|
| PRIMACARE  | -                   | NC          | MULTIVITAMINS                          |
| primaquine tab (PRIMAQUINE equiv)                          | -                   | G           | ANTIMALARIALS                          |
| primidone tab (MYSOLINE equiv)                             | -                   | G           | ANTICONVULSANTS                        |
| PRIMIDONE TAB  | -                   | NC          | ANTICONVULSANTS                        |
| PRIMLEV TAB 10-300MG                                       | -                   | NC          | ANALGESICS - OPIOID                    |
| PRIMLEV TAB 5-300MG  | -                   | NC          | ANALGESICS - OPIOID                    |
| PRIMSOL SOLN   | -                   | B           | ANTI-INFECTIVE AGENTS - MISC.          |
| PRIORIX INJ  | VAC                 | \$0         | VACCINES                               |
| probenecid tab (BENEMID equiv)                             | -                   | G           | GOUT AGENTS                            |
| prochlorperazine supp (COMPAZINE equiv)                    | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS        |
| prochlorperazine tab (COMPAZINE equiv)                     | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS        |
| PROCRIT INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                   |
| PROCTOCORT SUPP  | -                   | NC          | ANORECTAL AGENTS                       |
| PROCTOFOAM HC FOAM   | -                   | B           | ANORECTAL AGENTS                       |
| proctosol HC cream (ANUSOL HC equiv)                       | -                   | G           | ANORECTAL AGENTS                       |
| PROCYSBI CAP   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS   |
| PROCYSBI GRANULES PACKET                                   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS   |
| PRODRIN TAB  | -                   | NC          | MIGRAINE PRODUCTS                      |
| progesterone cap (PROMETRIUM equiv)                        | -                   | G           | PROGESTINS                             |
| progesterone oil inj                                       | -                   | G           | PROGESTINS                             |
| PROGESTERONE SUPP  | PA                  | B           | VAGINAL PRODUCTS                       |
| PROGRAF PACKET   | -                   | NC          | MISCELLANEOUS THERAPEUTIC CLASSES      |
| PROLATE TAB 7.5-300MG                                      | -                   | NC          | ANALGESICS - OPIOID                    |
| PROLENSA OPHTH SOLN  | -                   | B           | OPHTHALMIC AGENTS                      |
| PROLIA INJ (QL= 1 fill/6 months)                           | LMSP-QL             | B           | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PROMACTA POWDER (QL= 1 packet/day)                         | LMSP-PA-QL          | B           | HEMATOPOIETIC AGENTS                   |
| PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day)                  | LMSP-PA-QL          | B           | HEMATOPOIETIC AGENTS                   |
| PROMACTA TAB 50MG (QL= 2 tabs/day)                         | LMSP-PA-QL          | B           | HEMATOPOIETIC AGENTS                   |
| PROMACTA TAB 75MG (QL= 2 tabs/day)                         | LMSP-PA-QL          | B           | HEMATOPOIETIC AGENTS                   |
| promethazine DM syrup                                      | -                   | G           | COUGH/COLD/ALLERGY                     |
| promethazine supp (PHENERGAN equiv)                        | -                   | G           | ANTIHISTAMINES                         |
| promethazine syrup   | -                   | G           | ANTIHISTAMINES                         |
| promethazine tab (PHENERGAN equiv)                         | -                   | G           | ANTIHISTAMINES                         |
| PROMETHAZINE VC SYRUP                                      | -                   | G           | COUGH/COLD/ALLERGY                     |
| promethazine VC syrup (PHENERGAN VC equiv)                 | -                   | G           | COUGH/COLD/ALLERGY                     |
| PROMETHAZINE VC/CODEINE SYRUP                              | -                   | G           | COUGH/COLD/ALLERGY                     |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | -                   | G           | COUGH/COLD/ALLERGY                     |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv)       | -                   | G           | COUGH/COLD/ALLERGY                     |
| PROMETHEGAN SUPP   | -                   | G           | ANTIHISTAMINES                         |
| PROMISEB CREAM   | -                   | NC          | DERMATOLOGICALS                        |
| propafenone ER cap (RYTHMOL SR equiv)                      | -                   | G           | ANTIARRHYTHMICS                        |
| propafenone tab (RYTHMOL equiv)                            | -                   | G           | ANTIARRHYTHMICS                        |
| PROPANTHELINE TAB  | -                   | B           | ULCER DRUGS                            |
| proparacaine ophth soln (ALCAINE equiv)                    | -                   | G           | OPHTHALMIC AGENTS                      |
| propranolol ER cap (INDERAL LA equiv)                      | -                   | G           | BETA BLOCKERS                          |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)         | -                   | G           | BETA BLOCKERS                          |
| PROPRANOLOL SOLN   | -                   | G           | BETA BLOCKERS                          |

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| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
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|--|---------------------|-------------|---|
| propranolol tab (INDERAL equiv)  | -                   | G           | BETA BLOCKERS                                     |
| propylthiouracil tab   | -                   | G           | THYROID AGENTS                                    |
| PROQUAD INJ  | VAC                 | \$0         | VACCINES  |
| PROQUIN XR TAB   | -                   | NC          | FLUOROQUINOLONES                                  |
| PROSED DS TAB  | -                   | NC          | URINARY ANTI-INFECTIVES                           |
| PROTHELIAL PASTE   | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                        |
| protriptyline tab (VIVACTIL equiv)   | -                   | G           | ANTIDEPRESSANTS                                   |
| PROVIDA DHA  | -                   | NC          | MULTIVITAMINS                                     |
| PROVIDA OB   | -                   | NC          | MULTIVITAMINS                                     |
| PROVIGIL TAB   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| PROZAC WEEKLY CAP  | -                   | NC          | ANTIDEPRESSANTS                                   |
| PROZENA PAD  | -                   | NC          | DERMATOLOGICALS                                   |
| PULMICORT FLEXHALER  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS        |
| PULMOZYME INH SOLN   | LMSP                | B           | RESPIRATORY AGENTS - MISC.                        |
| PUREFOLIX TAB  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization)                                  | PA                  | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| PYLERA CAP   | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS  |
| pyrazinamide tab   | -                   | G           | ANTIMYCOBACTERIAL AGENTS                          |
| PYRIDIUM TAB   | -                   | NC          | GENITOURINARY AGENTS -<br>MISCELLANEOUS           |
| pyridostigmine CR tab (MESTINON equiv)   | -                   | G           | ANTIMYASTHENIC/CHOLINERGIC AGENTS                 |
| pyridostigmine tab (MESTINON equiv)  | -                   | G           | ANTIMYASTHENIC/CHOLINERGIC AGENTS                 |
| PYRIDOSTIGMINE TAB 30MG  | -                   | NC          | ANTIMYASTHENIC/CHOLINERGIC AGENTS                 |
| pyridoxine inj   | -                   | G           | VITAMINS  |
| pyridstigmine soln (MESTINON equiv)  | -                   | G           | ANTIMYASTHENIC/CHOLINERGIC AGENTS                 |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL            | G           | ANTIMALARIALS                                     |
| PYRIMETHAMINE/LEUCOVORIN CAP   | -                   | NC          | ANTIMALARIALS                                     |
| PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)                       | LD-PA-QL            | B           | HEMATOLOGICAL AGENTS - MISC.                      |
| PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)                 | LD-PA-QL            | B           | HEMATOLOGICAL AGENTS - MISC.                      |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older)                             | PA                  | B           | ANTIHYPERTENSIVES                                 |
| QBREXZA PAD  | -                   | NC          | DERMATOLOGICALS                                   |
| QDOLO SOLN, TRAMADOL SOLN  | -                   | NC          | ANALGESICS - OPIOID                               |
| QELBREE ER CAP   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)                        | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| QMIIZ ODT TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| QNASL NASAL SPRAY  | -                   | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| QTERN TAB  | -                   | NC          | ANTIDIABETICS                                     |
| QUALAQUIN CAP  | -                   | NC          | ANTIMALARIALS                                     |
| QUDEXY XR CAP  | -                   | NC          | ANTICONVULSANTS                                   |
| quetiapine tab (SEROQUEL equiv)  | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| QUETIAPINE TAB   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |

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| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|---------------------|-------------|--|
| quetiapine XR tab (SEROQUEL XR equiv)   | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| QUFLORA PEDIATRIC CHEW TAB  | -                   | B           | MULTIVITAMINS  |
| QUILLICHEW ER TAB   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| QUILLIVANT XR SUSP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| quinapril tab (ACCUPRIL equiv)  | -                   | G           | ANTIHYPERTENSIVES                                    |
| QUINAPRIL/HCTZ TAB  | -                   | G           | ANTIHYPERTENSIVES                                    |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv)   | -                   | G           | ANTIHYPERTENSIVES                                    |
| quinidine gluconate CR tab  | -                   | G           | ANTIARRHYTHMICS                                      |
| quinidine sulfate tab   | -                   | G           | ANTIARRHYTHMICS                                      |
| QUINIDINE SULFATE TAB   | -                   | NC          | ANTIARRHYTHMICS                                      |
| quinine sulfate cap (QUALAQUIN equiv)   | -                   | NC          | ANTIMALARIALS  |
| QUINIXIL PAK  | -                   | NC          | DERMATOLOGICALS                                      |
| QULIPTA TAB   | -                   | NC          | MIGRAINE PRODUCTS                                    |
| QUVIVIQ TAB   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| QVAR INHALER  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| QVAR REDIHALER  | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| RABAVERT INJ  | VAC                 | EXC         | VACCINES   |
| rabeprazole EC tab (ACIPHEX equiv)  | PA                  | G           | ULCER DRUGS  |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through<br>Accredo 800-803-2523)                              | LD-PA-QL            | B           | NEUROMUSCULAR AGENTS                                 |
| RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo<br>800-803-2523)                                      | LD-PA-QL            | B           | NEUROMUSCULAR AGENTS                                 |
| RAGWITEK SL TAB   | -                   | NC          | BIOLOGICALS MISC                                     |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All<br>other members covered at generic copay) | -                   | \$0         | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)   | PA-QL               | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| ramipril cap (ALTACE equiv)   | -                   | G           | ANTIHYPERTENSIVES                                    |
| ranitidine cap (ZANTAC equiv)   | -                   | NC          | ULCER DRUGS  |
| ranitidine syrup (ZANTAC equiv)   | -                   | NC          | ULCER DRUGS  |
| ranitidine tab (Rx Only) (ZANTAC equiv)   | -                   | NC          | ULCER DRUGS  |
| ranolazine tab (RANEXA equiv)   | -                   | G           | ANTIANGINAL AGENTS                                   |
| rasagiline tab (AZILECT equiv)  | ¢                   | G           | ANTIPARKINSON AGENTS                                 |
| RAVICTI LIQUID  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| RAYALDEE CAP  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| RAYOS TAB   | -                   | NC          | CORTICOSTEROIDS                                      |
| REBETOL SOLN  | LMSP                | B           | ANTIVIRALS   |
| REBIF INJ   | LMSP-PA             | B           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| RECOMBINATE INJ   | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                         |
| RECORLEV TAB  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS -<br>MISC.            |
| RECTIV OINT   | -                   | B           | ANORECTAL AND RELATED PRODUCTS                       |
| REDITREX INJ  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |

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| <b>PA</b>   | Plan Exclusion                                   | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>RS</b>   | Lumicera Mandatory Specialty Pharmacy Program    | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>ST</b>   | Prior Authorization                              | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
|             | Restricted to Specialist                         | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |
|             | Step Therapy                                     |  |                                    |

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|---|---------------------|-------------|---|
| REGRANEX GEL (QL= 30gm/fill)  | QL                  | B           | DERMATOLOGICALS                                   |
| RELAFEN DS TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| RELENZA DISKHALER (QL= 1 inhaler/calendar year)   | QL                  | B           | ANTIVIRALS  |
| RELEUKO INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| RELEUKO PREFILLED SYRINGE INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| RELEXXI ER TAB  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| RELISTOR INJ  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| RELISTOR INJ KIT  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| RELISTOR TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| RELPAK TAB  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| RELTONE CAP   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| RELYVRIO PAK (QL= 2 packets/day; Only available through Accredo<br>800-803-2523)  | LD-PA-QL            | B           | NEUROMUSCULAR AGENTS                              |
| REMEDIENT CAP   | -                   | NC          | MULTIVITAMINS                                     |
| REMICADE INJ  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| RENAGEL TAB 800MG   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| renaphro cap (NEPHROCAP equiv)  | -                   | G           | MULTIVITAMINS                                     |
| RENFLEXIS INJ   | MSP-PA              | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| RENOVA CREAM  | -                   | EXC         | DERMATOLOGICALS                                   |
| REVELA TAB  | -                   | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| repaglinide tab (PRANDIN equiv)   | -                   | G           | ANTIDIABETICS                                     |
| REPATHA INJ (QL= 2 inj/28 days)   | PA-QL               | B           | ANTIHYPERTENSIVES                                 |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)  | PA-QL               | B           | ANTIHYPERTENSIVES                                 |
| REQUIP XL TAB   | -                   | NC          | ANTIPARKINSON AND RELATED THERAPY<br>AGENTS       |
| RESCRIPTOR TAB  | -                   | B           | ANTIVIRALS  |
| RESERVAPAK SYRUP  | -                   | NC          | ALTERNATIVE MEDICINES                             |
| RESTASIS MULTI-DOSE   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| RESTASIS OPHTH EMULSION   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| RETACRIT INJ  | LMSP                | B           | HEMATOPOIETIC AGENTS                              |
| RETEVMO CAP (QL= 4 caps/day)  | LMSP-PA-QL-SF       | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| RETIN-A CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| RETIN-A GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| RETIN-A MICRO GEL 0.04%, 0.1%   | -                   | NC          | DERMATOLOGICALS                                   |
| RETIN-A MICRO GEL 0.08%, 0.06%  | -                   | NC          | DERMATOLOGICALS                                   |
| REVTIO SUSP   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens<br>888-347-3416; Restricted to Oncology or Hematology Specialist) | LD-QL-RS            | B           | MISCELLANEOUS THERAPEUTIC CLASSE                  |
| REXAPHENAC CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| REXULTI TAB   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| REYATAZ POWDER PACK   | -                   | B           | ANTIVIRALS  |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)   | PA-QL               | B           | MIGRAINE PRODUCTS                                 |
| REZDIFFRA TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics<br>800-850-4306)  | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera<br>855-847-3553)   | LD-PA-QL            | B           | MISCELLANEOUS THERAPEUTIC CLASSE                  |
| REZVOGLAR INJ   | -                   | NC          | ANTIDIABETICS                                     |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer   |   |                                 |
| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| REZYST CHEW TAB   | -                   | NC          | ANTI-DIARRHEALS                                   |
| RHEUMATREX TAB  | -                   | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| RHOFADE CREAM   | -                   | EXC         | DERMATOLOGICALS                                   |
| RHOPRESSA OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| RIASTAP INJ   | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                      |
| RIBAPAK TAB   | -                   | NC          | ANTIVIRALS  |
| RIBAVIRIN CAP   | LMSP                | B           | ANTIVIRALS  |
| ribavirin cap (REBETOL equiv)   | LMSP                | G           | ANTIVIRALS  |
| ribavirin inh soln (VIRAZOLE equiv)   | -                   | NC          | ANTIVIRALS  |
| RIBAVIRIN TAB   | LMSP                | B           | ANTIVIRALS  |
| RIBAVIRIN TAB 400MG   | -                   | NC          | ANTIVIRALS  |
| RIDAURA CAP   | -                   | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| rifabutin cap (MYCOBUTIN equiv)   | -                   | G           | ANTIMYCOBACTERIAL AGENTS                          |
| RIFAMATE CAP  | -                   | B           | ANTIMYCOBACTERIAL AGENTS                          |
| rifampin cap (RIFADIN equiv)  | -                   | G           | ANTIMYCOBACTERIAL AGENTS                          |
| riluzole tab (RILUTEK equiv)  | -                   | G           | NEUROMUSCULAR AGENTS                              |
| RIMANTADINE TAB   | -                   | NC          | ANTIVIRALS  |
| RINVOQ ER TAB (QL= 1 tab/day)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST                  | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| risedronate tab (ACTONEL equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| RISPERIDONE ODT   | -                   | B           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| risperidone ODT (RISPERDAL M equiv)   | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| risperidone soln (RISPERDAL equiv)  | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| risperidone tab (RISPERDAL equiv)   | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| ritonavir tab (NORVIR equiv)  | -                   | G           | ANTIVIRALS  |
| RITUXAN INJ   | MSP-PA              | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| rivastigmine cap (EXELON equiv)   | -                   | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv)   | -                   | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RIVFLOZA INJ  | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS              |
| RIVIVE SPRAY  | OTC                 | G           | ANTIDOTES AND SPECIFIC ANTAGONISTS                |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)              | QL                  | G           | MIGRAINE PRODUCTS                                 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)              | QL                  | G           | MIGRAINE PRODUCTS                                 |
| ROAOXIA GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| ROCKLATAN OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                 |
| roflumilast tab   | PA                  | G           | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS          |
| ropinirole ER tab (REQUIP XL equiv)   | -                   | G           | ANTIPARKINSON AGENTS                              |
| ropinirole tab (REQUIP equiv)   | -                   | G           | ANTIPARKINSON AGENTS                              |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ   | -                   | NC          | LOCAL ANESTHETICS-PARENTERAL                      |
| ROSADAN KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| rosuvastatin tab (CRESTOR equiv)  | -                   | \$0         | ANTIHYPERLIPIDEMICS                               |
| ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                               |
| ROTARIX SUSP  | VAC                 | \$0         | VACCINES  |
| ROTATEQ INJ   | VAC                 | \$0         | VACCINES  |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>EXC</b> Exclusion  | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program       | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>PA</b> Prior Authorization                                   | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
| <b>RS</b> Restricted to Specialist                              | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |
| <b>ST</b> Step Therapy  |  |                                    |

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|---|---------------------|-------------|---|
| ROWASA KIT  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| ROXYBOND TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| ROZEREM TAB   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| ROZLYTREK CAP (QL= 3 caps/day)  | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ROZLYTREK PAK (QL= 6 packs/day)   | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)   | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| RUCONEST INJ (Only available through Accredo 800-803-2523)                | LD-PA               | B           | HEMATOLOGICAL AGENTS - MISC.                      |
| rufinamide susp (BANZEL equiv)  | PA                  | G           | ANTICONVULSANTS                                   |
| rufinamide tab (BANZEL equiv)   | PA                  | G           | ANTICONVULSANTS                                   |
| RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)              | RS                  | B           | ANTIVIRALS  |
| RYALTRIS SPRAY  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX              | B           | ANTIDIABETICS                                     |
| RYBIX ODT   | -                   | NC          | ANALGESICS - OPIOID                               |
| RYCLORA SOLN  | -                   | NC          | ANTIHISTAMINES                                    |
| RYDAPT CAP (QL= 56 caps/28 days)  | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| RYTARY CAP  | -                   | NC          | ANTIPARKINSON AGENTS                              |
| RYVENT TAB  | -                   | NC          | ANTIHISTAMINES                                    |
| SABRIL TAB  | -                   | NC          | ANTICONVULSANTS                                   |
| SAFYRAL TAB   | -                   | NC          | CONTRACEPTIVES                                    |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ                                    | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| SALEX LOTION KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| SALEX SHAMPOO   | -                   | B           | DERMATOLOGICALS                                   |
| SALICATE LIQUID   | -                   | NC          | DERMATOLOGICALS                                   |
| salicylic acid soln   | -                   | NC          | DERMATOLOGICALS                                   |
| salicylic acid cream (CERAVE PSORIASIS equiv)                             | -                   | NC          | DERMATOLOGICALS                                   |
| salicylic acid shampoo (SALEX equiv)                                      | -                   | G           | DERMATOLOGICALS                                   |
| SALIMEZ FORTE CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| salsalate tab (DISALCID equiv)  | -                   | G           | ANALGESICS - NONNARCOTIC                          |
| SANCUSO PATCH (QL= 4 patches/fill)  | QL                  | B           | ANTIEMETICS                                       |
| SANDIMMUNE SOLN 100MG/ML  | -                   | B           | ASSORTED CLASSES                                  |
| SANDOSTATIN LAR INJ KIT   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| SANTYL OINT (QL= 90gm/30 days)  | QL                  | B           | DERMATOLOGICALS                                   |
| sapropterin dihydrochloride powder packet (KUVAN equiv)                   | LMSP-PA             | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| sapropterin dihydrochloride soluble tab (KUVAN equiv)                     | LMSP-PA             | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| SARAFEM TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVAYSA TAB   | -                   | NC          | ANTICOAGULANTS                                    |
| SAVELLA PAK   | -                   | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB (QL= 2 tabs/day)  | QL                  | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|---|
| saxagliptin hcl tab (ONGLYZA equiv)  | -                   | NC          | ANTIDIABETICS                             |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)                                     | -                   | NC          | ANTIDIABETICS                             |
| SCARCIN GEL  | -                   | NC          | DERMATOLOGICALS                           |
| scarcin gel (SCARCIN equiv)  | -                   | NC          | DERMATOLOGICALS                           |
| SCARCIN LIQUID ROLL-ON   | -                   | NC          | DERMATOLOGICALS                           |
| SCEMBLIX TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| scopolamine patch (TRANSDERM-SCOP equiv)   | -                   | G           | ANTIEMETICS                               |
| SECONAL CAP  | -                   | B           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| SECUADO PATCH  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS           |
| SEEBRI NEOHALER CAP  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| SEGLENTIS TAB  | -                   | NC          | ANALGESICS - OPIOID                       |
| SEGLUROMET TAB   | -                   | NC          | ANTIDIABETICS                             |
| SELECT OB + DHA  | -                   | NC          | MULTIVITAMINS                             |
| selegiline cap (ELDEPRYL equiv)  | -                   | G           | ANTIPARKINSON AGENTS                      |
| selegiline tab (ELDEPRYL equiv)  | -                   | G           | ANTIPARKINSON AGENTS                      |
| selenium sulfide lotion  | OTC                 | EXC         | DERMATOLOGICALS                           |
| selenium sulfide lotion 2.5% (SELSUN equiv)  | -                   | G           | DERMATOLOGICALS                           |
| selenium sulfide shampoo (SELSEB equiv)  | -                   | G           | DERMATOLOGICALS                           |
| selenium sulfide shampoo 2.3% (SELRX equiv)  | -                   | NC          | DERMATOLOGICALS                           |
| SELZENTRY SOLN   | -                   | B           | ANTIVIRALS                                |
| SELZENTRY TAB  | -                   | B           | ANTIVIRALS                                |
| SEMGLEE INJ (SINGLE PEN)   | -                   | NC          | ANTIDIABETICS                             |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ   | -                   | B           | ANTIDIABETICS                             |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN   | -                   | B           | ANTIDIABETICS                             |
| SEMGLEE SOLN   | -                   | NC          | ANTIDIABETICS                             |
| SEMPREX-D CAP  | -                   | EXC         | COUGH/COLD/ALLERGY                        |
| SENSIPAR TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| SEREVENT DISKUS INHALER  | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| SERNIVO SPRAY  | -                   | NC          | DERMATOLOGICALS                           |
| SEROQUEL XR TAB  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS           |
| SERTRALINE CAP   | -                   | NC          | ANTIDEPRESSANTS                           |
| sertraline conc (ZOLOFT equiv)   | -                   | G           | ANTIDEPRESSANTS                           |
| sertraline tab (ZOLOFT equiv)  | -                   | G           | ANTIDEPRESSANTS                           |
| sevelamer hydrochloride tab (RENAGEL equiv)  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.           |
| sevelamer powder pak (RENVELA equiv)   | -                   | G           | GASTROINTESTINAL AGENTS - MISC.           |
| sevelamer tab (RENVELA TAB equiv)  | -                   | G           | GASTROINTESTINAL AGENTS - MISC.           |
| SEYSARA TAB  | -                   | NC          | TETRACYCLINES                             |
| SHINGRIX INJ (Covered for members age 19 years or older)                                     | VAC                 | \$0         | VACCINES                                  |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL            | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| SIKLOS TAB   | -                   | NC          | HEMATOPOIETIC AGENTS                      |
| SILALITE PAK MIS   | -                   | NC          | DERMATOLOGICALS                           |
| SILATRIX GEL   | -                   | NC          | MOUTH/THROAT/DENTAL AGENTS                |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)         | PA                  | G           | CARDIOVASCULAR AGENTS - MISC.             |

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| <b>EXC</b> Plan Exclusion                                 | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>PA</b> Prior Authorization                             | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>RS</b> Restricted to Specialist                        | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
| <b>ST</b> Step Therapy                                    | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |

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|---|---------------------|-------------|--|
| sildenafil tab (VIAGRA equiv) (QL=6 tabs/30 days)   | QL                  | G           | CARDIOVASCULAR AGENTS - MISC.          |
| sildenafil tab 20mg (REVATIO equiv)   | PA                  | G           | CARDIOVASCULAR AGENTS - MISC.          |
| SILIPAC KIT   | -                   | NC          | DERMATOLOGICALS                        |
| SILIQ INJ   | -                   | NC          | DERMATOLOGICALS                        |
| silodosin cap (RAPAFLO equiv)   | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS   |
| silver sulfadiazine cream (SILVADENE CREAM equiv)   | -                   | G           | DERMATOLOGICALS                        |
| SILVERA PAD   | -                   | NC          | DERMATOLOGICALS                        |
| SIMBRINZA OPHTH SUSP  | -                   | B           | OPHTHALMIC AGENTS                      |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY         |
| SIMPONI AUTO-INJECTOR 50MG  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY         |
| SIMPONI INJ 100MG (QL=1 inj/28 days)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY         |
| SIMPONI INJ 50MG  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY         |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered)   | -                   | \$0         | ANTIHYPERTENSIVES                      |
| simvastatin tab 80mg (ZOCOR equiv)  | -                   | NC          | ANTIHYPERTENSIVES                      |
| sirolimus soln (RAPAMUNE equiv)   | -                   | G           | MISCELLANEOUS THERAPEUTIC CLASSES      |
| sirolimus tab (RAPAMUNE equiv)  | -                   | G           | ASSORTED CLASSES                       |
| SIRTURO TAB   | -                   | NC          | ANTIMYCOBACTERIAL AGENTS               |
| SITAVIG TAB   | -                   | NC          | ANTIVIRALS                             |
| SITZMARKS CAP   | -                   | NC          | DIAGNOSTIC PRODUCTS                    |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)   | QL-RS               | B           | ANTI-INFECTIVE AGENTS - MISC.          |
| SKLICE LOTION   | -                   | NC          | DERMATOLOGICALS                        |
| SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)   | LD-PA-QL            | B           | NEUROMUSCULAR AGENTS                   |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)  | LMSP-PA-QL          | B           | DERMATOLOGICALS                        |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)  | LMSP-PA-QL          | B           | GASTROINTESTINAL AGENTS - MISC.        |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)   | LMSP-PA-QL          | B           | GASTROINTESTINAL AGENTS - MISC.        |
| SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)   | LMSP-PA-QL          | B           | DERMATOLOGICALS                        |
| SKYTROFA INJ  | LMSP-PA             | B           | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SLYND TAB   | -                   | NC          | CONTRACEPTIVES                         |
| smz/tmp (DS) tab (BACTRIM DS equiv)   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.          |
| smz/tmp susp (BACTRIM, SEPTRA equiv)  | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.          |
| SOAANZ TAB  | -                   | NC          | DIURETICS                              |
| sodium chloride neb soln (HYPER-SAL equiv)  | -                   | G           | COUGH/COLD/ALLERGY                     |
| sodium citrate/citric acid soln (BICITRA equiv)   | -                   | G           | GENITOURINARY AGENTS - MISCELLANEOUS   |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | -                   | \$0         | MINERALS & ELECTROLYTES                |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | -                   | \$0         | MOUTH/THROAT/DENTAL AGENTS             |
| sodium fluoride gel (PREVIDENT equiv)   | -                   | G           | MOUTH/THROAT/DENTAL AGENTS             |
| sodium fluoride paste (PREVIDENT equiv)   | -                   | G           | MOUTH/THROAT/DENTAL AGENTS             |
| sodium fluoride rinse (PREVIDENT equiv)   | -                   | G           | MOUTH/THROAT/DENTAL AGENTS             |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)     | -                   | \$0         | MINERALS & ELECTROLYTES                |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)                     | -                   | \$0         | MINERALS & ELECTROLYTES                |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv)   | -                   | G           | MOUTH/THROAT/DENTAL AGENTS             |
| SODIUM HYALU INJ  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS         |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|---|---------------------|-------------|---|
| SODIUM IODIDE I-131 SOLN  | -                   | NC          | THYROID AGENTS                                    |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)   | LD-PA-QL            | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| sodium phenylbutyrate powder (BUPHENYL equiv)   | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| sodium phenylbutyrate tab (BUPHENYL equiv)  | -                   | G           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| sodium polystyrene powder (KAYEXALATE equiv)  | -                   | G           | ASSORTED CLASSES                                  |
| sodium polystyrene susp (SPS equiv)   | -                   | G           | ASSORTED CLASSES                                  |
| sodium sulfacetamide gel (OVACE equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide lotion (KLARON equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| sodium sulfacetamide shampoo (OVACE equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide wash (OVACE WASH equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur gel (ROSULA equiv)  | -                   | G           | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| SODIUM SULFACETAMIDE/SULFUR SUSP  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur susp (PLEXION TS equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay) | QL                  | \$0         | LAXATIVES   |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)  | LMSP-PA-QL          | B           | ANTIVIRALS  |
| SOGROYA INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)  | LD-PA-QL            | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)   | LD-PA-QL            | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)  | LD-PA-QL            | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)  | LD-PA-QL            | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)  | LD-PA-QL            | B           | MUSCULOSKELETAL THERAPY AGENTS                    |
| SOLAICE PATCH   | -                   | NC          | DERMATOLOGICALS                                   |
| SOLARAVIX PAK   | -                   | NC          | DERMATOLOGICALS                                   |
| solifenacin tab (VESICARE equiv)  | -                   | G           | URINARY ANTISPASMODICS                            |
| SOLIQUA INJ (QL= 15ml/25 days)  | QL                  | B           | ANTIDIABETICS                                     |
| SOLOSEC GRANULES PACKET   | -                   | NC          | AMEBICIDES  |
| SOLU-CORTEF INJ (QL= 1 vial/fill)   | QL                  | B           | CORTICOSTEROIDS                                   |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)  | QL                  | B           | CORTICOSTEROIDS                                   |
| SOLU-MEDROL INJ   | -                   | NC          | CORTICOSTEROIDS                                   |
| SOLU-MEDROL INJ 2GM   | -                   | B           | CORTICOSTEROIDS                                   |
| SOLU-MEDROL PF INJ  | -                   | NC          | CORTICOSTEROIDS                                   |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|---------------------|-------------|--|
| SOMA TAB 250MG  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)  | LD-PA               | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| SOOLANTRA CREAM   | -                   | NC          | DERMATOLOGICALS                          |
| sorafenib tosylate tab (NEXAVAR equiv)  | LMSP-PA             | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| sotalol AF tab (BETAPACE AF equiv)  | -                   | G           | BETA BLOCKERS                            |
| sotalol tab (BETAPACE equiv)  | -                   | G           | BETA BLOCKERS                            |
| SOTYKTU TAB   | -                   | NC          | DERMATOLOGICALS                          |
| SOTYLIZE SOLN   | -                   | NC          | BETA BLOCKERS                            |
| SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)  | PA                  | B           | BETA BLOCKERS                            |
| SOVALDI PELLETT PAK   | -                   | NC          | ANTIVIRALS                               |
| SOVALDI TAB   | -                   | NC          | ANTIVIRALS                               |
| SOVUNA TAB  | -                   | NC          | ANTIMALARIALS                            |
| SPECTRACEF TAB  | -                   | B           | CEPHALOSPORINS                           |
| SPIKEVAX INJ (QL= 1 dose/24 days)   | QL-VAC              | \$0         | VACCINES                                 |
| SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)   | QL-VAC              | \$0         | VACCINES                                 |
| SPINOSAD SUSP (QL= 1 bottle/fill)   | QL                  | B           | DERMATOLOGICALS                          |
| SPIRIVA HANDIHALER  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)) | QL-ST               | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 or older)  | PA                  | G           | DIURETICS                                |
| spironolactone tab (ALDACTONE equiv)  | -                   | G           | DIURETICS                                |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)  | -                   | G           | DIURETICS                                |
| SPORANOX CAP  | -                   | NC          | ANTIFUNGALS                              |
| SPORANOX SOLN   | PA                  | B           | ANTIFUNGALS                              |
| SPRAVATO NASAL SOLN   | -                   | NC          | ANTIDEPRESSANTS                          |
| sprintec 28 tab (ORTHO-CYCLEN equiv)  | -                   | \$0         | CONTRACEPTIVES                           |
| SPRITAM TAB   | -                   | NC          | ANTICONVULSANTS                          |
| SPRIX NASAL SPRAY   | PA                  | B           | ANALGESICS - ANTI-INFLAMMATORY           |
| SPRYCEL TAB   | LMSP-PA-SF          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SPS SUSP  | -                   | G           | MISCELLANEOUS THERAPEUTIC CLASSES        |
| SSKI ORAL SOLN  | -                   | B           | COUGH/COLD/ALLERGY                       |
| STAVUDINE CAP   | -                   | G           | ANTIVIRALS                               |
| stavudine cap (ZERIT equiv)   | -                   | G           | ANTIVIRALS                               |
| STAVZOR CAP   | -                   | NC          | ANTICONVULSANTS                          |
| STEGLATRO TAB   | -                   | NC          | ANTIDIABETICS                            |
| STEGLUJAN TAB   | -                   | NC          | ANTIDIABETICS                            |
| STELARA INJ (QL= 1 inj/84 days)   | LMSP-PA-QL          | B           | DERMATOLOGICALS                          |
| STENDRA TAB   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.            |
| STIMATE NASAL SOLN  | -                   | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| STIMUFEND INJ   | -                   | NC          | HEMATOPOIETIC AGENTS                     |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
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|---|---------------------|-------------|---|
| STIOLTO INHALER   | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| STIVARGA TAB (QL= 4 tabs/day)   | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)                     | LD-PA               | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |
| STRIANT FILM  | -                   | NC          | ANDROGENS-ANABOLIC                            |
| STRIBILD TAB  | -                   | B           | ANTIVIRALS                                    |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)  | QL                  | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS       |
| SUBLOCADE SOLN  | -                   | NC          | ANALGESICS - OPIOID                           |
| SUBOXONE SL FILM  | -                   | NC          | ANALGESICS - OPIOID                           |
| SUBSYS SPRAY  | -                   | NC          | ANALGESICS - OPIOID                           |
| SUCRAID SOLN  | -                   | NC          | DIGESTIVE AIDS                                |
| sucrafate susp (CARAFATE equiv)   | PA                  | G           | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS    |
| sucrafate tab (CARAFATE equiv)  | -                   | G           | ULCER DRUGS                                   |
| SUFLAVE SOLN (QL= 2 fills/calendar year)  | QL                  | B           | LAXATIVES                                     |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv)  | -                   | G           | OPHTHALMIC AGENTS                             |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)                            | -                   | G           | OPHTHALMIC AGENTS                             |
| sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)                                 | -                   | NC          | DERMATOLOGICALS                               |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)                               | -                   | NC          | DERMATOLOGICALS                               |
| sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)                                | -                   | NC          | DERMATOLOGICALS                               |
| sulfadiazine tab  | -                   | G           | SULFONAMIDES                                  |
| SULFADIAZINE TAB  | -                   | NC          | SULFONAMIDES                                  |
| SULFAMYLON CREAM  | -                   | B           | DERMATOLOGICALS                               |
| sulfasalazine EC tab (AZULFIDINE equiv)   | -                   | G           | GASTROINTESTINAL AGENTS - MISC.               |
| sulfasalazine tab (AZULFIDINE equiv)  | -                   | G           | GASTROINTESTINAL AGENTS - MISC.               |
| sulindac tab (CLINORIL equiv)   | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY                |
| SUMADAN WASH 9-4.5%   | -                   | NC          | DERMATOLOGICALS                               |
| SUMADEN XLT KIT   | -                   | NC          | DERMATOLOGICALS                               |
| SUMANSETRON PAK   | -                   | NC          | MIGRAINE PRODUCTS                             |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)   | QL                  | G           | MIGRAINE PRODUCTS                             |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)                         | QL                  | G           | MIGRAINE PRODUCTS                             |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)                               | QL                  | G           | MIGRAINE PRODUCTS                             |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL                  | G           | MIGRAINE PRODUCTS                             |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)                        | QL                  | G           | MIGRAINE PRODUCTS                             |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)                    | QL                  | G           | MIGRAINE PRODUCTS                             |
| sumatriptan/naproxen tab (TREXIMET equiv)   | -                   | NC          | MIGRAINE PRODUCTS                             |
| SUMAVEL DOSEPRO INJ   | -                   | NC          | MIGRAINE PRODUCTS                             |
| SUMAXIN WASH  | -                   | NC          | DERMATOLOGICALS                               |
| sunitinib malate cap (SUTENT equiv)   | LMSP-PA             | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES      |
| SUNLENCA TAB  | -                   | NC          | ANTIVIRALS                                    |
| SUNOSI TAB (QL= 1 tab/day)  | PA-QL               | B           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| SUPPRELIN LA INJ  | MSP-PA              | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.        |

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|--|---------------------|-------------|--|
| SUPRAX CAP   | -                   | B           | CEPHALOSPORINS                           |
| SUPRAX CHEW TAB  | -                   | B           | CEPHALOSPORINS                           |
| SUPRAX SUSP 500MG/5ML  | -                   | B           | CEPHALOSPORINS                           |
| SUPREP BOWEL PREP PACK   | -                   | NC          | LAXATIVES                                |
| SUSTIVA TAB  | -                   | B           | ANTIVIRALS                               |
| SUSTOL INJ   | -                   | NC          | ANTIEMETICS                              |
| SUTAB TAB  | -                   | NC          | LAXATIVES                                |
| SUTENT CAP   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYLATRON INJ   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMAX DUOTAB   | -                   | B           | ULCER DRUGS                              |
| SYMBICORT INHALER  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)            | LD-PA-QL            | B           | RESPIRATORY AGENTS - MISC.               |
| SYMFI (LO) TAB   | -                   | B           | ANTIVIRALS                               |
| SYMLINPEN INJ  | PA                  | B           | ANTIDIABETICS                            |
| SYMPAZAN ORAL FILM   | -                   | NC          | ANTICONVULSANTS                          |
| SYMPROIC TAB   | PA                  | B           | GASTROINTESTINAL AGENTS - MISC.          |
| SYMTUZA TAB  | -                   | B           | ANTIVIRALS                               |
| SYNAREL NASAL SOLN   | -                   | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| SYNDROS SOLN   | -                   | NC          | ANTIEMETICS                              |
| SYNJARDY TAB (QL= 2 tabs/day)  | QL                  | B           | ANTIDIABETICS                            |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)                                   | QL                  | B           | ANTIDIABETICS                            |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)                                 | QL                  | B           | ANTIDIABETICS                            |
| SYNTHROID TAB  | -                   | NC          | THYROID AGENTS                           |
| SYNVEXIA TC CREAM  | -                   | NC          | DERMATOLOGICALS                          |
| TABLOID TAB  | -                   | B           | ANTINEOPLASTICS                          |
| TABRECTA TAB (QL= 4 tabs/day)  | LMSP-PA-QL-SF       | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TACLONEX SUSP  | -                   | NC          | DERMATOLOGICALS                          |
| tacrolimus cap (PROGRAF equiv)   | -                   | G           | ASSORTED CLASSES                         |
| tacrolimus oint (PROTOPIC OINT equiv)  | -                   | G           | DERMATOLOGICALS                          |
| tadalafil tab (CIALIS equiv)   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.            |
| tadalafil tab (PAH) (ADCIRCA equiv)  | LMSP-PA             | G           | CARDIOVASCULAR AGENTS - MISC.            |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)                                | QL                  | G           | CARDIOVASCULAR AGENTS - MISC.            |
| TADLIQ SUSP (Members age 9 years or older require Prior Authorization)                 | MSP-PA              | B           | CARDIOVASCULAR AGENTS - MISC.            |
| TAFINLAR CAP   | LMSP-PA             | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAFINLAR TAB   | LMSP-PA             | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)                | -                   | NC          | OPHTHALMIC AGENTS                        |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)    | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)          | LD-PA-QL            | B           | HEMATOLOGICAL AGENTS - MISC.             |
| TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL            | B           | HEMATOLOGICAL AGENTS - MISC.             |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                      |
|--|---------------------|-------------|--|
| TALICIA CAP  | -                   | NC          | ULCER<br>DRUGS/ANTISPASMODICS/ANTICHOLINEF<br>CS     |
| TALTZ INJ (QL= 1 inj/28 days)  | LMSP-PA-QL          | B           | DERMATOLOGICALS                                      |
| TALZENNA CAP 0.1MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| TALZENNA CAP 0.25MG (QL= 3 caps/day)   | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| TALZENNA CAP 0.35MG  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)  | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or<br>older; All other members covered at generic copay) | -                   | \$0         | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| tamsulosin cap (FLOMAX equiv)  | -                   | G           | GENITOURINARY AGENTS -<br>MISCELLANEOUS              |
| TANZEUM INJ  | -                   | NC          | ANTIDIABETICS  |
| TARCEVA TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| TARGRETIN GEL  | -                   | NC          | DERMATOLOGICALS                                      |
| TARPEYO CAP  | -                   | NC          | CORTICOSTEROIDS                                      |
| TASCENSO ODT TAB   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| TASIGNA CAP  | LMSP-PA-SF          | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| tasimelteon cap (HETLIOZ equiv)  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| TASOPROL CREAM KIT   | -                   | NC          | DERMATOLOGICALS                                      |
| tavaborole soln (KERYDIN equiv)  | -                   | NC          | DERMATOLOGICALS                                      |
| TAVALISSE TAB  | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                         |
| TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx<br>855-726-8479)  | LD-PA-QL            | B           | HEMATOLOGICAL AGENTS - MISC.                         |
| TAYTULLA CAP   | -                   | NC          | CONTRACEPTIVES                                       |
| tazarotene cream 0.1% (TAZORAC equiv)  | PA                  | G           | DERMATOLOGICALS                                      |
| tazarotene gel (TAZORAC equiv)   | -                   | NC          | DERMATOLOGICALS                                      |
| TAZORAC CREAM  | -                   | NC          | DERMATOLOGICALS                                      |
| TAZORAC CREAM 0.05%  | PA                  | B           | DERMATOLOGICALS                                      |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360<br>877-662-6633)  | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| TECFIDERA CAP  | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| TECFIDERA STARTER PACK   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| TECHNIVIE TAB  | -                   | NC          | ANTIVIRALS   |
| TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo<br>800-803-2523)  | LD-PA-QL            | B           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| TEKTURNA HCT TAB (Step Therapy requires trial of valsartan/hctz)   | ST                  | B           | ANTIHYPERTENSIVES                                    |
| telmisartan tab (MICARDIS equiv)   | -                   | G           | ANTIHYPERTENSIVES                                    |
| TELMISARTAN/AMLODIPINE TAB   | -                   | NC          | ANTIHYPERTENSIVES                                    |
| telmisartan/amlodipine tab (TWINSTA equiv)   | -                   | NC          | ANTIHYPERTENSIVES                                    |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)   | -                   | NC          | ANTIHYPERTENSIVES                                    |

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|--|---------------------|-------------|---|
| temazepam cap 15mg (RESTORIL equiv)  | -                   | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| temazepam cap 22.5mg (RESTORIL equiv)  | -                   | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| temazepam cap 30mg (RESTORIL equiv)  | -                   | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| temazepam cap 7.5mg (RESTORIL equiv)   | -                   | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| TEMOVATE CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| TEMOVATE OINT  | -                   | NC          | DERMATOLOGICALS                                   |
| temozolomide cap (TEMODAR equiv)   | LMSP                | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| temsirolimus inj (TORISEL equiv)   | MSP-PA              | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| tenofovir disoproxil fumarate tab (VIREAD equiv)                             | -                   | G           | ANTIVIRALS  |
| TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| terazosin cap (HYTRIN equiv)   | -                   | G           | ANTIHYPERTENSIVES                                 |
| terbinafine tab (LAMISIL equiv)  | -                   | G           | ANTIFUNGALS                                       |
| terbutaline sulfate tab (BRETHINE equiv)                                     | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| terconazole cream (TERAZOL equiv)  | -                   | G           | VAGINAL PRODUCTS                                  |
| TERCONAZOLE CREAM 0.8%   | -                   | G           | VAGINAL PRODUCTS                                  |
| terconazole supp (TERAZOL equiv)   | -                   | G           | VAGINAL PRODUCTS                                  |
| teriflunomide tab (AUBAGIO equiv)  | LMSP                | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)          | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| TERIPARATIDE INJ 620MCG/2.48ML   | LMSP                | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| TEST STRIP (all other test strips)   | OTC-PA              | B           | DIAGNOSTIC PRODUCTS                               |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv)                         | -                   | G           | ANDROGENS-ANABOLIC                                |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)                           | QL                  | B           | ANDROGENS-ANABOLIC                                |
| TESTOSTERONE GEL 1% 25MG   | -                   | NC          | ANDROGENS-ANABOLIC                                |
| testosterone gel 1% 25mg (ANDROGEL equiv)                                    | -                   | NC          | ANDROGENS-ANABOLIC                                |
| testosterone gel 1% 50mg (ANDROGEL equiv)                                    | -                   | NC          | ANDROGENS-ANABOLIC                                |
| testosterone gel 1% pump (ANDROGEL equiv)                                    | -                   | NC          | ANDROGENS-ANABOLIC                                |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv)                               | -                   | NC          | ANDROGENS-ANABOLIC                                |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv)                                | -                   | NC          | ANDROGENS-ANABOLIC                                |
| testosterone gel 2% (FORTESTA equiv)   | -                   | NC          | ANDROGENS-ANABOLIC                                |
| TESTOSTERONE GEL PUMP  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)         | PA-QL               | G           | ANDROGENS-ANABOLIC                                |
| TESTOSTERONE GEL, VOGELXO GEL  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)                     | PA-QL               | G           | ANDROGENS-ANABOLIC                                |
| TETANUS-DIPHTHERIA TOXOID INJ  | VAC                 | \$0         | TOXOIDS   |
| tetrabenazine tab (XENAZINE equiv)   | LMSP                | G           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracycline cap   | -                   | G           | TETRACYCLINES                                     |
| TETRACYCLINE TAB   | -                   | NC          | TETRACYCLINES                                     |
| TEZSPIRE INJ (QL= 1 pen/28 days)   | LMSP-PA-QL          | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |

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

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|---|---------------------|-------------|--|
| THALITONE TAB   | -                   | NC          | DIURETICS                                |
| THALOMID CAP  | MSP                 | B           | ASSORTED CLASSES                         |
| theophylline er tab (THEOPHYLLINE ER equiv)   | -                   | G           | ASTHMA AND BRONCHODILATOR AGENTS         |
| theophylline ER tab (UNIPHYL equiv)   | -                   | G           | ASTHMA AND BRONCHODILATOR AGENTS         |
| theophylline soln   | -                   | G           | ASTHMA AND BRONCHODILATOR AGENTS         |
| THEOPHYLLINE TAB ER   | -                   | B           | ASTHMA AND BRONCHODILATOR AGENTS         |
| THIOLA EC TAB   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS     |
| thioridazine tab (MELLARIL equiv)   | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS          |
| thiothixene cap (NAVANE equiv)  | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS          |
| THRIVITE RX   | -                   | NC          | MULTIVITAMINS                            |
| THYQUIDITY SOLN   | -                   | NC          | THYROID AGENTS                           |
| THYROLAR TAB  | -                   | B           | THYROID AGENTS                           |
| tiagabine tab (GABITRIL equiv)  | -                   | G           | ANTICONVULSANTS                          |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)                   | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TICANASE PAK  | -                   | NC          | NASAL AGENTS - SYSTEMIC AND TOPICAL      |
| TIGLUTIK SUSP   | -                   | NC          | NEUROMUSCULAR AGENTS                     |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)   | -                   | G           | OPHTHALMIC AGENTS                        |
| timolol maleate ophth gel (TIMOPTIC-XE equiv)   | -                   | G           | OPHTHALMIC AGENTS                        |
| timolol maleate ophth soln (TIMOPTIC equiv)   | -                   | G           | OPHTHALMIC AGENTS                        |
| timolol maleate ophth soln 0.5% (ISTALOL equiv)   | -                   | G           | OPHTHALMIC AGENTS                        |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)                           | -                   | G           | OPHTHALMIC AGENTS                        |
| timolol maleate tab (BLOCADREN equiv)   | -                   | G           | BETA BLOCKERS                            |
| tinidazole tab (TINDAMAX equiv)   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.            |
| tiopronin tab (THIOLA equiv)  | LMSP-PA             | G           | GENITOURINARY AGENTS - MISCELLANEOUS     |
| tiopronin tab delayed release (THIOLA EC equiv)   | -                   | NC          | GENITOURINARY AGENTS - MISCELLANEOUS     |
| tiotropium bromide cap inhaler (SPIRIVA equiv)  | -                   | NC          | ASTHMA AND BRONCHODILATOR AGENTS         |
| TIROSINT CAP  | -                   | NC          | THYROID AGENTS                           |
| TIROSINT-SOL  | -                   | NC          | THYROID AGENTS                           |
| TIVICAY PD TAB  | -                   | B           | ANTIVIRALS                               |
| TIVICAY TAB   | -                   | B           | ANTIVIRALS                               |
| TIVORBEX CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| tizanidine cap (ZANAFLEX equiv)   | -                   | G           | MUSCULOSKELETAL THERAPY AGENTS           |
| TIZANIDINE COMFORT KIT  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| tizanidine tab (ZANAFLEX equiv)   | -                   | G           | MUSCULOSKELETAL THERAPY AGENTS           |
| TOBI PODHALER (Only available through Walgreens 888-347-3416)                                 | LD-PA               | B           | AMINOGLYCOSIDES                          |
| TOBRADEX OPHTH OINT   | -                   | B           | OPHTHALMIC AGENTS                        |
| TOBRADEX ST OPHTH SUSP  | -                   | B           | OPHTHALMIC AGENTS                        |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS             | G           | AMINOGLYCOSIDES                          |
| tobramycin neb soln (BETHKIS equiv)   | LMSP-RS             | NC          | AMINOGLYCOSIDES                          |
| tobramycin ophth soln (TOBEX equiv)   | -                   | G           | OPHTHALMIC AGENTS                        |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv)  | -                   | G           | OPHTHALMIC AGENTS                        |

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| <b>EXC</b> Plan Exclusion                                 | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>PA</b> Prior Authorization                             | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>RS</b> Restricted to Specialist                        | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
| <b>ST</b> Step Therapy                                    | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |

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|---|---------------------|-------------|--|
| TOBEX OPHTH OINT  | -                   | B           | OPHTHALMIC AGENTS                        |
| TODAY SPONGE  | OTC                 | \$0         | VAGINAL PRODUCTS                         |
| TOLAZAMIDE TAB  | -                   | G           | ANTIDIABETICS                            |
| TOLBUTAMIDE TAB   | -                   | B           | ANTIDIABETICS                            |
| tolcapone tab (TASMAR equiv)  | -                   | G           | ANTIPARKINSON AGENTS                     |
| tolmetin cap (TOLECTIN DS equiv)  | -                   | G           | ANALGESICS - ANTI-INFLAMMATORY           |
| TOLMETIN CAP  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| TOLMETIN TAB  | -                   | B           | ANALGESICS - ANTI-INFLAMMATORY           |
| TOLSURA CAP   | -                   | NC          | ANTIFUNGALS                              |
| tolterodine SR cap (DETROL LA equiv)  | -                   | G           | URINARY ANTISPASMODICS                   |
| tolterodine tab (DETROL equiv)  | -                   | G           | URINARY ANTISPASMODICS                   |
| TOLVAPTAN TAB   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| tolvaptan tab (SAMSCA equiv)  | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| TOPICORT CREAM  | -                   | NC          | DERMATOLOGICALS                          |
| TOPICORT CREAM 0.05%  | -                   | NC          | DERMATOLOGICALS                          |
| TOPICORT GEL  | -                   | NC          | DERMATOLOGICALS                          |
| TOPICORT OINT   | -                   | NC          | DERMATOLOGICALS                          |
| TOPICORT OINT 0.05%   | -                   | NC          | DERMATOLOGICALS                          |
| topiramate ER cap (QUDEXY equiv)  | -                   | NC          | ANTICONSULTANTS                          |
| topiramate er cap (TROKENDI XR equiv)   | -                   | NC          | ANTICONSULTANTS                          |
| topiramate sprinkle cap (TOPAMAX equiv)   | -                   | G           | ANTICONSULTANTS                          |
| topiramate tab (TOPAMAX equiv)  | -                   | G           | ANTICONSULTANTS                          |
| toremifene tab (FARESTON equiv)   | -                   | G           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TORISEL INJ   | MSP-PA              | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torseamide tab (DEMADEX equiv)  | -                   | G           | DIURETICS                                |
| TOSYMRA SOLN  | -                   | NC          | MIGRAINE PRODUCTS                        |
| TOUJEO MAX SOLOSTAR INJ   | -                   | B           | ANTIDIABETICS                            |
| TOUJEO SOLOSTAR INJ   | -                   | B           | ANTIDIABETICS                            |
| TOUJEO SOLOSTAR INJ   | -                   | NC          | ANTIDIABETICS                            |
| TOVET KIT   | -                   | NC          | DERMATOLOGICALS                          |
| TOVIAZ TAB  | -                   | NC          | URINARY ANTISPASMODICS                   |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.            |
| TRADJENTA TAB (QL= 1 tab/day)   | QL                  | B           | ANTIDIABETICS                            |
| TRAMADOL COMPOUND KIT   | -                   | NC          | DERMATOLOGICALS                          |
| TRAMADOL ER CAP   | -                   | NC          | ANALGESICS - OPIOID                      |
| tramadol ER tab (ULTRAM ER equiv)   | -                   | G           | ANALGESICS - OPIOID                      |
| TRAMADOL HCL ER TAB   | -                   | G           | ANALGESICS - OPIOID                      |
| TRAMADOL HCL TAB  | -                   | NC          | ANALGESICS - OPIOID                      |
| tramadol hcl tab 100mg  | -                   | NC          | ANALGESICS - OPIOID                      |
| tramadol tab (ULTRAM equiv)   | -                   | G           | ANALGESICS - OPIOID                      |
| tramadol/acetaminophen tab (ULTRACET equiv)                                     | -                   | G           | ANALGESICS - OPIOID                      |
| trandolapril tab (MAVIK equiv)  | -                   | G           | ANTIHYPERTENSIVES                        |
| TRANDOLAPRIL/VERAPAMIL ER TAB   | -                   | NC          | ANTIHYPERTENSIVES                        |
| tranexamic acid tab (LYSTEDA equiv)   | -                   | G           | HEMOSTATICS                              |
| tranylcypromine tab (PARNATE equiv)   | -                   | G           | ANTIDEPRESSANTS                          |

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|--|---------------------|-------------|---|
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 5ml/30 days; Step Therapy requires trial of latanoprost)             | QL-ST               | G           | OPHTHALMIC AGENTS                         |
| trazodone tab (DESYREL equiv)  | -                   | G           | ANTIDEPRESSANTS                           |
| trazodone tab 300mg (DESYREL equiv)  | -                   | NC          | ANTIDEPRESSANTS                           |
| TREANDA INJ  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| TRECTOR TAB  | -                   | NC          | ANTIMYCOBACTERIAL AGENTS                  |
| TRELEGY ELLIPTA INHALER  | -                   | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| TREMFYA INJ (QL= 1 inj/56 days)  | LMSP-PA-QL          | B           | DERMATOLOGICALS                           |
| treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)                           | LD-PA               | B           | CARDIOVASCULAR AGENTS - MISC.             |
| treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)                            | LD-PA               | B           | CARDIOVASCULAR AGENTS - MISC.             |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)                          | LD-PA               | B           | CARDIOVASCULAR AGENTS - MISC.             |
| treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)                            | LD-PA               | B           | CARDIOVASCULAR AGENTS - MISC.             |
| TRESIBA FLEXTOUCH INJ  | -                   | B           | ANTIDIABETICS                             |
| TRESIBA INJ  | -                   | B           | ANTIDIABETICS                             |
| tretinoin cap (VESANOID equiv)   | LMSP                | G           | ANTINEOPLASTICS                           |
| tretinoin cream (QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization)                   | PA-QL               | G           | DERMATOLOGICALS                           |
| tretinoin gel (QL= 20gm/fill)  | PA-QL               | G           | DERMATOLOGICALS                           |
| tretinoin gel (RETIN-A GEL equiv) (QL= 15gm/fill. Acne Only – members age 35 or older require Prior Authorization) | PA-QL               | G           | DERMATOLOGICALS                           |
| tretinoin gel 0.05% (ATRALIN equiv)  | -                   | NC          | DERMATOLOGICALS                           |
| tretinoin gel 0.08% (RETIN-A MICRO equiv) (QL= 50gm/fill)  | PA-QL               | G           | DERMATOLOGICALS                           |
| tretinoin gel pump 0.04% (TRETINOIN GEL PUMP 0.04% equiv)  | -                   | NC          | DERMATOLOGICALS                           |
| tretinoin gel pump 0.1% (TRETINOIN GEL PUMP 0.1% equiv)  | -                   | NC          | DERMATOLOGICALS                           |
| TRETIN-X CREAM   | -                   | NC          | DERMATOLOGICALS                           |
| TREXALL TAB  | -                   | NC          | ANTINEOPLASTICS                           |
| TREXIMET TAB   | -                   | NC          | MIGRAINE PRODUCTS                         |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP  | -                   | NC          | ANALGESICS - OPIOID                       |
| triamcinolone acetonide inj (KENALOG equiv)  | -                   | G           | CORTICOSTEROIDS                           |
| triamcinolone acetonide oint (TRIANEX equiv)   | -                   | NC          | DERMATOLOGICALS                           |
| triamcinolone cream  | -                   | G           | DERMATOLOGICALS                           |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv)   | -                   | G           | MOUTH/THROAT/DENTAL AGENTS                |
| triamcinolone lotion   | -                   | G           | DERMATOLOGICALS                           |
| triamcinolone oint   | -                   | G           | DERMATOLOGICALS                           |
| triamcinolone OTC nasal spray (NASACORT equiv)   | OTC                 | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL       |
| triamcinolone spray (KENALOG equiv)  | -                   | NC          | DERMATOLOGICALS                           |
| triamterene cap (DYRENIUM equiv)   | -                   | NC          | DIURETICS                                 |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv)  | -                   | G           | DIURETICS                                 |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv)  | -                   | G           | DIURETICS                                 |
| TRIANEX OINT   | -                   | NC          | DERMATOLOGICALS                           |
| triazolam tab (HALCION equiv)  | -                   | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| TRIBENZOR TAB  | -                   | NC          | ANTIHYPERTENSIVES                         |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN  | -                   | NC          | DIAGNOSTIC PRODUCTS                       |

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                             |
|--|---------------------|-------------|---|
| TRICHOPHYTON MENTAGROPHYTES SOLN   | -                   | NC          | ALLERGENIC EXTRACTS/BIOLOGICALS<br>MISC     |
| TRICHOSOL SOLN   | -                   | NC          | PHARMACEUTICAL ADJUVANTS                    |
| tricitrates soln (POLYCITRA-LC equiv)  | -                   | G           | GENITOURINARY AGENTS -<br>MISCELLANEOUS     |
| tricon cap (TRINSICON equiv)   | -                   | G           | HEMATOPOIETIC AGENTS                        |
| trientine cap (SYPRINE equiv)  | LMSP-PA             | G           | MISCELLANEOUS THERAPEUTIC CLASSE            |
| TRIENTINE CAP  | LMSP-PA             | NC          | MISCELLANEOUS THERAPEUTIC CLASSE            |
| trifluoperazine tab (STELAZINE equiv)  | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS             |
| TRIFLURIDINE OPHTH SOLN  | -                   | G           | OPHTHALMIC AGENTS                           |
| TRIGLIDE TAB   | -                   | NC          | ANTIHYPERTENSIVES                           |
| trihexyphenidyl elixir (ARTANE equiv)  | -                   | G           | ANTIPARKINSON AND RELATED THERAPY<br>AGENTS |
| TRIHXYPHENIDYL SOLN  | -                   | G           | ANTIPARKINSON AND RELATED THERAPY<br>AGENTS |
| trihexyphenidyl tab (ARTANE equiv)   | -                   | G           | ANTIPARKINSON AGENTS                        |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)                                 | QL                  | B           | ANTIDIABETICS                               |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)                            | QL                  | B           | ANTIDIABETICS                               |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)        | LD-PA-QL            | B           | RESPIRATORY AGENTS - MISC.                  |
| TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL            | B           | RESPIRATORY AGENTS - MISC.                  |
| tri-legest tab (ESTROSTEP FE equiv)  | -                   | \$0         | CONTRACEPTIVES                              |
| TRILIPIX CAP   | -                   | NC          | ANTIHYPERTENSIVES                           |
| TRILOCICLO KIT   | -                   | NC          | DERMATOLOGICALS                             |
| TRI-LUMA CREAM   | -                   | EXC         | DERMATOLOGICALS                             |
| trimethobenzamide cap (TIGAN equiv)  | -                   | G           | ANTIEMETICS                                 |
| TRIMETHOPRIM TAB   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.               |
| trimethoprim tab (PROLOPRIM equiv)   | -                   | G           | ANTI-INFECTIVE AGENTS - MISC.               |
| trimipramine cap (SURMONTIL equiv)   | -                   | G           | ANTIDEPRESSANTS                             |
| TRINTELLIX TAB (QL= 1 tab/day)   | PA-QL- $\phi$       | B           | ANTIDEPRESSANTS                             |
| TRIONEX PACK   | -                   | NC          | DERMATOLOGICALS                             |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)   | -                   | \$0         | CONTRACEPTIVES                              |
| TRIUMEQ PD TAB   | -                   | B           | ANTIVIRALS                                  |
| TRIUMEQ TAB  | -                   | B           | ANTIVIRALS                                  |
| TRIVISC INJ  | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS              |
| TRIZIVIR TAB   | -                   | B           | ANTIVIRALS                                  |
| TROKENDI XR CAP  | -                   | NC          | ANTICONSULSANTS                             |
| tropicamide ophth soln (MYDRIACYL equiv)   | -                   | G           | OPHTHALMIC AGENTS                           |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                           |
| tropium chloride SR cap (SANCTURA XR equiv)  | -                   | G           | URINARY ANTISPASMODICS                      |
| tropium tab (SANCTURA equiv)   | -                   | G           | URINARY ANTISPASMODICS                      |
| TRUDHESA NASAL SPRAY   | -                   | NC          | MIGRAINE PRODUCTS                           |
| TRULANCE TAB (QL= 1 tab/day)   | PA-QL               | B           | GASTROINTESTINAL AGENTS - MISC.             |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))         | QL-RDX              | B           | ANTIDIABETICS                               |
| TRUMENBA INJ   | VAC                 | \$0         | VACCINES                                    |
| TRUQAP TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES |

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| <b>NC/3P</b> = Not Covered, Third Party Reviewer   |   |                                 |
| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | $\phi$ RxCENTS                  |

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|--|---------------------|-------------|---|
| TUDORZA PRESSAIR INHALER   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)   | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)  | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TUSSICAPS  | -                   | NC          | COUGH/COLD/ALLERGY                                |
| tussigon tab (HYCODAN equiv)   | -                   | G           | COUGH/COLD/ALLERGY                                |
| TUXARIN ER TAB   | -                   | NC          | COUGH/COLD/ALLERGY                                |
| TUZISTRA XR SUSP   | -                   | NC          | COUGH/COLD/ALLERGY                                |
| TWINRIX INJ  | VAC                 | \$0         | VACCINES  |
| TWIRLA PATCH   | -                   | NC          | CONTRACEPTIVES                                    |
| TWYNEO CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| TYBLUME TAB  | -                   | \$0         | CONTRACEPTIVES                                    |
| TYBOST TAB   | -                   | NC          | ANTIVIRALS  |
| TYKERB TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| TYMLOS INJ   | LMSP                | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist; Step Therapy Requires trial of cyclosporine oph emulsion) | QL-RS-ST            | B           | OPHTHALMIC AGENTS                                 |
| TYSABRI INJ  | MSP-PA              | B           | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523 )   | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.                     |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/2 days; Only available through Accredo 800-803-2523)  | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.                     |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)  | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.                     |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)   | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.                     |
| TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)  | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.                     |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)  | PA-QL               | B           | MIGRAINE PRODUCTS                                 |
| UCERIS RECTAL FOAM   | -                   | B           | ANORECTAL AND RELATED PRODUCTS                    |
| UDENYCA INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ULORIC TAB   | -                   | NC          | GOUT AGENTS                                       |
| ULTRAVATE LOTION   | -                   | NC          | DERMATOLOGICALS                                   |
| ULTRAVATE PAC KIT  | -                   | NC          | DERMATOLOGICALS                                   |
| UMECTA EMULSION  | -                   | NC          | DERMATOLOGICALS                                   |
| UMECTA PD EMULSION   | -                   | NC          | DERMATOLOGICALS                                   |
| UMECTA SUSP  | -                   | NC          | DERMATOLOGICALS                                   |
| UPNEEQ SOLN  | -                   | EXC         | OPHTHALMIC AGENTS                                 |
| UPTRAVI INJ  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)  | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.                     |
| URAMAXIN CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| URAMAXIN GEL   | -                   | NC          | DERMATOLOGICALS                                   |
| urea cream   | -                   | NC          | DERMATOLOGICALS                                   |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|---------------------|-------------|---|
| urea emulsion   | -                   | NC          | DERMATOLOGICALS                                   |
| urea gel (URAMAXIN equiv)   | -                   | NC          | DERMATOLOGICALS                                   |
| urea lotion (KERALAC LOTION equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| UREA NAIL KIT   | -                   | NC          | DERMATOLOGICALS                                   |
| UREA SUSP   | -                   | NC          | DERMATOLOGICALS                                   |
| urea susp 40% (UMECTA equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| UREA/SALICYLIC CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| ursodiol cap (ACTIGALL equiv)   | -                   | G           | GASTROINTESTINAL AGENTS - MISC.                   |
| URSODIOL CAP  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| ursodiol tab (URSO (FORTE) equiv)   | -                   | G           | GASTROINTESTINAL AGENTS - MISC.                   |
| UTA CAP   | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| UTIBRON NEOHALER CAP  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| valacyclovir tab (VALTREX equiv)  | -                   | G           | ANTIVIRALS  |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874)                      | LD-PA-QL            | B           | DERMATOLOGICALS                                   |
| valganciclovir soln (VALCYTE equiv)   | -                   | G           | ANTIVIRALS  |
| valganciclovir tab (VALCYTE equiv)  | -                   | G           | ANTIVIRALS  |
| valproate inj (DEPACON equiv)   | -                   | NC          | ANTICONVULSANTS                                   |
| valproic acid cap (DEPAKENE equiv)  | -                   | G           | ANTICONVULSANTS                                   |
| valproic acid syrup (DEPAKENE equiv)  | -                   | G           | ANTICONVULSANTS                                   |
| VALSARTAN SOLN  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| valsartan tab (DIOVAN equiv)  | -                   | G           | ANTIHYPERTENSIVES                                 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)  | -                   | G           | ANTIHYPERTENSIVES                                 |
| VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)                                  | QL-RS               | B           | ANTICONVULSANTS                                   |
| vancomycin cap (VANCOGIN equiv) (QL= 56 caps/fill)  | QL                  | G           | ANTI-INFECTIVE AGENTS - MISC.                     |
| vancomycin hcl soln (VANCOMYCIN equiv)  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| VANCOMYCIN ORAL SOLN  | -                   | NC          | ANTI-INFECTIVE AGENTS - MISC.                     |
| VANCOMYCIN SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)         | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VANIQA CREAM  | -                   | EXC         | DERMATOLOGICALS                                   |
| VANOS CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| varidenafil ODT (STAXYN equiv)  | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| varidenafil tab (LEVITRA equiv)   | -                   | NC          | CARDIOVASCULAR AGENTS - MISC.                     |
| VARENICLINE TAB (Limited to 180 days/plan year)   | QL-SMKG             | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)                                | QL-SMKG             | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)               | QL-SMKG             | \$0         | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VARIVAX INJ   | VAC                 | \$0         | VACCINES  |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)                                | QL-RS               | B           | ANTIEMETICS                                       |
| VASCEPA CAP (QL= 4 caps/day)  | PA-QL               | G           | ANTIHYPERLIPIDEMICS                               |
| vasoex oint (XENADERM equiv)  | -                   | NC          | DERMATOLOGICALS                                   |
| VAXELIS INJ   | VAC                 | \$0         | TOXOIDS   |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|--|
| VAXNEUVANCE INJ  | VAC                 | \$0         | VACCINES                                 |
| v-c forte cap (V-C FORTE equiv)  | -                   | G           | MULTIVITAMINS                            |
| VECAMYL TAB  | -                   | NC          | ANTIHYPERTENSIVES                        |
| VECTICAL OINT  | -                   | NC          | DERMATOLOGICALS                          |
| VELIVET PAK  | -                   | \$0         | CONTRACEPTIVES                           |
| velivet tab (CYCLESSA equiv)   | -                   | \$0         | CONTRACEPTIVES                           |
| VELPHORO CHEW TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.          |
| VELSIPITY TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.          |
| VELTASSA POWDER  | PA                  | B           | ASSORTED CLASSES                         |
| VEMLIDY TAB  | PA                  | B           | ANTIVIRALS                               |
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)     | LD-PA               | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)              | LD-PA               | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| venlafaxine ER cap (EFFEXOR XR equiv)  | -                   | G           | ANTIDEPRESSANTS                          |
| venlafaxine ER tab   | -                   | NC          | ANTIDEPRESSANTS                          |
| venlafaxine tab (EFFEXOR equiv)  | -                   | G           | ANTIDEPRESSANTS                          |
| VENLAFAXINE TAB  | -                   | NC          | ANTIDEPRESSANTS                          |
| VENNGEL ONE KIT  | -                   | NC          | DERMATOLOGICALS                          |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.            |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)                                      | QL                  | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS  |
| VEOZAH TAB (QL= 1 tab/day)   | PA-QL               | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.   |
| VERAPAMIL CR CAP, VERELAN CAP  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| VERAPAMIL ER CAP 100MG   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| VERAPAMIL ER CAP 200MG   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| VERAPAMIL ER CAP 300MG   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| verapamil SR cap (VERELAN equiv)   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| VERAPAMIL SR CAP 360mg   | -                   | B           | CALCIUM CHANNEL BLOCKERS                 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv)                                      | -                   | G           | CALCIUM CHANNEL BLOCKERS                 |
| verapamil tab (CALAN equiv)  | -                   | G           | CALCIUM CHANNEL BLOCKERS                 |
| VERDESO FOAM   | -                   | NC          | DERMATOLOGICALS                          |
| VERDROCET TAB 2.5MG-325MG  | -                   | NC          | ANALGESICS - OPIOID                      |
| VEREGEN OINT   | -                   | B           | DERMATOLOGICALS                          |
| VERELAN CAP  | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| VERELAN PM ER CAP 100MG, 300MG   | -                   | NC          | CALCIUM CHANNEL BLOCKERS                 |
| VERELAN SR CAP 360mg   | -                   | B           | CALCIUM CHANNEL BLOCKERS                 |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)                   | QL-RS               | B           | CARDIOVASCULAR AGENTS - MISC.            |
| VERSACLOZ SUSP   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS          |
| VERSAPENN AL GEL ANHYDROU  | -                   | NC          | PHARMACEUTICAL ADJUVANTS                 |
| VERZENIO TAB (QL= 2 tabs/day)  | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VESICARE LS SUSP   | -                   | NC          | URINARY ANTISPASMODICS                   |
| VESICARE TAB   | -                   | NC          | URINARY ANTISPASMODICS                   |
| VEVYE OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                        |
| VFEND SUSP   | -                   | NC          | ANTIFUNGALS                              |
| V-GO INJ KIT (QL= 1 kit/day)   | QL                  | B           | MEDICAL DEVICES AND SUPPLIES             |
| VIBERZI TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.          |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>  | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                          |
|---|---------------------|-------------|--|
| VIBRAMYCIN SYRUP  | -                   | B           | TETRACYCLINES                            |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))                 | QL-RDX              | B           | ANTIDIABETICS                            |
| VIDEX SOLN  | -                   | B           | ANTIVIRALS                               |
| VIEKIRA XR TAB  | -                   | NC          | ANTIVIRALS                               |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv)   | -                   | \$0         | CONTRACEPTIVES                           |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553) | LD-PA               | G           | ANTICONVULSANTS                          |
| vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)                | LD-PA               | G           | ANTICONVULSANTS                          |
| vigadrone powder pack (Only available through PantheRx 855-726-8479)                        | LD-PA               | G           | ANTICONVULSANTS                          |
| VIGAMOX OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                        |
| VIIBRYD STARTER KIT   | -                   | NC          | ANTIDEPRESSANTS                          |
| VIIBRYD TAB   | -                   | NC          | ANTIDEPRESSANTS                          |
| VIJOICE TAB (QL= 1 tab/day)   | MSP-PA-QL           | B           | MISCELLANEOUS THERAPEUTIC CLASSES        |
| VIJOICE TAB 250MG (QL= 2 tabs/day)  | MSP-PA-QL           | B           | MISCELLANEOUS THERAPEUTIC CLASSES        |
| vilazodone hcl tab (VIIBRYD equiv)  | -                   | NC          | ANTIDEPRESSANTS                          |
| VIMOVO TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY           |
| VIMPAT SOLN   | -                   | NC          | ANTICONVULSANTS                          |
| VIMPAT TAB  | -                   | NC          | ANTICONVULSANTS                          |
| VINATE II   | -                   | G           | MULTIVITAMINS                            |
| VINATE M  | -                   | G           | MULTIVITAMINS                            |
| viorele tab, kariva tab (MIRCETTE equiv)  | -                   | \$0         | CONTRACEPTIVES                           |
| VIRACEPT TAB  | -                   | B           | ANTIVIRALS                               |
| VIRAMUNE XR TAB   | -                   | NC          | ANTIVIRALS                               |
| VIREAD TAB  | -                   | B           | ANTIVIRALS                               |
| VISCO-3 INJ   | -                   | NC          | MUSCULOSKELETAL THERAPY AGENTS           |
| VISTOGARD PAK   | -                   | NC          | ANTIDOTES                                |
| VITAFOL GUMMIES   | -                   | NC          | MULTIVITAMINS                            |
| VITAFOL OB  | -                   | NC          | MULTIVITAMINS                            |
| VITAFOL STRIPS  | -                   | B           | MULTIVITAMINS                            |
| VITAFOL ULTRA   | -                   | NC          | MULTIVITAMINS                            |
| VITAFOL-OB + DHA  | -                   | NC          | MULTIVITAMINS                            |
| VITAFOL-ONE, VITAFOL FE+  | -                   | NC          | MULTIVITAMINS                            |
| vitamin D cap (RX strength only)  | -                   | G           | VITAMINS                                 |
| vitamin D cap 1000unit  | OTC                 | NC          | VITAMINS                                 |
| vitamin D cap 400unit   | OTC                 | NC          | VITAMINS                                 |
| VITAMIN D TAB 2000IU  | OTC                 | NC          | VITAMINS                                 |
| VITAMIN D TAB 400UNIT   | OTC                 | NC          | VITAMINS                                 |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)            | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)             | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)                   | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRECYL IRON TAB   | -                   | NC          | MULTIVITAMINS                            |
| VITRECYL TAB  | -                   | NC          | MULTIVITAMINS                            |
| VIVELLE-DOT PATCH   | -                   | NC          | ESTROGENS                                |
| VIVITROL INJ  | LMSP                | B           | ANTIDOTES                                |
| VIVJOA CAP  | -                   | NC          | ANTIFUNGALS                              |

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| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
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| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|--|---------------------|-------------|---|
| VIVLODEX CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| VIZIMPRO TAB (QL= 1 tab/day)   | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VOCABRIA TAB   | -                   | NC          | ANTIVIRALS  |
| VOGELXO PUMP   | -                   | NC          | ANDROGENS-ANABOLIC                                |
| VOLTAREN GEL   | OTC                 | EXC         | DERMATOLOGICALS                                   |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)                            | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VOPAC 5 CREAM  | -                   | B           | DERMATOLOGICALS                                   |
| VOPAC CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| VOPAC GB CREAM   | -                   | NC          | DERMATOLOGICALS                                   |
| VOQUEZNA DUAL PAK  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| VOQUEZNA TRIP PAK  | -                   | NC          | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS        |
| voriconazole susp (VFEND equiv)  | -                   | G           | ANTIFUNGALS                                       |
| voriconazole tab (VFEND equiv)   | -                   | G           | ANTIFUNGALS                                       |
| VOSEVI TAB (QL= 1 tab/day)   | LMSP-PA-QL          | B           | ANTIVIRALS  |
| VOTRIENT TAB   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)                             | LD-PA-QL            | B           | GASTROINTESTINAL AGENTS - MISC.                   |
| VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)                            | LD-PA-QL            | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| VP-PNV-DHA CAP   | -                   | G           | MULTIVITAMINS                                     |
| VPRIV INJ  | MSP-PA              | B           | HEMATOPOIETIC AGENTS                              |
| VRAYLAR CAP  | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| VRAYLAR PACK   | -                   | NC          | ANTIPSYCHOTICS/ANTIMANIC AGENTS                   |
| VSL #3 CAP   | -                   | NC          | ANTIDIARRHEALS                                    |
| VTAMA CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| VTOL SOLN  | -                   | NC          | ANALGESICS - NONNARCOTIC                          |
| VUITY OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| VUMERITY CAP   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYLEESI INJ  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)  | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.                     |
| VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL            | B           | CARDIOVASCULAR AGENTS - MISC.                     |
| VYTONE CREAM 1.9-1%  | -                   | NC          | DERMATOLOGICALS                                   |
| VYVANSE CAP  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS    |
| VYVANSE CHEW TAB   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS    |
| VYZULTA SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| WAINUA INJ   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)                              | LD-PA-QL            | B           | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS    |

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|--|---------------------|-------------|---|
| warfarin tab (COUMADIN equiv)  | -                   | G           | ANTICOAGULANTS                                    |
| WEGOVY INJ   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| WEGOVY INJ 1.7MG/0.75ML  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| WEGOVY INJ 2.4MG/0.75ML  | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| WELCHOL PACK   | -                   | NC          | ANTIHYPERTENSIVES                                 |
| WELCHOL TAB  | -                   | NC          | ANTIHYPERTENSIVES                                 |
| WELIREG TAB (QL= 3 tabs/day; Only available through Biologics<br>800-850-4306)   | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| WELLBUTRIN SR TAB  | -                   | NC          | ANTIDEPRESSANTS                                   |
| WELLBUTRIN XL TAB  | -                   | NC          | ANTIDEPRESSANTS                                   |
| WESTCORT OINT  | -                   | NC          | DERMATOLOGICALS                                   |
| WINLEVI CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| WOUND-DRESSING GELS  | -                   | NC          | DERMATOLOGICALS                                   |
| WPR PLUS   | -                   | NC          | DERMATOLOGICALS                                   |
| WYNZORA CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| XACIATO GEL (QL= 1 applicator/fill)  | QL                  | B           | VAGINAL AND RELATED PRODUCTS                      |
| XADAGO TAB (QL= 1 tab/day)   | PA-QL               | B           | ANTIPARKINSON AGENTS                              |
| XALIX SOL  | -                   | NC          | DERMATOLOGICALS                                   |
| XALKORI CAP (QL= 2 caps/day)   | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| XALKORI SPRINKLE CAP (QL= 4 caps/day)  | MSP-PA-QL-SF        | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES       |
| XAQUIL XR TAB  | -                   | EXC         | DIETARY PRODUCTS/DIETARY<br>MANAGEMENT PRODUCTS   |
| XARELTO STARTER PACK   | -                   | B           | ANTICOAGULANTS                                    |
| XARELTO SUSP   | -                   | B           | ANTICOAGULANTS                                    |
| XARELTO TAB  | -                   | B           | ANTICOAGULANTS                                    |
| XARTEMIS XR TAB  | -                   | NC          | ANALGESICS - OPIOID                               |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day)  | QL                  | B           | ANTICONVULSANTS                                   |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day)  | QL                  | B           | ANTICONVULSANTS                                   |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day)   | QL                  | B           | ANTICONVULSANTS                                   |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)   | QL                  | B           | ANTICONVULSANTS                                   |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)   | QL                  | B           | ANTICONVULSANTS                                   |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)   | QL                  | B           | ANTICONVULSANTS                                   |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)   | QL                  | B           | ANTICONVULSANTS                                   |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)  | QL                  | B           | ANTICONVULSANTS                                   |
| XDEMVIY DROP (QL= 1 bottle/42 days (1 bottle= 10ml); Only available through<br>CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to<br>Ophthalmology or Optometry Specialist) | LD-QL-RS            | B           | OPHTHALMIC AGENTS                                 |
| XELJANZ SOLN (QL= 10ml/day)  | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| XELJANZ TAB (QL= 2 tabs/day)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| XELJANZ XR TAB (QL= 1 tab/day)   | LMSP-PA-QL          | B           | ANALGESICS - ANTI-INFLAMMATORY                    |
| XELPROS OPHTH EMULSION   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| XELSTRYM PAD   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS |
| XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)  | LD-PA               | B           | PASSIVE IMMUNIZING AND TREATMENT<br>AGENTS        |
| XENADERM OINT  | -                   | NC          | DERMATOLOGICALS                                   |

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|---|---------------------|-------------|---|
| XENAZINE TAB  | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XENICAL CAP   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS               | B           | ANTI-INFECTIVE AGENTS - MISC.                     |
| XEOMIN INJ  | MSP-PA              | B           | NEUROMUSCULAR AGENTS                              |
| XEPI CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| XERESE CREAM  | -                   | NC          | DERMATOLOGICALS                                   |
| XERMELO TAB   | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| XGEVA INJ   | MSP                 | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| XHANCE NASAL EXHALER  | -                   | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL               |
| XIAFLEX INJ (Only available through CVS Specialty 800-237-2767)                 | LD-PA               | B           | ASSORTED CLASSES                                  |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days)   | PA-QL               | B           | ANTI-INFECTIVE AGENTS - MISC.                     |
| XIFAXAN TAB 550MG (QL= 2 tabs/day)  | PA-QL               | B           | ANTI-INFECTIVE AGENTS - MISC.                     |
| XIGDUO XR TAB (QL= 2 tabs/day)  | QL                  | B           | ANTIDIABETICS                                     |
| XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)   | QL                  | B           | ANTIDIABETICS                                     |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)                             | QL                  | B           | ANTIDIABETICS                                     |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)                      | QL                  | B           | ANTIDIABETICS                                     |
| XIIDRA OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                 |
| XODOL TAB 10MG-300MG  | -                   | NC          | ANALGESICS - OPIOID                               |
| XODOL TAB 5MG-300MG   | -                   | NC          | ANALGESICS - OPIOID                               |
| XODOL TAB 7.5MG-300MG   | -                   | NC          | ANALGESICS - OPIOID                               |
| XOFLUZA TAB   | -                   | NC          | ANTIVIRALS  |
| XOFLUZA TAB THERAPY PACK 40MG   | -                   | NC          | ANTIVIRALS  |
| XOFLUZA TAB THERAPY PACK 80MG   | -                   | NC          | ANTIVIRALS  |
| XOLAIR INJ  | LMSP-PA             | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| XOLAIR INJ  | LMSP-PA             | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| XOLAIR INJ 300MG/2ML  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| XOLAIR SYRINGE (QL= 2 inj/28 days)  | LMSP-PA-QL          | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)                                     | LMSP-PA-QL          | B           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| XOLEGEL   | -                   | NC          | DERMATOLOGICALS                                   |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)     | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| XPHOZAH TAB (QL= 2 tabs/day)  | PA-QL               | B           | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| XRYLIX PAK  | -                   | NC          | DERMATOLOGICALS                                   |
| XTAMPZA ER CAP (QL= 120 caps/30 days)   | QL                  | B           | ANALGESICS - OPIOID                               |
| XTANDI CAP  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| XTANDI TAB 40MG   | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                   |
|--|---------------------|-------------|---|
| XTANDI TAB 80MG  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| XULTOPHY INJ (QL= 15ml/30 days)  | QL                  | B           | ANTIIDIABETICS                                    |
| XURIDEN POWDER   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.            |
| XYNTHA INJ   | MSP-PA              | B           | HEMATOLOGICAL AGENTS - MISC.                      |
| XYOSTED INJ  | -                   | NC          | ANDROGENS-ANABOLIC                                |
| XYREM SOLN   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYWAV SOLN   | -                   | NC          | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYZAL SOLN   | -                   | EXC         | ANTIHISTAMINES                                    |
| XYZAL TAB  | -                   | EXC         | ANTIHISTAMINES                                    |
| XYZBAC TAB   | -                   | EXC         | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS      |
| YAZ TAB, YASMIN 28 TAB   | -                   | NC          | CONTRACEPTIVES                                    |
| YBUPHEN TAB  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| YONSA TAB  | -                   | NC          | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| YOSPRALA TAB   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                      |
| YUFLYMA INJ KIT (adalimumab-aaty)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| YUFLYMA KIT (adalimumab-aaty)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| YUPELRI SOLN   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| YUSIMRY INJ (adalimumab-aqvh)  | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                    |
| ZADITOR OPHTH SOLN   | OTC                 | NC          | OPHTHALMIC AGENTS                                 |
| zafemy patch (XULANE equiv)  | -                   | \$0         | CONTRACEPTIVES                                    |
| zafirlukast tab (ACCOLATE equiv)   | -                   | G           | ANTIASTHMATIC AND BRONCHODILATOR AGENTS           |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day)  | QL                  | G           | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS         |
| ZANTAC EFFER TAB   | -                   | NC          | ULCER DRUGS                                       |
| ZARXIO INJ   | LMSP                | B           | HEMATOPOIETIC AGENTS                              |
| ZAVESCA CAP  | -                   | NC          | HEMATOPOIETIC AGENTS                              |
| ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)                         | PA-QL               | B           | MIGRAINE PRODUCTS                                 |
| ZECUITY PAD  | -                   | NC          | MIGRAINE PRODUCTS                                 |
| ZEGALOGUE INJ (QL= 2 inj/fill)   | QL                  | B           | ANTIIDIABETICS                                    |
| ZEGERID CAP OTC  | OTC                 | EXC         | ULCER DRUGS                                       |
| ZEGERID POWDER PACK  | -                   | NC          | ULCER DRUGS                                       |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF         | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)  | LD-PA-QL            | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZELAPAR ODT  | -                   | NC          | ANTIPARKINSON AGENTS                              |
| ZELBORAF TAB (QL= 8 tabs/day)  | LMSP-PA-QL          | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES          |
| ZELNORM TAB  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.                   |
| zenzedi tab 10mg (DEXEDRINE equiv)   | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |
| zenzedi tab 5mg (DEXEDRINE equiv)  | -                   | NC          | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS     |

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|  |   |                                 |
|--|---|---------------------------------|
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| <b>NC/3P</b> = Not Covered, Third Party Reviewer   |   |                                 |
| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                                      |
|--|---------------------|-------------|--|
| ZEPATIER TAB   | -                   | NC          | ANTIVIRALS   |
| ZEPBOUND INJ   | -                   | EXC         | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//<br>NOREXIANTS    |
| ZEPOSIA CAP (QL= 1 cap/day)  | LMSP-PA-QL          | B           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| ZEPOSIA STARTER PACK (QL= 1 cap/day)   | LMSP-PA-QL          | B           | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| ZERVIATE OPHTH SOLN  | -                   | NC          | OPHTHALMIC AGENTS                                    |
| ZETIA TAB  | -                   | NC          | ANTIHYPERLIPIDEMICS                                  |
| ZETONNA NASAL SPRAY  | -                   | EXC         | NASAL AGENTS - SYSTEMIC AND TOPICAL                  |
| zidovudine cap (RETROVIR equiv)  | -                   | G           | ANTIVIRALS   |
| zidovudine syrup (RETROVIR equiv)  | -                   | G           | ANTIVIRALS   |
| zidovudine tab (RETROVIR equiv)  | -                   | G           | ANTIVIRALS   |
| ZIEXTENZO INJ  | -                   | NC          | HEMATOPOIETIC AGENTS                                 |
| ZILACAINE PAK  | -                   | NC          | DERMATOLOGICALS                                      |
| ZILBRYSQ INJ   | -                   | NC          | HEMATOLOGICAL AGENTS - MISC.                         |
| zileuton ER tab (ZYFLO CR equiv)   | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR<br>AGENTS           |
| ZILXI FOAM   | -                   | NC          | DERMATOLOGICALS                                      |
| ZIMHI SOLN   | -                   | B           | ANTIDOTES AND SPECIFIC ANTAGONISTS                   |
| ZINBRYTA INJ   | -                   | NC          | PSYCHOTHERAPEUTIC AND<br>NEUROLOGICAL AGENTS - MISC. |
| ZIOPTAN OPHTH SOLN   | -                   | NC          | OPHTHALMIC AGENTS                                    |
| ziprasidone cap (GEODON equiv)   | -                   | G           | ANTIPSYCHOTICS/ANTIMANIC AGENTS                      |
| ZIPSOR CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY                       |
| ZIRGAN OPHTH GEL   | -                   | B           | OPHTHALMIC AGENTS                                    |
| ZITHROMAX POWDER PACK  | -                   | B           | MACROLIDES   |
| ZITUVIO TAB  | -                   | NC          | ANTIDIABETICS  |
| ZOCOR TAB 80MG   | -                   | NC          | ANTIHYPERLIPIDEMICS                                  |
| ZOHYDRO ER CAP   | -                   | NC          | ANALGESICS - OPIOID                                  |
| ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty<br>800-237-2767)   | LD-PA-QL            | B           | MISCELLANEOUS THERAPEUTIC CLASSE                     |
| ZOLADEX INJ  | MSP                 | B           | ANTINEOPLASTICS AND ADJUNCTIVE<br>THERAPIES          |
| ZOLINZA CAP  | LMSP-PA-SF          | B           | ANTINEOPLASTICS                                      |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2<br>fills/30 days; Step Therapy requires trial of sumatriptan nasal spray) | QL-ST               | G           | MIGRAINE PRODUCTS                                    |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)  | PA-QL               | G           | MIGRAINE PRODUCTS                                    |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy<br>requires trial of sumatriptan nasal spray)                                   | QL-ST               | B           | MIGRAINE PRODUCTS                                    |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)  | PA-QL               | G           | MIGRAINE PRODUCTS                                    |
| ZOLPAK KIT   | -                   | NC          | DERMATOLOGICALS                                      |
| ZOLPIDEM CAP   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| zolpidem ER tab (AMBIEN CR equiv)  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)  | QL                  | G           | HYPNOTICS  |
| zolpidem tartrate SL tab (INTERMEZZO equiv)  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |
| ZOLPIDEM TARTRATE SL TAB 1.75MG  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF<br>AGENTS         |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| <b>Drug Name</b>   | <b>Special Code</b> | <b>Tier</b> | <b>Category</b>                           |
|--|---------------------|-------------|---|
| ZOLPIDEM TARTRATE SL TAB 3.5MG   | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOLPIMIST SPRAY  | -                   | NC          | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOMACTON INJ   | -                   | NC          | ENDOCRINE AND METABOLIC AGENTS - MISC.    |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray) | QL-ST               | B           | MIGRAINE PRODUCTS                         |
| ZOMIG TAB  | -                   | NC          | MIGRAINE PRODUCTS                         |
| ZONATUSS CAP 150MG   | -                   | NC          | COUGH/COLD/ALLERGY                        |
| ZONISADE SUSP (PA required for members age 9 years or older)   | PA                  | B           | ANTICONVULSANTS                           |
| zonisamide cap (ZONEGRAN equiv)  | -                   | G           | ANTICONVULSANTS                           |
| ZONTIVITY TAB (Restricted to Cardiology Specialist)  | RS                  | B           | HEMATOLOGICAL AGENTS - MISC.              |
| ZORVOLEX CAP   | -                   | NC          | ANALGESICS - ANTI-INFLAMMATORY            |
| ZORYVE CREAM (QL= 60 grams/30 days)  | PA-QL               | B           | DERMATOLOGICALS                           |
| ZORYVE FOAM  | -                   | NC          | DERMATOLOGICALS                           |
| ZOVIRAX CREAM  | -                   | NC          | DERMATOLOGICALS                           |
| ZOVIRAX OINT   | -                   | NC          | DERMATOLOGICALS                           |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)                             | LD-PA-QL            | B           | ANTICONVULSANTS                           |
| ZUBSOLV SL TAB   | -                   | NC          | ANALGESICS - OPIOID                       |
| ZUPLENZ SL FILM  | -                   | NC          | ANTIEMETICS                               |
| ZURAMPIC TAB   | -                   | NC          | GOUT AGENTS                               |
| ZURZUVAE CAP   | -                   | NC          | ANTIDEPRESSANTS                           |
| ZYCLARA CREAM  | -                   | NC          | DERMATOLOGICALS                           |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)                                      | LD-PA               | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| ZYFLO TAB  | -                   | NC          | ANTIASTHMATIC AND BRONCHODILATOR AGENTS   |
| ZYKADIA CAP (QL= 3 caps/day)   | LMSP-PA-QL-SF       | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| ZYKADIA TAB (QL= 3 tabs/day)   | LMSP-PA-QL-SF       | B           | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES  |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))   | QL                  | B           | OPHTHALMIC AGENTS                         |
| ZYLOTROL-L KIT   | -                   | NC          | DERMATOLOGICALS                           |
| ZYMFENTRA INJ  | -                   | NC          | GASTROINTESTINAL AGENTS - MISC.           |
| ZYPITAMAG TAB  | -                   | NC          | ANTIHYPERTENSIVES                         |
| ZYRTEC CHILD CHEW ALLERGY  | OTC                 | NC          | ANTIHISTAMINES                            |
| ZYRTEC CHILD CHEW TAB  | OTC                 | EXC         | ANTIHISTAMINES                            |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>   |              |      |
| <b>AMPHETAMINES</b>  |              |      |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)   | -            | G    |
| amphetamine/dextroamphetamine tab (ADDERALL equiv)   | -            | G    |
| dextroamphetamine ER cap (DEXEDRINE equiv)   | -            | G    |
| dextroamphetamine soln (PROCENTRA equiv)   | -            | G    |
| dextroamphetamine tab (DEXEDRINE equiv)  | -            | G    |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)  | QL           | G    |
| lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day; Members age 9 or older require Prior Authorization) | PA-QL        | G    |
| ADDERALL XR CAP  | -            | NC   |
| ADZENYS ER SUSP  | -            | NC   |
| ADZENYS XR TAB   | -            | NC   |
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP  | -            | NC   |
| amphetamine tab (EVEKEO equiv)   | -            | NC   |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)  | -            | NC   |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)  | -            | NC   |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)  | -            | NC   |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)  | -            | NC   |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)   | -            | NC   |
| dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)  | -            | NC   |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)   | -            | NC   |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)   | -            | NC   |
| dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)  | -            | NC   |
| DYANAVEL XR CHEW   | -            | NC   |
| EVEKEO ODT   | -            | NC   |
| methamphetamine tab (DESOXYN equiv)  | -            | NC   |
| MYDAYIS CAP 12.5MG   | -            | NC   |
| MYDAYIS CAP 25MG   | -            | NC   |
| MYDAYIS CAP 37.5MG   | -            | NC   |
| MYDAYIS CAP 50MG   | -            | NC   |
| VYVANSE CAP  | -            | NC   |
| VYVANSE CHEW TAB   | -            | NC   |
| XELSTRYM PAD   | -            | NC   |
| zenzedi tab 10mg (DEXEDRINE equiv)   | -            | NC   |
| zenzedi tab 5mg (DEXEDRINE equiv)  | -            | NC   |
| <b>ANALEPTICS</b>  |              |      |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)                                     | -            | G    |
| CAFCIT INJ   | -            | NC   |
| <b>ANOREXIANTS NON-AMPHETAMINE</b>   |              |      |
| benzphetamine tab  | -            | EXC  |
| DIETHYLPROPION ER TAB  | -            | EXC  |
| diethylpropion tab   | -            | EXC  |
| LOMAIRA TAB  | -            | EXC  |
| PHENDIMETRAZINE ER TAB   | -            | EXC  |
| phendimetrazine tab (BONTRIL PDM equiv)  | -            | EXC  |
| <b>ANTI-OBESITY AGENTS</b>   |              |      |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>                           |                     |             |
| IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL            | B           |
| WEGOVY INJ   | -                   | EXC         |
| WEGOVY INJ 1.7MG/0.75ML  | -                   | EXC         |
| WEGOVY INJ 2.4MG/0.75ML  | -                   | EXC         |
| XENICAL CAP  | -                   | EXC         |
| ZEPBOUND INJ   | -                   | EXC         |
| <b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>                        |                     |             |
| atomoxetine cap (STRATTERA equiv)  | -                   | G           |
| clonidine ER tab (KAPVAY equiv)  | -                   | G           |
| guanfacine ER tab (INTUNIV equiv)  | -                   | G           |
| KAPVAY TAB   | -                   | NC          |
| QELBREE ER CAP   | -                   | NC          |
| <b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>                       |                     |             |
| SUNOSI TAB (QL= 1 tab/day)   | PA-QL               | B           |
| <b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>                             |                     |             |
| WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)              | LD-PA-QL            | B           |
| <b>STIMULANTS - MISC.</b>  |                     |             |
| METHYLPHENIDATE ER TAB   | -                   | B           |
| armodafanil tab (NUVIGIL equiv) (QL= 1 tab/day)                                      | PA-QL               | G           |
| dexmethylphenidate ER cap (FOCALIN XR equiv)   | -                   | G           |
| dexmethylphenidate tab (FOCALIN equiv)   | -                   | G           |
| methylphenidate CD cap (METADATE CD equiv)   | -                   | G           |
| methylphenidate chew tab (METHYLIN equiv)  | -                   | G           |
| methylphenidate ER cap (RITALIN LA equiv)  | -                   | G           |
| methylphenidate ER tab   | -                   | G           |
| methylphenidate soln (METHYLIN equiv)  | -                   | G           |
| methylphenidate tab (RITALIN equiv)  | -                   | G           |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)                                      | PA-QL               | G           |
| APTENSIO XR CAP  | -                   | NC          |
| AZSTARYS CAP   | -                   | NC          |
| COTEMPLA XR ODT  | -                   | NC          |
| FOCALIN XR CAP   | -                   | NC          |
| methylphenidate ER cap (APTENSIO XR equiv)   | -                   | NC          |
| methylphenidate td patch (DAYTRANA equiv)  | -                   | NC          |
| NUVIGIL TAB  | -                   | NC          |
| PROVIGIL TAB   | -                   | NC          |
| QUILLICHEW ER TAB  | -                   | NC          |
| QUILLIVANT XR SUSP   | -                   | NC          |
| RELEXXI ER TAB   | -                   | NC          |
| <b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>  |                     |             |
| <b>ALLERGENIC EXTRACTS</b>   |                     |             |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)                | LD-PA               | B           |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)               | LD-PA               | B           |
| ODACTRA SL TAB   | -                   | NC          |
| TRICHOPHYTON MENTAGROPHYTES SOLN   | -                   | NC          |

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|-------------|---|--------------------------------|-------------|---------------------------------|
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| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion | <b>INF</b>                     | <b>OTC</b>  | Limited Distribution            |
| <b>PA</b>   | <b>Lumicera</b> Mandatory Specialty Pharmacy Program            | <b>MSP</b>                     | <b>RDX</b>  | Over-the-Counter                |
| <b>RS</b>   | <b>Prior Authorization</b>                                      | <b>QL</b>                      | <b>SMKG</b> | Restricted to Diagnosis         |
| <b>ST</b>   | <b>Restricted to Specialist</b>                                 | <b>SF</b>                      | <b>¢</b>    | Smoking Cessation               |
|             | <b>Step Therapy</b>   | <b>VAC</b>                     |             | RxCENTS                         |
|             |   |                                |             |                                 |
|             |   |                                |             |                                 |
|             |   |                                |             |                                 |
|             |   |                                |             |                                 |
|             |   |                                |             |                                 |

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**SISC - Book of Business Drug List  
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| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

**ALTERNATIVE MEDICINES**

**ALTERNATIVE MEDICINE - R'S**

|                  |   |    |
|------------------|---|----|
| RESERVAPAK SYRUP | - | NC |
|------------------|---|----|

**AMEBICIDES**

**AMEBICIDES**

|                         |   |    |
|-------------------------|---|----|
| SOLOSEC GRANULES PACKET | - | NC |
|-------------------------|---|----|

**AMINOGLYCOSIDES**

**AMINOGLYCOSIDES**

|   |          |    |
|---|----------|----|
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)            | LD-PA-QL | B  |
| TOBI PODHALER (Only available through Walgreens 888-347-3416)                                 | LD-PA    | B  |
| neomycin tab  | -        | G  |
| paromomycin cap (HUMATIN equiv)   | -        | G  |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS  | G  |
| HUMATIN CAP   | -        | NC |
| KITABIS PAK NEB SOLN  | -        | NC |
| tobramycin neb soln (BETHKIS equiv)   | -        | NC |

**ANALGESICS - ANTI-INFLAMMATORY**

**ANTIRHEUMATIC - ENZYME INHIBITORS**

|                                |            |   |
|--------------------------------|------------|---|
| OLUMIANT TAB (QL= 1 tab/day)   | LMSP-PA-QL | B |
| RINVOQ ER TAB (QL= 1 tab/day)  | LMSP-PA-QL | B |
| XELJANZ SOLN (QL= 10ml/day)    | LMSP-PA-QL | B |
| XELJANZ TAB (QL= 2 tabs/day)   | LMSP-PA-QL | B |
| XELJANZ XR TAB (QL= 1 tab/day) | LMSP-PA-QL | B |

**ANTIRHEUMATIC ANTIMETABOLITES**

|                |   |    |
|----------------|---|----|
| RHEUMATREX TAB | - | B  |
| REDITREX INJ   | - | NC |

**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

|  |            |   |
|--|------------|---|
| ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)                            | LMSP-PA-QL | B |
| ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days)  | LMSP-PA-QL | B |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)                | LMSP-PA-QL | B |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (QL= 2 inj/28 days)                            | LMSP-PA-QL | B |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (QL= 2 inj/28 days)                            | LMSP-PA-QL | B |
| HADLIMA INJ (QL= 2 inj/28 days)  | LMSP-PA-QL | B |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)   | LMSP-PA-QL | B |
| HADLIMA PUSH INJ (QL= 2 inj/28 days)   | LMSP-PA-QL | B |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)                                    | LMSP-PA-QL | B |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days)   | LMSP-PA-QL | B |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days)   | LMSP-PA-QL | B |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days)   | LMSP-PA-QL | B |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days)   | LMSP-PA-QL | B |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | B |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)       | LMSP-PA-QL | B |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)           | LMSP-PA-QL | B |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)      | LMSP-PA-QL | B |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)   | LMSP-PA-QL | B |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)                                     | LMSP-PA-QL | B |

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

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|---|--------------|------|
| <b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b> |              |      |
| SIMPONI INJ 100MG (QL=1 inj/28 days)        | LMSP-PA-QL   | B    |
| ABRILADA INJ                                | -            | NC   |
| AMJEVITA AUTO-INJECTOR (adalimumab-atto)    | -            | NC   |
| AMJEVITA INJ (adalimumab-atto)              | -            | NC   |
| CYLTEZO AUTO-INJECTOR (adalimumab-adbm)     | -            | NC   |
| CYLTEZO INJ (adalimumab-adbm)               | -            | NC   |
| HULIO INJ (adalimumab fkjp)                 | -            | NC   |
| HULIO KIT (adalimumab-fkjp)                 | -            | NC   |
| HYRIMOZ INJ (adalimumab-adaz)               | -            | NC   |
| HYRMIOZ PFS INJ (adalimumab-adaz)           | -            | NC   |
| IDACIO INJ (adalimumab-aacf)                | -            | NC   |
| SIMPONI AUTO-INJECTOR 50MG                  | -            | NC   |
| SIMPONI INJ 50MG                            | -            | NC   |
| YUFLYMA INJ KIT (adalimumab-aaty)           | -            | NC   |
| YUFLYMA KIT (adalimumab-aaty)               | -            | NC   |
| YUSIMRY INJ (adalimumab-aqvh)               | -            | NC   |

**GOLD COMPOUNDS**

|                               |   |    |
|-------------------------------|---|----|
| RIDAURA CAP                   | - | B  |
| <b>INTERLEUKIN-1 BLOCKERS</b> |   |    |
| ARCALYST INJ                  | - | NC |

**INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)**

|  |          |   |
|--|----------|---|
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | B |
|--|----------|---|

**INTERLEUKIN-6 RECEPTOR INHIBITORS**

|  |            |   |
|--|------------|---|
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | B |
| ACTEMRA IV INJ                         | MSP-PA     | B |
| ACTEMRA SC INJ (QL= 2 inj/28 days)     | LMSP-PA-QL | B |
| KEVZARA INJ (QL= 2 inj/28 days)        | LMSP-PA-QL | B |

**NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

|   |    |   |
|---|----|---|
| KETOPROFEN ER CAP                                       | -  | B |
| SPRIX NASAL SPRAY                                       | PA | B |
| TOLMETIN TAB  | -  | B |
| celecoxib cap (CELEBREX equiv)                          | -  | G |
| diclofenac potassium tab (CATAFLAM equiv)               | -  | G |
| diclofenac sodium EC tab (VOLTAREN equiv)               | -  | G |
| diclofenac sodium XR tab (VOLTAREN XR equiv)            | -  | G |
| etodolac cap (LODINE equiv)                             | -  | G |
| etodolac ER tab (LODINE XL equiv)                       | -  | G |
| etodolac tab  | -  | G |
| FLURBIPROFEN TAB  | -  | G |
| flurbiprofen tab (ANSAID equiv)                         | -  | G |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)          | -  | G |
| ibuprofen tab   | -  | G |
| ibuprofen tab ((RX only))                               | -  | G |
| indomethacin cap (INDOCIN equiv)                        | -  | G |
| indomethacin CR cap (INDOCIN SR equiv)                  | -  | G |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | G |

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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|--|--------------|------|
| <b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>  |              |      |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)  | QL           | G    |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)   | QL           | G    |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)   | QL           | G    |
| MECLOFENAMATE CAP (Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen) | ST           | G    |
| meloxicam tab (MOBIC equiv)  | -            | G    |
| nabumetone tab (RELAFEN equiv)   | -            | G    |
| naproxen tab (NAPROSYN equiv)  | -            | G    |
| oxaprozin tab (DAYPRO equiv)   | -            | G    |
| piroxicam cap (FELDENE equiv)  | -            | G    |
| sulindac tab (CLINORIL equiv)  | -            | G    |
| tolmetin cap (TOLECTIN DS equiv)   | -            | G    |
| ANAPROX TAB  | -            | NC   |
| ARTHROTEC TAB  | -            | NC   |
| CELEBREX CAP   | -            | NC   |
| COXANTO CAP  | -            | NC   |
| DICLOFENAC CAP   | -            | NC   |
| diclofenac potassium cap (ZIPSOR equiv)  | -            | NC   |
| diclofenac potassium tab 25mg (DICLOFENAC equiv)   | -            | NC   |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv)  | -            | NC   |
| fenoprofen calcium cap (NALFON equiv)  | -            | NC   |
| fenoprofen calcium tab   | -            | NC   |
| FENOPROFEN CAP, NAFLON CAP   | -            | NC   |
| FENOPROFEN TAB   | -            | NC   |
| IBU 600-EZS KIT  | -            | NC   |
| ibuprofen-famotidine tab (DUEXIS equiv)  | -            | NC   |
| INDOCIN SUPP   | -            | NC   |
| INDOCIN SUSP   | -            | NC   |
| INDOMETHACIN CAP, TIVORBEX CAP   | -            | NC   |
| indomethacin suppository (INDOCIN equiv)   | -            | NC   |
| indomethacin susp (INDOCIN equiv)  | -            | NC   |
| INFLATHERM PAK   | -            | NC   |
| KETOPROFEN CAP   | -            | NC   |
| KETOROLAC INJ  | -            | NC   |
| ketorolac inj (TORADOL equiv)  | -            | NC   |
| mefenamic acid cap (PONSTEL equiv)   | -            | NC   |
| meloxicam cap (VIVLODEX equiv)   | -            | NC   |
| MELOXICAM COMFORT KIT  | -            | NC   |
| MELOXICAM SUSP   | -            | NC   |
| NAFLON CAP   | -            | NC   |
| NAPRELAN CR TAB  | -            | NC   |
| NAPROSYN EC TAB  | -            | NC   |
| NAPROSYN EC TAB 500MG  | -            | NC   |
| naproxen EC tab (NAPROSYN EC equiv)  | -            | NC   |
| naproxen EC tab 500mg (NAPROSYN EC equiv)  | -            | NC   |
| naproxen sodium CR tab (NAPRELAN CR equiv)   | -            | NC   |
| naproxen sodium tab (ANAPROX equiv)  | -            | NC   |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|---|--------------|------|
| <b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>                                   |              |      |
| NAPROXEN SUSP   | -            | NC   |
| naproxen susp (NAPROSYN equiv)  | -            | NC   |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)                         | -            | NC   |
| QMIIZ ODT TAB   | -            | NC   |
| RELAFEN DS TAB  | -            | NC   |
| TIVORBEX CAP  | -            | NC   |
| TOLMETIN CAP  | -            | NC   |
| VIMOVO TAB  | -            | NC   |
| VIVLODEX CAP  | -            | NC   |
| YBUPHEN TAB   | -            | NC   |
| ZIPSOR CAP  | -            | NC   |
| ZORVOLEX CAP  | -            | NC   |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>                                  |              |      |
| OTEZLA STARTER PACK (QL= 1 pack/28 days)                                      | LMSP-PA-QL   | B    |
| OTEZLA TAB (QL= 2 tabs/day)   | LMSP-PA-QL   | B    |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS</b>  |              |      |
| leflunomide tab (ARAVA equiv)   | -            | G    |
| <b>SELECTIVE COSTIMULATION MODULATORS</b>                                     |              |      |
| ORENCIA CLICK INJ (QL= 4 inj/28 days)   | LMSP-PA-QL   | B    |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)                                   | LMSP-PA-QL   | B    |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)                                 | LMSP-PA-QL   | B    |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)                               | LMSP-PA-QL   | B    |
| <b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>                          |              |      |
| ENBREL INJ 25MG (QL= 8 inj/28 days)   | LMSP-PA-QL   | B    |
| ENBREL INJ 50MG (QL= 4 inj/28 days)   | LMSP-PA-QL   | B    |
| ENBREL MINI INJ (QL= 4 inj/28 days)   | LMSP-PA-QL   | B    |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)                                 | LMSP-PA-QL   | B    |
| <b>ANALGESICS - NONNARCOTIC</b>   |              |      |
| <b>ANALGESIC COMBINATIONS</b>   |              |      |
| butalbital/acetaminophen tab 50-325mg (PHRENILIN equiv) (QL= 60 tabs/30 days) | PA-QL        | G    |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 60 tabs/30 days)  | PA-QL        | G    |
| butalbital/aspirin/caffeine cap (FIORINAL equiv) (QL= 60 tabs/30 days)        | PA-QL        | G    |
| ALLZITAL TAB  | -            | NC   |
| bupap tab   | -            | NC   |
| butalbital/acetaminophen cap  | -            | NC   |
| butalbital/acetaminophen/caffeine cap (FIORICET equiv)                        | -            | NC   |
| butalbital/acetaminophen/caffeine soln  | -            | NC   |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB   | -            | NC   |
| DOLGIC PLUS TAB   | -            | NC   |
| VTOL SOLN   | -            | NC   |
| <b>SALICYLATES</b>  |              |      |
| aspirin chew tab 81mg (Covered for females up to 60 years of age)             | OTC          | \$0  |
| aspirin ec tab 81mg (Covered for females up to 60 years of age)               | OTC          | \$0  |
| diflunisal tab (DOLOBID equiv)  | -            | G    |
| salsalate tab (DISALCID equiv)  | -            | G    |

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|------|---|-----|--|------|-------------------------|
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| <b>ANALGESICS - NONNARCOTIC Cont.</b> |              |      |
| ASPIRIN EC TAB 325MG                  | OTC          | NC   |
| aspirin tab 325mg                     | OTC          | NC   |

**ANALGESICS - OPIOID**

**OPIOID AGONISTS**

|  |       |    |
|--|-------|----|
| ABSTRAL SL TAB (QL= 120 tabs/30 days)                              | PA-QL | B  |
| CODEINE SULFATE SOLN   | -     | B  |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)            | PA-QL | B  |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)                     | QL    | B  |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)                       | PA-QL | B  |
| NUCYNTA ER TAB (QL= 2 tabs/day)                                    | QL    | B  |
| NUCYNTA TAB  | -     | B  |
| OXYCODONE ER TAB (QL= 2 tabs/day)                                  | QL    | B  |
| XTAMPZA ER CAP (QL= 120 caps/30 days)                              | QL    | B  |
| CODEINE SULFATE TAB  | -     | G  |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | G  |
| fentanyl patch (DURAGESIC equiv)                                   | -     | G  |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)     | QL    | G  |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)     | QL    | G  |
| hydromorphone tab (DILAUDID equiv)                                 | -     | G  |
| methadone soln   | -     | G  |
| methadone tab (DOLOPHINE equiv)                                    | -     | G  |
| methadose tab  | -     | G  |
| MORPHINE SULF SOLN 10MG/5ML  | -     | G  |
| morphine sulfate ER tab (MS CONTIN equiv)                          | -     | G  |
| MORPHINE SULFATE SOLN  | -     | G  |
| MORPHINE SULFATE SUPP  | -     | G  |
| MORPHINE SULFATE TAB   | -     | G  |
| oxycodone cap (OXYIR equiv)  | -     | G  |
| oxycodone conc (ROXICODONE equiv)                                  | -     | G  |
| oxycodone soln (ROXICODONE equiv)                                  | -     | G  |
| oxycodone tab (ROXICODONE equiv)                                   | -     | G  |
| tramadol ER tab (ULTRAM ER equiv)                                  | -     | G  |
| TRAMADOL HCL ER TAB  | -     | G  |
| tramadol tab (ULTRAM equiv)  | -     | G  |
| ARYMO ER TAB   | -     | NC |
| DSUVIA SL TAB  | -     | NC |
| EMBEDA CAP   | -     | NC |
| EXALGO TAB   | -     | NC |
| fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)          | -     | NC |
| hydromorphone ER tab (EXALGO TAB equiv)                            | -     | NC |
| HYDROMORPHONE SUPP   | -     | NC |
| LEVORPHANOL TAB  | -     | NC |
| levorphanol tab (LEVORPHANOL equiv)                                | -     | NC |
| meperidine tab (DEMEROL equiv)                                     | -     | NC |
| MORPHABOND TAB   | -     | NC |
| MORPHINE SULFATE ER BEAD CAP                                       | -     | NC |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
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| DrugName                               | Special Code | Tier |
|--|--------------|------|
| <b>ANALGESICS - OPIOID Cont.</b>       |              |      |
| MORPHINE SULFATE ER CAP                | -            | NC   |
| morphine sulfate ER cap (KADIAN equiv) | -            | NC   |
| OPANA ER TAB (CRUSH RESISTANT)         | -            | NC   |
| OPANA TAB                              | -            | NC   |
| OXYCONTIN CR TAB                       | -            | NC   |
| OXYMORPHONE ER TAB                     | -            | NC   |
| oxymorphone tab (OPANA equiv)          | -            | NC   |
| QDOLO SOLN, TRAMADOL SOLN              | -            | NC   |
| ROXYBOND TAB                           | -            | NC   |
| RYBIX ODT                              | -            | NC   |
| SUBSYS SPRAY                           | -            | NC   |
| TRAMADOL ER CAP                        | -            | NC   |
| TRAMADOL HCL TAB                       | -            | NC   |
| tramadol hcl tab 100mg                 | -            | NC   |
| ZOXYDRO ER CAP                         | -            | NC   |

**OPIOID COMBINATIONS**

|  |   |    |
|--|---|----|
| HYDROCODONE/IBUPROFEN TAB 10-200MG                                   | - | B  |
| LORTAB ELIXIR  | - | B  |
| acetaminophen/codeine soln   | - | G  |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv)                    | - | G  |
| APAP/CODEINE SOLN  | - | G  |
| aspirin/codeine tab  | - | G  |
| hydrocodone/acetaminophen cap (LORCET equiv)                         | - | G  |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)                 | - | G  |
| hydrocodone/acetaminophen tab (LORTAB equiv)                         | - | G  |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv)                         | - | G  |
| oxycodone/acetaminophen cap (TYLOX equiv)                            | - | G  |
| OXYCODONE/ACETAMINOPHEN SOLN   | - | G  |
| oxycodone/acetaminophen tab (PERCOCET equiv)                         | - | G  |
| OXYCODONE/ASPIRIN TAB  | - | G  |
| oxycodone/ibuprofen tab (COMBUNOX equiv)                             | - | G  |
| pentazocine/acetaminophen tab (TALACEN equiv)                        | - | G  |
| tramadol/acetaminophen tab (ULTRACET equiv)                          | - | G  |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB                            | - | NC |
| APADAZ TAB   | - | NC |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)          | - | NC |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)               | - | NC |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)                | - | NC |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)              | - | NC |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | NC |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG                                | - | NC |
| PRIMLEV TAB 10-300MG   | - | NC |
| PRIMLEV TAB 5-300MG  | - | NC |
| PROLATE TAB 7.5-300MG  | - | NC |
| SEGLENTIS TAB  | - | NC |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP                | - | NC |

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| EXC Plan Exclusion                                 | INF Infertility   | LD Limited Distribution         |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program                    | OTC Over-the-Counter            |
| PA Prior Authorization                             | QL Quantity Limit   | RDX Restricted to Diagnosis     |
| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
| ST Step Therapy                                    | VAC Vaccine Program   | ¢ RxCENTS                       |

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|---|--------------|------|
| <b>ANALGESICS - OPIOID Cont.</b>  |              |      |
| VERDROCET TAB 2.5MG-325MG   | -            | NC   |
| XARTEMIS XR TAB   | -            | NC   |
| XODOL TAB 10MG-300MG  | -            | NC   |
| XODOL TAB 5MG-300MG   | -            | NC   |
| XODOL TAB 7.5MG-300MG   | -            | NC   |
| <b>OPIOID PARTIAL AGONISTS</b>  |              |      |
| BRIXADI SOLN 128MG/0.36ML (Only available through Walgreens 888-347-3416)   | LD           | B    |
| BRIXADI SOLN 16MG/0.32ML (Only available through Walgreens 888-347-3416)    | LD           | B    |
| BRIXADI SOLN 24MG/0.48ML (Only available through Walgreens 888-347-3416)    | LD           | B    |
| BRIXADI SOLN 32MG/0.64ML (Only available through Walgreens 888-347-3416)    | LD           | B    |
| BRIXADI SOLN 64MG/0.18ML (Only available through Walgreens 888-347-3416)    | LD           | B    |
| BRIXADI SOLN 8MG/0.16ML (Only available through Walgreens 888-347-3416)     | LD           | B    |
| BRIXADI SOLN 96MG/0.27ML (Only available through Walgreens 888-347-3416)    | LD           | B    |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)                 | QL           | G    |
| buprenorphine SL tab (SUBUTEX equiv)  | -            | G    |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)                     | -            | G    |
| buprenorphine/naloxone SL tab (SUBOXONE equiv)                              | -            | G    |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL           | G    |
| pentazocine/naloxone tab (TALWIN NX equiv)                                  | -            | G    |
| BELBUCA FILM  | -            | NC   |
| BUNAVAIL FILM   | -            | NC   |
| buprenorphine hcl buccal film (BELBUCA equiv)                               | -            | NC   |
| SUBLOCADE SOLN  | -            | NC   |
| SUBOXONE SL FILM  | -            | NC   |
| ZUBSOLV SL TAB  | -            | NC   |

**ANDROGENS-ANABOLIC**

| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ANDROGENS</b>   |              |      |
| ANDRODERM PATCH (QL= 1 patch/day)                                    | PA-QL        | B    |
| METHITEST TAB (Step Therapy requires trial of ANDROGEL or ANDRODERM) | ST           | B    |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)                   | QL           | B    |
| danazol cap (DANOCRINE equiv)  | -            | G    |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv)                 | -            | G    |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL        | G    |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)             | PA-QL        | G    |
| ANDROGEL 1% 25MG   | -            | NC   |
| ANDROGEL 1% 50MG, TESTIM GEL 1%                                      | -            | NC   |
| ANDROGEL 1.62% 1.25GM  | -            | NC   |
| ANDROGEL 1.62% 2.5GM   | -            | NC   |
| ANDROGEL PUMP 1%   | -            | NC   |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP                                | -            | NC   |
| methyltestosterone cap   | -            | NC   |
| NATESTO GEL  | -            | NC   |
| NATESTO NASAL GEL  | -            | NC   |
| STRIANT FILM   | -            | NC   |
| TESTOSTERONE GEL 1% 25MG   | -            | NC   |
| testosterone gel 1% 25mg (ANDROGEL equiv)                            | -            | NC   |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|--|--------------|------|
| <b>ANDROGENS-ANABOLIC Cont.</b>                |              |      |
| testosterone gel 1% 50mg (ANDROGEL equiv)      | -            | NC   |
| testosterone gel 1% pump (ANDROGEL equiv)      | -            | NC   |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) | -            | NC   |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv)  | -            | NC   |
| testosterone gel 2% (FORTESTA equiv)           | -            | NC   |
| TESTOSTERONE GEL PUMP                          | -            | NC   |
| TESTOSTERONE GEL, VOGELXO GEL                  | -            | NC   |
| VOGELXO PUMP                                   | -            | NC   |
| XYOSTED INJ                                    | -            | NC   |

**ANORECTAL AGENTS**

| <b>INTRARECTAL STEROIDS</b>                        |   |    |
|--|---|----|
| CORTIFOAM  | - | B  |
| hydrocortisone enema (CORTENEMA equiv)             | - | G  |
| <b>RECTAL COMBINATIONS</b>                         |   |    |
| ANALPRAM-E KIT                                     | - | B  |
| PROCTOFOAM HC FOAM                                 | - | B  |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv)   | - | G  |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | G  |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT          | - | NC |
| <b>RECTAL STEROIDS</b>                             |   |    |
| hydrocortisone supp (ANUSOL HC equiv)              | - | G  |
| proctosol HC cream (ANUSOL HC equiv)               | - | G  |
| anusol-HC supp                                     | - | NC |
| PROCTOCORT SUPP                                    | - | NC |

**ANORECTAL AND RELATED PRODUCTS**

| <b>INTRARECTAL STEROIDS</b>                       |   |    |
|---|---|----|
| budesonide rectal foam (UCERIS RECTAL FOAM equiv) | - | B  |
| UCERIS RECTAL FOAM                                | - | B  |
| <b>RECTAL COMBINATIONS</b>                        |   |    |
| ANALPRAM-HC CREAM                                 | - | B  |
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM            | - | G  |
| HYDROCORTISONE/PRAMOXINE SUPP                     | - | NC |
| <b>RECTAL LOCAL ANESTHETICS</b>                   |   |    |
| LIDOCAINE SUPP                                    | - | NC |
| <b>VASODILATING AGENTS</b>                        |   |    |
| nitroglycerin oint (RECTIV equiv)                 | - | B  |
| RECTIV OINT                                       | - | B  |

**ANTHELMINTICS**

| <b>ANTHELMINTICS</b>   |    |    |
|--|----|----|
| BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist) | RS | B  |
| BILTRICIDE TAB   | -  | B  |
| ivermectin tab (STROMEKTOL equiv)                              | PA | G  |
| praziquantel tab (BILTRICIDE equiv)                            | -  | G  |
| EGATEN TAB   | -  | NC |

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| RS Restricted to Specialist                        | SF Limited to two 15 day fills per month for first 3 months | SMKG Smoking Cessation          |
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|--|--------------|------|
| <b>ANTHELMINTICS Cont.</b>                       |              |      |
| EMVERM TAB                                       | -            | NC   |
| <b>ANTIANGINAL AGENTS</b>                        |              |      |
| <b>ANTIANGINALS-OTHER</b>                        |              |      |
| ranolazine tab (RANEXA equiv)                    | -            | G    |
| ASPRUZYO SPRINKLE GRANULES                       | -            | NC   |
| <b>NITRATES</b>                                  |              |      |
| NITRO-BID OINT                                   | -            | B    |
| NITROMIST SPRAY                                  | -            | B    |
| isosorbide dinitrate tab (ISORDIL equiv)         | -            | G    |
| isosorbide dinitrate tab 40mg (ISORDIL equiv)    | -            | G    |
| isosorbide mononitrate ER tab (IMDUR equiv)      | -            | G    |
| ISOSORBIDE MONONITRATE TAB                       | -            | G    |
| isosorbide mononitrate tab (MONOKET equiv)       | -            | G    |
| NITROGLYCERIN ER CAP                             | -            | G    |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | -            | G    |
| nitroglycerin patch (NITRO-DUR equiv)            | -            | G    |
| nitroglycerin SL tab (NITROSTAT equiv)           | -            | G    |
| GONITRO POWDER                                   | -            | NC   |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR               | -            | NC   |
| <b>ANTIANGINAL AGENTS</b>                        |              |      |
| <b>ANTIANGINALS-OTHER</b>                        |              |      |
| buspirone tab (BUSPAR equiv)                     | -            | G    |
| hydroxyzine pamoate cap (VISTARIL equiv)         | -            | G    |
| hydroxyzine syrup (ATARAX equiv)                 | -            | G    |
| hydroxyzine tab (ATARAX equiv)                   | -            | G    |
| buspirone tab 30mg (BUSPAR equiv)                | -            | NC   |
| meprobamate tab (MILTOWN equiv)                  | -            | NC   |
| <b>BENZODIAZEPINES</b>                           |              |      |
| alprazolam ER tab (XANAX XR equiv)               | -            | G    |
| alprazolam ODT (NIRAVAM equiv)                   | -            | G    |
| alprazolam tab (XANAX equiv)                     | -            | G    |
| chlordiazepoxide cap (LIBRIUM equiv)             | -            | G    |
| clorazepate tab (TRANXENE-T equiv)               | -            | G    |
| diazepam conc (VALIUM equiv)                     | -            | G    |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv)      | -            | G    |
| diazepam tab (VALIUM equiv)                      | -            | G    |
| lorazepam conc (ATIVAN equiv)                    | -            | G    |
| lorazepam tab (ATIVAN equiv)                     | -            | G    |
| oxazepam cap (SERAX equiv)                       | -            | G    |
| LOREEV XR CAP                                    | -            | NC   |
| <b>ANTIARRHYTHMICS</b>                           |              |      |
| <b>ANTIARRHYTHMICS TYPE I-A</b>                  |              |      |
| NORPACE CR CAP                                   | -            | B    |
| disopyramide cap (NORPACE equiv)                 | -            | G    |
| quinidine gluconate CR tab                       | -            | G    |

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| <b>ANTIARRHYTHMICS Cont.</b>  |              |      |
| quinidine sulfate tab   | -            | G    |
| QUINIDINE SULFATE TAB   | -            | NC   |
| <b>ANTIARRHYTHMICS TYPE I-B</b>   |              |      |
| mexiletine hcl cap  | -            | G    |
| <b>ANTIARRHYTHMICS TYPE I-C</b>   |              |      |
| flecainide tab (TAMBOCOR equiv)   | -            | G    |
| propafenone ER cap (RYTHMOL SR equiv)   | -            | G    |
| propafenone tab (RYTHMOL equiv)   | -            | G    |
| <b>ANTIARRHYTHMICS TYPE III</b>   |              |      |
| MULTAQ TAB  | -            | B    |
| amiodarone tab (CORDARONE equiv)  | -            | G    |
| dofetilide cap (TIKOSYN equiv)  | -            | G    |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>  |              |      |
| <b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>  |              |      |
| FASENRA PEN INJ (QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)  | LD-PA-QL     | B    |
| NUCALA INJ (QL= 1 inj/28 days)  | LMSP-PA-QL   | B    |
| TEZSPIRE INJ (QL= 1 pen/28 days)  | LMSP-PA-QL   | B    |
| XOLAIR INJ  | LMSP-PA      | B    |
| XOLAIR SYRINGE (QL= 2 inj/28 days)  | LMSP-PA-QL   | B    |
| XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)   | LMSP-PA-QL   | B    |
| XOLAIR INJ  | -            | NC   |
| XOLAIR INJ 300MG/2ML  | -            | NC   |
| <b>ANTI-INFLAMMATORY AGENTS</b>   |              |      |
| cromolyn neb soln (INTAL equiv)   | -            | NC   |
| <b>BRONCHODILATORS - ANTICHOLINERGICS</b>   |              |      |
| ATROVENT HFA INHALER  | -            | B    |
| INCRUSE ELLIPTA INHALER   | -            | B    |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)) | QL-ST        | B    |
| ipratropium neb soln (ATROVENT equiv)   | -            | G    |
| LONHALA MAGNAIR SOLN  | -            | NC   |
| SEEBRI NEOHALER CAP   | -            | NC   |
| SPIRIVA HANDIHALER  | -            | NC   |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT   | -            | NC   |
| tiotropium bromide cap inhaler (SPIRIVA equiv)  | -            | NC   |
| TUDORZA PRESSAIR INHALER  | -            | NC   |
| YUPELRI SOLN  | -            | NC   |
| <b>LEUKOTRIENE MODULATORS</b>   |              |      |
| montelukast chew tab (SINGULAIR equiv)  | -            | G    |
| montelukast granule pack (SINGULAIR equiv)  | -            | G    |
| montelukast tab (SINGULAIR equiv)   | -            | G    |
| zafirlukast tab (ACCOLATE equiv)  | -            | G    |
| zileuton ER tab (ZYFLO CR equiv)  | -            | NC   |
| ZYFLO TAB   | -            | NC   |

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|---|--------------|------|
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>  |              |      |
| <b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>  |              |      |
| DALIRESP TAB  | -            | B    |
| roflumilast tab   | PA           | G    |
| <b>STEROID INHALANTS</b>  |              |      |
| FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT  | -            | B    |
| FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT  | -            | B    |
| FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT   | -            | B    |
| ALVESCO INHALER   | -            | G    |
| ARNUIITY ELLIPTA INHALER  | -            | G    |
| ASMANEX HFA INHALER   | -            | G    |
| ASMANEX INHALER   | -            | G    |
| budesonide inh susp (PULMICORT equiv)   | -            | G    |
| FLUTICASONE DISKUS INHALER  | -            | G    |
| FLUTICASONE HFA INHALER   | -            | G    |
| QVAR REDIHALER  | -            | G    |
| ARMONAIR DIGITAL INHALER 113MCG/ACT   | -            | NC   |
| ARMONAIR DIGITAL INHALER 232MCG/ACT   | -            | NC   |
| ARMONAIR DIGITAL INHALER 55MCG/ACT  | -            | NC   |
| FLOVENT DISKUS INHALER  | -            | NC   |
| FLOVENT HFA INHALER   | -            | NC   |
| PULMICORT FLEXHALER   | -            | NC   |
| QVAR INHALER  | -            | NC   |
| <b>SYMPATHOMIMETICS</b>   |              |      |
| ADVAIR HFA INHALER  | -            | B    |
| ANORO ELLIPTA INHALER   | -            | B    |
| BREO ELLIPTA INHALER  | -            | B    |
| BREO ELLIPTA INHALER 50-25 MCG/ACT  | -            | B    |
| BREZTRI AEROSPHERE INHALER  | -            | B    |
| COMBIVENT RESPIMAT INHALER  | -            | B    |
| DULERA INHALER  | -            | B    |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST        | B    |
| SEREVENT DISKUS INHALER   | -            | B    |
| STIOLTO INHALER   | -            | B    |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)  | QL           | B    |
| TRELEGY ELLIPTA INHALER   | -            | B    |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)  | QL           | G    |
| albuterol neb soln  | -            | G    |
| ALBUTEROL NEBULIZER SOLN  | -            | G    |
| albuterol sulfate syrup   | -            | G    |
| albuterol sulfate tab   | -            | G    |
| albuterol/ipratropium neb soln (DUONEB equiv)   | -            | G    |
| arformoterol tartrate neb soln (BROVANA equiv) (Step Therapy requires trial of PERFORMIST)                                    | ST           | G    |
| budesonide/formoterol inhaler (SYMBICORT equiv)   | -            | G    |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)   | -            | G    |
| FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT   | -            | G    |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b> |              |      |
| FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT        | -            | G    |
| FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT         | -            | G    |
| formoterol fumarate neb soln (PERFOROMIST equiv)     | -            | G    |
| levalbuterol neb soln (XOPENEX equiv)                | -            | G    |
| terbutaline sulfate tab (BRETHINE equiv)             | -            | G    |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)        | QL           | G    |
| ADVAIR DISKUS INHALER                                | -            | NC   |
| AIRDUO POWDER INHALER W/SENSOR                       | -            | NC   |
| AIRDUO RESPICLICK                                    | -            | NC   |
| AIRSUPRA INH   | -            | NC   |
| ALBUTEROL HFA INHALER                                | -            | NC   |
| BEVESPI AEROSPHERE INHALER                           | -            | NC   |
| DUAKLIR INHALER                                      | -            | NC   |
| FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT        | -            | NC   |
| FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT        | -            | NC   |
| FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT         | -            | NC   |
| FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT        | -            | NC   |
| FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT        | -            | NC   |
| SYMBICORT INHALER                                    | -            | NC   |
| UTIBRON NEOHALER CAP                                 | -            | NC   |
| <b>XANTHINES</b>                                     |              |      |
| ELIXOPHYLLIN ELIXIR                                  | -            | B    |
| THEOPHYLLINE TAB ER                                  | -            | B    |
| theophylline er tab (THEOPHYLLINE ER equiv)          | -            | G    |
| theophylline ER tab (UNIPHYL equiv)                  | -            | G    |
| theophylline soln                                    | -            | G    |
| <b>ANTICOAGULANTS</b>                                |              |      |
| <b>COUMARIN ANTICOAGULANTS</b>                       |              |      |
| warfarin tab (COUMADIN equiv)                        | -            | G    |
| <b>DIRECT FACTOR XA INHIBITORS</b>                   |              |      |
| ELIQUIS TAB, ELIQUIS STARTER PACK                    | -            | B    |
| XARELTO STARTER PACK                                 | -            | B    |
| XARELTO SUSP   | -            | B    |
| XARELTO TAB  | -            | B    |
| SAVAYSA TAB  | -            | NC   |
| <b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>           |              |      |
| FRAGMIN INJ  | -            | B    |
| enoxaparin inj (LOVENOX equiv)                       | -            | G    |
| fondaparinux inj (ARIXTRA equiv)                     | -            | G    |
| ARIXTRA INJ  | -            | NC   |
| <b>THROMBIN INHIBITORS</b>                           |              |      |
| dabigatran etexilate mesylate cap (PRADAXA equiv)    | -            | G    |
| PRADAXA PELLETT PACK                                 | -            | NC   |
| <b>ANTICONVULSANTS</b>                               |              |      |
| <b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>           |              |      |

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|------|---|-----|--|------|-------------------------|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|--|--------------|------|
| <b>ANTICONVULSANTS Cont.</b>   |              |      |
| FYCOMPA TAB  | -            | B    |
| FYCOMPA SUSP   | -            | B    |
| <b>ANTICONVULSANTS - BENZODIAZEPINES</b>   |              |      |
| DIASTAT ACDL GEL (QL= 2 packs/fill)  | QL           | B    |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)                                 | QL           | B    |
| DIAZEPAM GEL (QL= 2 packs/fill)  | QL           | B    |
| NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)                      | QL-RS        | B    |
| VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)                 | QL-RS        | B    |
| clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)            | PA           | G    |
| clobazam tab (ONFI equiv)  | PA           | G    |
| clonazepam ODT (KLONOPIN equiv)  | -            | G    |
| clonazepam tab (KLONOPIN equiv)  | -            | G    |
| diazepam rectal gel (QL= 2 packs/fill)   | QL           | G    |
| ONFI SUSP  | -            | NC   |
| ONFI TAB   | -            | NC   |
| SYMPAZAN ORAL FILM   | -            | NC   |
| <b>ANTICONVULSANTS - MISC.</b>   |              |      |
| BANZEL SUSP  | PA           | B    |
| DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)                       | LD-PA        | B    |
| DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)               | LD-PA        | B    |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)                              | LD-PA        | B    |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization)                         | PA           | B    |
| FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL     | B    |
| LAMICTAL ODT KIT, LAMICTAL XR KIT  | -            | B    |
| POTIGA TAB (QL= 3 tabs/day)  | QL           | B    |
| ZONISADE SUSP (PA required for members age 9 years or older)                               | PA           | B    |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)               | LD-PA-QL     | B    |
| carbamazepine chew tab (TEGRETOL equiv)  | -            | G    |
| carbamazepine ER cap (CARBATROL equiv)   | -            | G    |
| carbamazepine ER tab (TEGRETOL XR equiv)   | -            | G    |
| carbamazepine susp (TEGRETOL equiv)  | -            | G    |
| carbamazepine tab (TEGRETOL equiv)   | -            | G    |
| gabapentin cap 100mg (NEURONTIN equiv) (QL= 9 caps/day)                                    | QL           | G    |
| gabapentin cap 300mg (NEURONTIN equiv) (QL= 6 caps/day)                                    | QL           | G    |
| gabapentin cap 400mg (NEURONTIN equiv) (QL= 4 caps/day)                                    | QL           | G    |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)   | QL           | G    |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)                                    | QL           | G    |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)                                  | QL           | G    |
| lacosamide oral solution (VIMPAT equiv)  | -            | G    |
| lacosamide tab (VIMPAT equiv)  | -            | G    |
| lamotrigine chew tab (LAMICTAL equiv)  | -            | G    |
| lamotrigine ER tab (LAMICTAL XR equiv)   | -            | G    |
| lamotrigine ODT (LAMICTAL equiv)   | -            | G    |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv)   | -            | G    |
| lamotrigine tab (LAMICTAL equiv)   | -            | G    |
| levetiracetam ER tab (KEPPRA XR equiv)   | -            | G    |

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|-------------|---|------------|--|-------------|-------------------------|
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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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|--|--------------|------|
| <b>ANTICONVULSANTS Cont.</b>                         |              |      |
| levetiracetam soln (KEPPRA equiv)                    | -            | G    |
| levetiracetam tab (KEPPRA equiv)                     | -            | G    |
| oxcarbazepine susp (TRILEPTAL equiv)                 | -            | G    |
| oxcarbazepine tab (TRILEPTAL equiv)                  | -            | G    |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day)       | QL           | G    |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL           | G    |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL           | G    |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day)        | QL           | G    |
| primidone tab (MYSOLINE equiv)                       | -            | G    |
| rufinamide susp (BANZEL equiv)                       | PA           | G    |
| rufinamide tab (BANZEL equiv)                        | PA           | G    |
| topiramate sprinkle cap (TOPAMAX equiv)              | -            | G    |
| topiramate tab (TOPAMAX equiv)                       | -            | G    |
| zonisamide cap (ZONEGRAN equiv)                      | -            | G    |
| APTiom TAB   | -            | NC   |
| BANZEL TAB   | -            | NC   |
| BRIVIACT INJ 50MG/5ML                                | -            | NC   |
| BRIVIACT SOLN 10MG/ML                                | -            | NC   |
| BRIVIACT TAB   | -            | NC   |
| ELEPSIA XR TAB                                       | -            | NC   |
| LYRICA CAP   | -            | NC   |
| LYRICA CAP 225MG                                     | -            | NC   |
| LYRICA CAP 300MG                                     | -            | NC   |
| MOTPOLY XR CAP                                       | -            | NC   |
| NEURONTIN SOLN                                       | -            | NC   |
| NEURONTIN TAB 600MG                                  | -            | NC   |
| NEURONTIN TAB 800MG                                  | -            | NC   |
| OXTELLAR XR TAB                                      | -            | NC   |
| PRIMIDONE TAB  | -            | NC   |
| QUDEXY XR CAP  | -            | NC   |
| SPRITAM TAB  | -            | NC   |
| topiramate ER cap (QUDEXY equiv)                     | -            | NC   |
| topiramate er cap (TROKENDI XR equiv)                | -            | NC   |
| TROKENDI XR CAP                                      | -            | NC   |
| VIMPAT SOLN  | -            | NC   |
| VIMPAT TAB   | -            | NC   |
| <b>CARBAMATES</b>                                    |              |      |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day)                | QL           | B    |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day)                | QL           | B    |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day)                 | QL           | B    |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)             | QL           | B    |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)               | QL           | B    |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)       | QL           | B    |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)       | QL           | B    |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)        | QL           | B    |
| felbamate susp (FELBATOL equiv)                      | -            | G    |

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| <b>LMSP</b> | Plan Exclusion  | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>PA</b>   | Lumicera Mandatory Specialty Pharmacy Program                               | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>RS</b>   | Prior Authorization   | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>ST</b>   | Restricted to Specialist  | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
|             | Step Therapy  | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |

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|---|--------------|------|
| <b>ANTICONVULSANTS Cont.</b>  |              |      |
| felbamate tab (FELBATOL equiv)  | -            | G    |
| FELBATOL TAB  | -            | NC   |
| <b>GABA MODULATORS</b>  |              |      |
| tiagabine tab (GABITRIL equiv)  | -            | G    |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553) | LD-PA        | G    |
| vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)                | LD-PA        | G    |
| vigadrone powder pack (Only available through PantheRx 855-726-8479)                        | LD-PA        | G    |
| SABRIL TAB  | -            | NC   |
| <b>HYDANTOINS</b>   |              |      |
| DILANTIN CAP 30MG   | -            | B    |
| PEGANONE TAB  | -            | B    |
| phenytoin cap (DILANTIN equiv)  | -            | G    |
| phenytoin chew tab (DILANTIN equiv)   | -            | G    |
| phenytoin susp (DILANTIN equiv)   | -            | G    |
| <b>SUCCINIMIDES</b>   |              |      |
| ethosuximide cap (ZARONTIN equiv)   | -            | G    |
| ethosuximide soln (ZARONTIN equiv)  | -            | G    |
| methsuximide cap (CELONTIN equiv)   | -            | G    |
| <b>VALPROIC ACID</b>  |              |      |
| divalproex ER tab (DEPAKOTE ER equiv)   | -            | G    |
| divalproex sodium DR tab (DEPAKOTE equiv)   | -            | G    |
| divalproex sprinkle cap (DEPAKOTE equiv)  | -            | G    |
| valproic acid cap (DEPAKENE equiv)  | -            | G    |
| valproic acid syrup (DEPAKENE equiv)  | -            | G    |
| DEPACON INJ   | -            | NC   |
| STAVZOR CAP   | -            | NC   |
| valproate inj (DEPACON equiv)   | -            | NC   |
| <b>ANTIDEPRESSANTS</b>  |              |      |
| <b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>  |              |      |
| mirtazapine ODT (REMERON equiv)   | -            | G    |
| mirtazapine tab (REMERON equiv)   | -            | G    |
| <b>ANTIDEPRESSANT COMBINATIONS</b>  |              |      |
| AUVELITY TAB  | -            | NC   |
| <b>ANTIDEPRESSANTS - MISC.</b>  |              |      |
| bupropion ER tab (WELLBUTRIN equiv)   | -            | G    |
| bupropion tab (WELLBUTRIN equiv)  | -            | G    |
| bupropion XL tab (WELLBUTRIN XL equiv)  | -            | G    |
| MAPROTILINE TAB   | -            | G    |
| APLENZIN TAB  | -            | NC   |
| FORFIVO XL TAB  | -            | NC   |
| WELLBUTRIN SR TAB   | -            | NC   |
| WELLBUTRIN XL TAB   | -            | NC   |
| <b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>  |              |      |
| ZURZUVAE CAP  | -            | NC   |

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| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
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|--|--------------|------|
| <b>ANTIDEPRESSANTS Cont.</b>   |              |      |
| EMSAM PATCH  | -            | B    |
| MARPLAN TAB  | -            | B    |
| NARDIL TAB 15MG  | -            | B    |
| PHENELZINE SULFATE TAB   | -            | G    |
| phenelzine tab (NARDIL equiv)  | -            | G    |
| tranylcypromine tab (PARNATE equiv)  | -            | G    |
| <b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>  |              |      |
| SPRAVATO NASAL SOLN  | -            | NC   |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>   |              |      |
| citalopram soln (CELEXA equiv)   | -            | G    |
| citalopram tab (CELEXA equiv)  | -            | G    |
| escitalopram soln (LEXAPRO equiv)  | -            | G    |
| escitalopram tab (LEXAPRO equiv)   | -            | G    |
| fluoxetine cap (PROZAC equiv)  | -            | G    |
| fluoxetine soln (PROZAC equiv)   | -            | G    |
| fluoxetine tab (PROZAC equiv)  | -            | G    |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST           | G    |
| fluvoxamine tab (LUVOX equiv)  | -            | G    |
| paroxetine ER tab (PAXIL CR equiv)   | -            | G    |
| paroxetine oral susp (PAXIL equiv)   | -            | G    |
| paroxetine tab (PAXIL equiv)   | -            | G    |
| sertraline conc (ZOLOFT equiv)   | -            | G    |
| sertraline tab (ZOLOFT equiv)  | -            | G    |
| CITALOPRAM CAP   | -            | NC   |
| fluoxetine tab 60mg  | -            | NC   |
| fluoxetine weekly cap (PROZAC equiv)   | -            | NC   |
| PEXEVA TAB   | -            | NC   |
| PROZAC WEEKLY CAP  | -            | NC   |
| SERTRALINE CAP   | -            | NC   |
| <b>SEROTONIN MODULATORS</b>  |              |      |
| TRINTELLIX TAB (QL= 1 tab/day)   | PA-QL-¢      | B    |
| NEFAZODONE TAB   | -            | G    |
| nefazodone tab 50mg, 250mg   | -            | G    |
| trazodone tab (DESYREL equiv)  | -            | G    |
| trazodone tab 300mg (DESYREL equiv)  | -            | NC   |
| VIIBRYD STARTER KIT  | -            | NC   |
| VIIBRYD TAB  | -            | NC   |
| vilazodone hcl tab (VIIBRYD equiv)   | -            | NC   |
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>  |              |      |
| desvenlafaxine ER tab (PRISTIQ equiv)  | -            | G    |
| duloxetine EC cap (CYMBALTA equiv)   | -            | G    |
| venlafaxine ER cap (EFFEXOR XR equiv)  | -            | G    |
| venlafaxine tab (EFFEXOR equiv)  | -            | G    |
| DESVENLAFAXINE ER TAB  | -            | NC   |
| DRIZALMA DR CAP  | -            | NC   |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ANTIDEPRESSANTS Cont.</b>                                  |              |      |
| duloxetine cap 40mg (IRENKA equiv)                            | -            | NC   |
| EFFEXOR XR CAP  | -            | NC   |
| FETZIMA CAP   | -            | NC   |
| FETZIMA TITRATION PACK  | -            | NC   |
| VENLAFAXINE ER TAB  | -            | NC   |
| VENLAFAXINE TAB   | -            | NC   |
| <b>TRICYCLIC AGENTS</b>                                       |              |      |
| amitriptyline tab (ELAVIL equiv)                              | -            | G    |
| amoxapine tab (AMOXAPINE equiv)                               | -            | G    |
| clomipramine cap (ANAFRANIL equiv)                            | -            | G    |
| desipramine tab (NORPRAMIN equiv)                             | -            | G    |
| doxepin cap (SINEQUAN equiv)                                  | -            | G    |
| doxepin conc (SINEQUAN equiv)                                 | -            | G    |
| imipramine pamoate cap (TOFRANIL PM equiv)                    | -            | G    |
| imipramine tab (TOFRANIL equiv)                               | -            | G    |
| nortriptyline cap (PAMELOR equiv)                             | -            | G    |
| nortriptyline oral soln (NORTRIPTYLINE equiv)                 | -            | G    |
| protriptyline tab (VIVACTIL equiv)                            | -            | G    |
| trimipramine cap (SURMONTIL equiv)                            | -            | G    |
| <b>ANTIDIABETICS</b>  |              |      |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>                           |              |      |
| MIGLITOL TAB  | -            | B    |
| acarbose tab (PRECOSE equiv)                                  | -            | G    |
| miglitol tab (MIGLITOL equiv)                                 | -            | G    |
| <b>ANTIDIABETIC - AMYLIN ANALOGS</b>                          |              |      |
| SYMLINPEN INJ   | PA           | B    |
| <b>ANTIDIABETIC COMBINATIONS</b>                              |              |      |
| GLYXAMBI TAB (QL= 1 tab/day)                                  | QL           | B    |
| JANUMET TAB (QL= 2 tabs/day)                                  | QL           | B    |
| JANUMET XR TAB (QL= 2 tabs/day)                               | QL           | B    |
| JENTADUETO TAB (QL= 2 tabs/day)                               | QL           | B    |
| JENTADUETO XR TAB (QL= 2 tabs/day)                            | QL           | B    |
| SOLIQUA INJ (QL= 15ml/25 days)                                | QL           | B    |
| SYNJARDY TAB (QL= 2 tabs/day)                                 | QL           | B    |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)          | QL           | B    |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)        | QL           | B    |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)      | QL           | B    |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL           | B    |
| XIGDUO XR TAB (QL= 2 tabs/day)                                | QL           | B    |
| XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)                       | QL           | B    |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)           | QL           | B    |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)    | QL           | B    |
| XULTOPHY INJ (QL= 15ml/30 days)                               | QL           | B    |
| glipizide/metformin tab (METAGLIP equiv)                      | -            | G    |
| glyburide/metformin tab (GLUCOVANCE equiv)                    | -            | G    |
| ACTOPLUS MET TAB  | -            | NC   |

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

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ANTIDIABETICS Cont.</b>   |              |      |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB   | -            | NC   |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB   | -            | NC   |
| ALOGLIPTIN-METFORMIN TAB   | -            | NC   |
| ALOGLIPTIN-PIOGLITAZONE TAB  | -            | NC   |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG   | -            | NC   |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG  | -            | NC   |
| DUETACT TAB  | -            | NC   |
| INVOKAMET TAB  | -            | NC   |
| INVOKAMET XR TAB   | -            | NC   |
| KOMBIGLYZE XR TAB  | -            | NC   |
| pioglitazone/glimepiride tab (DUETACT equiv)   | -            | NC   |
| pioglitazone/metformin tab (ACTOPLUS MET equiv)  | -            | NC   |
| PRANDIMET TAB  | -            | NC   |
| QTERN TAB  | -            | NC   |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)   | -            | NC   |
| SEGLUROMET TAB   | -            | NC   |
| STEGLUJAN TAB  | -            | NC   |
| <b>BIGUANIDES</b>  |              |      |
| metformin ER tab (GLUCOPHAGE XR equiv)   | -            | G    |
| metformin soln (RIOMET equiv)  | -            | G    |
| metformin tab (GLUCOPHAGE equiv)   | -            | G    |
| FORTAMET TAB   | -            | NC   |
| GLUMETZA TAB 1000MG  | -            | NC   |
| GLUMETZA TAB 500MG   | -            | NC   |
| metformin ER osmotic tab (FORTAMET equiv)  | -            | NC   |
| metformin ER osmotic tab (GLUMETZA equiv)  | -            | NC   |
| METFORMIN TAB  | -            | NC   |
| <b>DIABETIC OTHER</b>  |              |      |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)  | QL           | B    |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)  | QL           | B    |
| GLUCAGON EMR INJ (QL= 2 inj/fill)  | QL           | B    |
| GLUCAGON INJ KIT (QL= 2 inj/fill)  | QL           | B    |
| GVOKE INJ (QL= 2 inj/fill)   | QL           | B    |
| GVOKE INJ KIT (QL= 2 inj/fill)   | QL           | B    |
| GVOKE PFS INJ (QL= 2 inj/fill)   | QL           | B    |
| ZEGALOGUE INJ (QL= 2 inj/fill)   | QL           | B    |
| diazoxide susp (PROGLYCEM equiv)   | -            | G    |
| GLUCAGON KIT (QL= 2 inj/fill)  | QL           | G    |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA-QL     | G    |
| KORLYM TAB   | -            | NC   |
| <b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>   |              |      |
| JANUVIA TAB (QL= 1 tab/day)  | QL-¢         | B    |
| TRADJENTA TAB (QL= 1 tab/day)  | QL           | B    |
| ALOGLIPTIN TAB   | -            | NC   |
| ALOGLIPTIN TAB, NESINA TAB   | -            | NC   |

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|---|--------------|------|
| <b>ANTIDIABETICS Cont.</b>  |              |      |
| ONGLYZA TAB   | -            | NC   |
| saxagliptin hcl tab (ONGLYZA equiv)   | -            | NC   |
| ZITUVIO TAB   | -            | NC   |
| <b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>  |              |      |
| CYCLOSET TAB  | -            | B    |
| <b>INCRETIN MIMETIC AGENTS</b>  |              |      |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                                | QL-RDX       | B    |
| <b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>  |              |      |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                     | QL-RDX       | B    |
| BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                                | QL-RDX       | B    |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                            | QL-RDX       | B    |
| BYETTA INJ (Step Therapy requires trial of VICTOZA or BYDUREON; Diagnosis Restricted – Type 2 Diabetes (E11)) | RDX-ST       | B    |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                                | QL-RDX       | B    |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                                | QL-RDX       | B    |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))                                     | QL-RDX       | B    |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))                              | QL-RDX       | B    |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))                                   | QL-RDX       | B    |
| ADLYXIN INJ   | -            | NC   |
| TANZEUM INJ   | -            | NC   |
| <b>INSULIN</b>  |              |      |
| HUMALOG JR KWIKPEN INJ  | -            | B    |
| HUMALOG KWIKPEN INJ   | -            | B    |
| HUMALOG MIX INJ   | -            | B    |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN   | -            | B    |
| HUMALOG PEN INJ   | -            | B    |
| HUMULIN MIX INJ   | OTC          | B    |
| HUMULIN MIX PEN INJ   | OTC          | B    |
| HUMULIN N INJ   | OTC          | B    |
| HUMULIN N PEN INJ   | OTC          | B    |
| HUMULIN R INJ   | OTC          | B    |
| HUMULIN R INJ U-500   | -            | B    |
| HUMULIN R U-500 KWIKPEN INJ   | -            | B    |
| INSULIN GLARGINE SOLN PEN-INJ   | -            | B    |
| INSULIN LISPRO JR KWIKPEN INJ   | -            | B    |
| INSULIN LISPRO KWIKPEN INJ  | -            | B    |
| LEVEMIR FLEXTOUCH INJ   | -            | B    |
| LEVEMIR INJ   | -            | B    |
| LYUMJEV INJ   | -            | B    |
| LYUMJEV KWIKPEN INJ   | -            | B    |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ  | -            | B    |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN  | -            | B    |
| TOUJEO MAX SOLOSTAR INJ   | -            | B    |
| TOUJEO SOLOSTAR INJ   | -            | B    |
| TRESIBA FLEXTOUCH INJ   | -            | B    |
| TRESIBA INJ   | -            | B    |
| INSULIN LISPRO INJ (HUMALOG equiv)  | -            | G    |

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|--|--------------|------|
| <b>ANTIDIABETICS Cont.</b>                                       |              |      |
| ADMELOG INJ, HUMALOG INJ   | -            | NC   |
| ADMELOG SOLOSTAR, HUMALOG TEMPO PEN                              | -            | NC   |
| APIDRA INJ   | -            | NC   |
| APIDRA SOLOSTAR INJ  | -            | NC   |
| BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ | -            | NC   |
| DEGLUDEC FLEXTOUCH INJ   | -            | NC   |
| DEGLUDEC INJ   | -            | NC   |
| FIASP FLEXTOUCH INJ  | -            | NC   |
| FIASP INJ  | -            | NC   |
| FIASP PENFILL INJ, FIASP PUMP CARTRIDGE                          | -            | NC   |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)                       | -            | NC   |
| INSULIN ASPART INJ (NOVOLOG equiv)                               | -            | NC   |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)                   | -            | NC   |
| INSULIN ASPART MIX INJ (NOVOLOG equiv)                           | -            | NC   |
| INSULIN ASPART PENFILL INJ                                       | -            | NC   |
| INSULIN GLARGINE-YFGN (SINGLE PEN)                               | -            | NC   |
| LANTUS INJ, INSULIN GLARGINE INJ                                 | -            | NC   |
| LYUMJEV TEMPO PEN INJ  | -            | NC   |
| NOVOLIN 70/30 FLEXPEN INJ  | OTC          | NC   |
| NOVOLIN 70/30 FLEXPEN RELION INJ                                 | OTC          | NC   |
| NOVOLIN 70/30 INJ  | OTC          | NC   |
| NOVOLIN 70/30 RELION INJ   | OTC          | NC   |
| NOVOLIN N FLEXPEN INJ  | OTC          | NC   |
| NOVOLIN N INJ  | OTC          | NC   |
| NOVOLIN R FLEXPEN INJ  | OTC          | NC   |
| NOVOLIN R INJ  | OTC          | NC   |
| NOVOLIN R RELION INJ   | OTC          | NC   |
| NOVOLOG FLEXPEN INJ  | -            | NC   |
| NOVOLOG INJ  | -            | NC   |
| NOVOLOG MIX FLEXPEN INJ  | -            | NC   |
| NOVOLOG MIX INJ  | -            | NC   |
| NOVOLOG PENFILL INJ  | -            | NC   |
| REZVOGLAR INJ  | -            | NC   |
| SEMGLEE INJ (SINGLE PEN)   | -            | NC   |
| SEMGLEE SOLN   | -            | NC   |
| TOUJEO SOLOSTAR INJ  | -            | NC   |
| <b>INSULIN SENSITIZING AGENTS</b>                                |              |      |
| pioglitazone tab (ACTOS equiv)                                   | -            | G    |
| <b>MEGLITINIDE ANALOGUES</b>                                     |              |      |
| nateglinide tab (STARLIX equiv)                                  | -            | G    |
| repaglinide tab (PRANDIN equiv)                                  | -            | G    |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>        |              |      |
| FARXIGA TAB (QL= 1 tab/day)                                      | QL           | B    |
| JARDIANCE TAB (QL= 1 tab/day)                                    | QL           | B    |
| BEXAGLIFLOZN TAB   | -            | NC   |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG                              | -            | NC   |

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|--|--------------|------|
| <b>ANTIDIABETICS Cont.</b>   |              |      |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG   | -            | NC   |
| INVOKANA TAB   | -            | NC   |
| STEGLATRO TAB  | -            | NC   |
| <b>SULFONYLUREAS</b>   |              |      |
| TOLBUTAMIDE TAB  | -            | B    |
| glimepiride tab (AMARYL equiv)   | -            | G    |
| glipizide ER tab (GLUCOTROL XL equiv)  | -            | G    |
| glipizide tab (GLUCOTROL equiv)  | -            | G    |
| GLYBURID MCR TAB   | -            | G    |
| glyburide tab (MICRONASE equiv)  | -            | G    |
| TOLAZAMIDE TAB   | -            | G    |
| GLIPIZIDE TAB  | -            | NC   |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>  |              |      |
| <b>ANTIPERISTALTIC AGENTS</b>  |              |      |
| DIPHENOXYLATE/ATROPINE LIQUID  | -            | B    |
| loperamide hcl soln (LOPERAMIDE equiv)   | OTC          | NC   |
| <b>ANTIDIARRHEALS</b>  |              |      |
| <b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>  |              |      |
| MYTESI TAB   | -            | NC   |
| <b>ANTIDIARRHEAL AGENTS - MISC.</b>  |              |      |
| REZYST CHEW TAB  | -            | NC   |
| VSL #3 CAP   | -            | NC   |
| <b>ANTIDIARRHEAL COMBINATIONS</b>  |              |      |
| EVIVO LIQUID   | -            | NC   |
| <b>ANTIPERISTALTIC AGENTS</b>  |              |      |
| diphenoxylate/atropine tab (LOMOTIL equiv)   | -            | G    |
| opium tincture   | -            | G    |
| loperamide cap (IMODIUM equiv)   | -            | NC   |
| PAREGORIC TINCTURE   | -            | NC   |
| <b>ANTIDOTES</b>   |              |      |
| <b>ANTIDOTES</b>   |              |      |
| VISTOGARD PAK  | -            | NC   |
| <b>ANTIDOTES - CHELATING AGENTS</b>  |              |      |
| CHEMET CAP   | -            | B    |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)  | LD-PA        | B    |
| <b>OPIOID ANTAGONISTS</b>  |              |      |
| VIVITROL INJ   | LMSP         | B    |
| naltrexone tab (REVIA equiv)   | -            | G    |
| EVZIO INJ  | -            | NC   |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>  |              |      |
| <b>ANTIDOTES - CHELATING AGENTS</b>  |              |      |
| deferasirox granules packet (JADENU equiv)   | LMSP         | G    |
| deferasirox tab (JADENU equiv)   | LMSP         | G    |
| deferasirox tab for oral susp (EXJADE equiv)   | LMSP         | G    |
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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
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|--|--------------|------|
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.</b>                                  |              |      |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA        | G    |
| FERRIPROX TAB 1000MG (TWICE DAILY)   | -            | NC   |
| JADENU SPRINKLE  | -            | NC   |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>  |              |      |
| CETYLEV TAB  | -            | NC   |
| <b>OPIOID ANTAGONISTS</b>  |              |      |
| KLOXXADO NASAL SPRAY   | -            | B    |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill)  | QL           | B    |
| OPVEE NASAL SPRAY  | -            | B    |
| ZIMHI SOLN   | -            | B    |
| naloxone hcl nasal spray (NARCAN equiv)  | OTC          | G    |
| naloxone inj   | -            | G    |
| naloxone prefilled inj   | -            | G    |
| NARCAN NASAL SPRAY   | OTC          | G    |
| RIVIVE SPRAY   | OTC          | G    |
| EVZIO INJ  | -            | NC   |
| <b>ANTIEMETICS</b>   |              |      |
| <b>5-HT3 RECEPTOR ANTAGONISTS</b>  |              |      |
| ANZEMET TAB (QL= 9 tabs/fill)  | QL           | B    |
| GRANISOL SOLN (QL= 60ml/fill)  | QL           | B    |
| SANCUSO PATCH (QL= 4 patches/fill)   | QL           | B    |
| granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)                                 | QL           | G    |
| ondansetron ODT (ZOFTRAN equiv)  | -            | G    |
| ondansetron soln (ZOFTRAN equiv)   | -            | G    |
| ONDANSETRON TAB  | -            | G    |
| ondansetron tab (ZOFTRAN equiv)  | -            | G    |
| SUSTOL INJ   | -            | NC   |
| ZUPLENZ SL FILM  | -            | NC   |
| <b>ANTIEMETICS - ANTICHOLINERGIC</b>   |              |      |
| meclizine chew tab (BONINE equiv) (Rx Only)                                      | -            | G    |
| meclizine tab (ANTIVERT equiv) (Rx Only)   | -            | G    |
| scopolamine patch (TRANSDERM-SCOP equiv)   | -            | G    |
| trimethobenzamide cap (TIGAN equiv)  | -            | G    |
| ANTIVERT TAB, MECLIZINE TAB  | -            | NC   |
| <b>ANTIEMETICS - MISCELLANEOUS</b>   |              |      |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)    | QL-RS        | B    |
| CESAMET CAP  | -            | B    |
| dronabinol cap (MARINOL equiv)   | PA           | G    |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv)                                    | -            | NC   |
| SYNDROS SOLN   | -            | NC   |
| <b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>                       |              |      |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)     | QL-RS        | B    |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill)                                   | QL           | G    |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill)                                   | QL           | G    |
| EMEND CAP  | -            | NC   |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ANTIEMETICS Cont.</b>  |              |      |
| EMEND SUSP  | -            | NC   |
| <b>ANTIFUNGALS</b>  |              |      |
| <b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b> |              |      |
| BREXAFEMME TAB  | -            | NC   |
| <b>ANTIFUNGALS</b>  |              |      |
| flucytosine cap (ANCOBON equiv)                                 | -            | G    |
| griseofulvin micro tab (GRIFULVIN V equiv)                      | -            | G    |
| griseofulvin susp (GRIFULVIN equiv)                             | -            | G    |
| griseofulvin tab (GRIS-PEG equiv)                               | -            | G    |
| nystatin powder   | -            | G    |
| nystatin tab  | -            | G    |
| terbinafine tab (LAMISIL equiv)                                 | -            | G    |
| <b>IMIDAZOLE-RELATED ANTIFUNGALS</b>                            |              |      |
| NOXAFIL PAK   | -            | B    |
| SPORANOX SOLN   | PA           | B    |
| fluconazole susp (DIFLUCAN equiv)                               | -            | G    |
| fluconazole tab (DIFLUCAN equiv)                                | -            | G    |
| itraconazole cap (SPORANOX equiv)                               | -            | G    |
| itraconazole soln (SPORANOX equiv)                              | PA           | G    |
| ketoconazole tab (NIZORAL equiv)                                | -            | G    |
| posaconazole DR tab (NOXAFIL equiv) (QL= 93 tabs/30 days)       | PA-QL        | G    |
| posaconazole susp (NOXAFIL equiv) (QL= 525ml/26 days)           | PA-QL        | G    |
| voriconazole susp (VFEND equiv)                                 | -            | G    |
| voriconazole tab (VFEND equiv)                                  | -            | G    |
| CRESEMBA CAP  | -            | NC   |
| NOXAFIL TAB   | -            | NC   |
| SPORANOX CAP  | -            | NC   |
| TOLSURA CAP   | -            | NC   |
| VFEND SUSP  | -            | NC   |
| VIVJOA CAP  | -            | NC   |
| <b>ANTIHISTAMINES</b>   |              |      |
| <b>ANTIHISTAMINES - ALKYLAMINES</b>                             |              |      |
| DEXCHLORPHENIRAMINE SYRUP                                       | -            | NC   |
| MICLARA LIQUID  | -            | NC   |
| RYCLORA SOLN  | -            | NC   |
| <b>ANTIHISTAMINES - ETHANOLAMINES</b>                           |              |      |
| CARBINOXAMINE SOLN  | -            | G    |
| carbinoxamine tab (PALGIC equiv)                                | -            | G    |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)   | -            | G    |
| KARBINAL ER SUSP  | -            | NC   |
| RYVENT TAB  | -            | NC   |
| <b>ANTIHISTAMINES - NON-SEDATING</b>                            |              |      |
| CLARINEX SYRUP  | -            | EXC  |
| CLARINEX TAB  | -            | EXC  |
| CLARITIN CAP  | OTC          | EXC  |

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

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|--|--------------|------|
| <b>ANTIHISTAMINES Cont.</b>  |              |      |
| CLARITIN CHEW TAB  | OTC          | EXC  |
| DES Loratadine ODT   | -            | EXC  |
| desloratadine tab (CLARINEX equiv)   | -            | EXC  |
| levocetirizine soln (XYZAL equiv)  | -            | EXC  |
| levocetirizine tab (XYZAL equiv)   | -            | EXC  |
| loratadine cap (CLARITIN equiv)  | OTC          | EXC  |
| XYZAL SOLN   | -            | EXC  |
| XYZAL TAB  | -            | EXC  |
| ZYRTEC CHILD CHEW TAB  | OTC          | EXC  |
| ZYRTEC CHILD CHEW ALLERGY  | OTC          | NC   |
| <b>ANTIHISTAMINES - PHENOTHIAZINES</b>   |              |      |
| promethazine supp (PHENERGAN equiv)  | -            | G    |
| promethazine syrup   | -            | G    |
| promethazine tab (PHENERGAN equiv)   | -            | G    |
| PROMETHEGAN SUPP   | -            | G    |
| <b>ANTIHISTAMINES - PIPERIDINES</b>  |              |      |
| cyproheptadine syrup   | -            | G    |
| cyproheptadine tab   | -            | G    |
| <b>ANTIHYPERTENSIVES</b>   |              |      |
| <b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>                             |              |      |
| NEXLETOL TAB (QL= 1 tab/day)   | PA-QL        | B    |
| <b>ANTIHYPERTENSIVES - COMBINATIONS</b>  |              |      |
| EZETIMIBE/ATORVASTATIN TAB   | -            | NC   |
| ezetimibe/simvastatin tab (VYTORIN equiv)  | -            | NC   |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage) | -            | NC   |
| NEXLIZET TAB   | -            | NC   |
| OMEGA-3 RX PAK COMPLETE  | -            | NC   |
| ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB   | -            | NC   |
| <b>ANTIHYPERTENSIVES - MISC.</b>   |              |      |
| omega-3-acid ethyl esters cap (LOVAZA equiv)   | -            | G    |
| VASCEPA CAP (QL= 4 caps/day)   | PA-QL        | G    |
| icosapent ethyl cap (VASCEPA equiv)  | -            | NC   |
| KYNAMRO INJ  | -            | NC   |
| <b>BILE ACID SEQUESTRANTS</b>  |              |      |
| cholestyramine lite powder (QUESTRAN LITE equiv)   | -            | G    |
| cholestyramine lite powder pack (QUESTRAN LITE equiv)                                    | -            | G    |
| cholestyramine powder (QUESTRAN equiv)   | -            | G    |
| cholestyramine powder pack (QUESTRAN equiv)  | -            | G    |
| colesevelam pack (WELCHOL equiv)   | -            | G    |
| colesevelam tab (WELCHOL equiv)  | -            | G    |
| colestipol granule (COLESTID equiv)  | -            | G    |
| colestipol powder packet (COLESTID equiv)  | -            | G    |
| colestipol tab (COLESTID equiv)  | -            | G    |
| WELCHOL PACK   | -            | NC   |
| WELCHOL TAB  | -            | NC   |

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|---|--------------|------|
| <b>ANTIHYPERTENSIVES Cont.</b>  |              |      |
| <b>FIBRIC ACID DERIVATIVES</b>  |              |      |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)                                    | -            | G    |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)                               | -            | G    |
| fenofibric acid DR cap (TRILIPIX equiv)   | -            | G    |
| gemfibrozil tab (LOPID equiv)   | -            | G    |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP  | -            | NC   |
| ANTARA CAP, LOFIBRA CAP   | -            | NC   |
| fenofibrate cap 43mg, 130mg (ANTARA equiv)  | -            | NC   |
| FENOFIBRATE CAP, LIPOFEN CAP  | -            | NC   |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG  | -            | NC   |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)   | -            | NC   |
| FENOFIBRIC TAB, FIBRICOR TAB  | -            | NC   |
| TRIGLIDE TAB  | -            | NC   |
| TRILIPIX CAP  | -            | NC   |
| <b>HMG COA REDUCTASE INHIBITORS</b>   |              |      |
| atorvastatin tab (LIPITOR equiv)  | -            | \$0  |
| lovastatin tab (MEVACOR equiv)  | -            | \$0  |
| pravastatin tab (PRAVACHOL equiv)   | -            | \$0  |
| rosuvastatin tab (CRESTOR equiv)  | -            | \$0  |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered)                                   | -            | \$0  |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)                   | PA           | B    |
| EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older) | PA           | B    |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization)                    | PA           | B    |
| ALTOPREV TAB  | -            | NC   |
| CRESTOR TAB   | -            | NC   |
| fluvastatin cap (LESCOL equiv)  | -            | NC   |
| fluvastatin ER tab (LESCOL XL equiv)  | -            | NC   |
| LESCOL XL TAB   | -            | NC   |
| LIPITOR TAB   | -            | NC   |
| LIVALO TAB  | -            | NC   |
| pitavastatin calcium tab (LIVALO equiv)   | -            | NC   |
| simvastatin tab 80mg (ZOCOR equiv)  | -            | NC   |
| ZOCOR TAB 80MG  | -            | NC   |
| ZYPITAMAG TAB   | -            | NC   |
| <b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>                                   |              |      |
| ezetimibe tab (ZETIA equiv)   | -            | G    |
| ZETIA TAB   | -            | NC   |
| <b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>                      |              |      |
| JUXTAPID CAP  | -            | NC   |
| <b>NICOTINIC ACID DERIVATIVES</b>   |              |      |
| niacin ER tab (NIASPAN equiv)   | -            | G    |
| NIACOR TAB  | -            | NC   |
| NIASPAN ER TAB  | -            | NC   |
| <b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>                       |              |      |
| REPATHA INJ (QL= 2 inj/28 days)   | PA-QL        | B    |

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| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
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|--|--------------|------|
| <b>ANTIHYPERTENSIVES Cont.</b>             |              |      |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL        | B    |

**ANTIHYPERTENSIVES**

**ACE INHIBITORS**

|  |    |   |
|--|----|---|
| QBRELIS SOLN (Prior Authorization required for members age 9 or older)                               | PA | B |
| benazepril tab (LOTENSIN equiv)  | -  | G |
| captopril tab (CAPOTEN equiv)  | -  | G |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA | G |
| enalapril tab (VASOTEC equiv)  | -  | G |
| fosinopril tab (MONOPRIL equiv)  | -  | G |
| lisinopril tab (PRINIVIL/ZESTRIL equiv)  | -  | G |
| moexipril tab (UNIVASC equiv)  | -  | G |
| PERINDOPRIL TAB  | -  | G |
| perindopril tab (ACEON equiv)  | -  | G |
| quinapril tab (ACCUPRIL equiv)   | -  | G |
| ramipril cap (ALTACE equiv)  | -  | G |
| trandolapril tab (MAVIK equiv)   | -  | G |

**AGENTS FOR PHEOCHROMOCYTOMA**

|   |   |    |
|---|---|----|
| phenoxybenzamine cap (DIBENZYLIN equiv) | - | G  |
| DEMSEER CAP                             | - | NC |
| metyrosine cap (DEMSEER equiv)          | - | NC |

**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

|                                  |   |    |
|----------------------------------|---|----|
| irbesartan tab (AVAPRO equiv)    | - | G  |
| losartan tab (COZAAR equiv)      | - | G  |
| olmesartan tab (BENICAR equiv)   | - | G  |
| telmisartan tab (MICARDIS equiv) | - | G  |
| valsartan tab (DIOVAN equiv)     | - | G  |
| ATACAND TAB                      | - | NC |
| candesartan tab (ATACAND equiv)  | - | NC |
| DIOVAN TAB                       | - | NC |
| EDARBI TAB                       | - | NC |
| VALSARTAN SOLN                   | - | NC |

**ANTIADRENERGIC ANTIHYPERTENSIVES**

|                                      |   |    |
|--------------------------------------|---|----|
| CATAPRES-TTS PATCH                   | - | B  |
| clonidine patch (CATAPRES-TTS equiv) | - | G  |
| clonidine tab (CATAPRES equiv)       | - | G  |
| doxazosin tab (CARDURA equiv)        | - | G  |
| guanfacine IR tab (TENEX equiv)      | - | G  |
| METHYLDOPA TAB                       | - | G  |
| methyldopa tab (ALDOMET equiv)       | - | G  |
| prazosin cap (MINIPRESS equiv)       | - | G  |
| terazosin cap (HYTRIN equiv)         | - | G  |
| NEXICLON XR TAB                      | - | NC |

**ANTIHYPERTENSIVE COMBINATIONS**

|  |    |   |
|--|----|---|
| ACCURETIC TAB  | -  | B |
| TEKTRUNA HCT TAB (Step Therapy requires trial of valsartan/hctz) | ST | B |

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|-------------|---|--------------------------------|-------------|---------------------------------|
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| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion | <b>INF</b>                     | <b>OTC</b>  | Limited Distribution            |
| <b>PA</b>   | Lumicera Mandatory Specialty Pharmacy Program                   | <b>MSP</b>                     | <b>RDX</b>  | Over-the-Counter                |
| <b>RS</b>   | Prior Authorization   | <b>QL</b>                      | <b>SMKG</b> | Restricted to Diagnosis         |
| <b>ST</b>   | Restricted to Specialist  | <b>SF</b>                      | ¢           | Smoking Cessation               |
|             | Step Therapy  | <b>VAC</b>                     |             | RxCENTS                         |
|             |   |                                |             |                                 |
|             |   |                                |             |                                 |

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|---|--------------|------|
| <b>ANTIHYPERTENSIVES Cont.</b>  |              |      |
| amlodipine/benazepril cap (LOTREL equiv)                              | -            | G    |
| amlodipine/valsartan tab (EXFORGE equiv)                              | -            | G    |
| atenolol/chlorthalidone tab (TENORETIC equiv)                         | -            | G    |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)               | -            | G    |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv)                       | -            | G    |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv)                   | -            | G    |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)               | -            | G    |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv)                    | -            | G    |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)                 | -            | G    |
| losartan/hydrochlorothiazide tab (HYZAAR equiv)                       | -            | G    |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)              | -            | G    |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)                | -            | G    |
| QUINAPRIL/HCTZ TAB  | -            | G    |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv)                   | -            | G    |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)                  | -            | G    |
| amlodipine/olmesartan tab (AZOR equiv)                                | -            | NC   |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)      | -            | NC   |
| AZOR TAB  | -            | NC   |
| BENICAR HCT TAB   | -            | NC   |
| BYVALSON TAB  | -            | NC   |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)               | -            | NC   |
| DUTOPROL TAB  | -            | NC   |
| EDARBYCLOR TAB  | -            | NC   |
| MICARDIS HCT TAB  | -            | NC   |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)       | -            | NC   |
| PRESTALIA TAB   | -            | NC   |
| TELMISARTAN/AMLODIPINE TAB  | -            | NC   |
| telmisartan/amlodipine tab (TWYNSTA equiv)                            | -            | NC   |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)              | -            | NC   |
| TRANDOLAPRIL/VERAPAMIL ER TAB   | -            | NC   |
| TRIBENZOR TAB   | -            | NC   |
| <b>ANTIHYPERTENSIVES - MISC.</b>                                      |              |      |
| VECAMYL TAB   | -            | NC   |
| <b>DIRECT RENIN INHIBITORS</b>  |              |      |
| aliskiren tab (TEKTURNA equiv)  | -            | G    |
| <b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>             |              |      |
| eplerenone tab (INSPRA equiv)   | -            | G    |
| <b>VASODILATORS</b>   |              |      |
| hydralazine tab (APRESOLINE equiv)                                    | -            | G    |
| minoxidil tab (LONITEN equiv)   | -            | G    |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                                  |              |      |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                                  |              |      |
| FIRST METRONIDAZOLE SUSP  | -            | B    |
| LIKMEZ SUSP (Prior Authorization required for members age 9 or older) | PA           | B    |
| PRIMSOL SOLN  | -            | B    |

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>                                      |              |      |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days)   | PA-QL        | B    |
| XIFAXAN TAB 550MG (QL= 2 tabs/day)  | PA-QL        | B    |
| metronidazole tab (FLAGYL equiv)  | -            | G    |
| pentamidine neb soln (NEBUPENT equiv)   | -            | G    |
| tinidazole tab (TINDAMAX equiv)   | -            | G    |
| TRIMETHOPRIM TAB  | -            | G    |
| trimethoprim tab (PROLOPRIM equiv)  | -            | G    |
| AEMCOLO TAB   | -            | NC   |
| IMPAVIDO CAP  | -            | NC   |
| metronidazole cap (FLAGYL equiv)  | -            | NC   |
| <b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>                                      |              |      |
| HYOPHEN TAB   | -            | B    |
| hyophen tab (PROSED DS equiv)   | -            | G    |
| smz/tmp (DS) tab (BACTRIM DS equiv)   | -            | G    |
| smz/tmp susp (BACTRIM, SEPTRA equiv)  | -            | G    |
| UTA CAP   | -            | NC   |
| <b>ANTIPROTOZOAL AGENTS</b>   |              |      |
| ALINIA SUSP (QL= 60ml/3 days)   | PA-QL        | B    |
| LAMPIT TAB (Restricted to Infectious Disease Specialist)                        | RS           | B    |
| atovaquone susp (MEPRON equiv)  | -            | G    |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)                             | PA-QL        | G    |
| <b>GLYCOPEPTIDES</b>  |              |      |
| FIRVANQ SOLN  | -            | G    |
| FIRVANQ SOLN 50MG/ML  | -            | G    |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)                              | QL           | G    |
| vancomycin hcl soln (VANCOMYCIN equiv)  | -            | NC   |
| VANCOMYCIN ORAL SOLN  | -            | NC   |
| VANCOMYCIN SOLN   | -            | NC   |
| <b>LEPROSTATICS</b>   |              |      |
| dapsone tab   | -            | G    |
| <b>LINCOSAMIDES</b>   |              |      |
| clindamycin cap (CLEOCIN equiv)   | -            | G    |
| clindamycin soln (CLEOCIN equiv)  | -            | G    |
| clindamycin cap 300mg (CLEOCIN equiv)   | -            | NC   |
| <b>MONOBACTAMS</b>  |              |      |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)                | LD-PA        | B    |
| <b>OXAZOLIDINONES</b>   |              |      |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)     | QL-RS        | B    |
| linezolid susp (Restricted to Infectious Disease Specialist)                    | RS           | G    |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)       | RS           | G    |
| <b>PLEUROMUTILINS</b>   |              |      |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS        | B    |
| <b>POLYMYXINS</b>   |              |      |
| colistimethate inj (COLY-MYCIN M equiv)   | LMSP         | B    |
| <b>URINARY ANTI-INFECTIVES</b>  |              |      |

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|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|---|--------------|------|
| <b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>                                    |              |      |
| MONUROL GRANULE PACK  | -            | B    |
| fosfomycin tromethamine powder pack (MONUROL equiv)                           | -            | G    |
| methenamine hippurate tab (HIPREX equiv)                                      | -            | G    |
| methenamine mandelate tab   | -            | G    |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv)                          | -            | G    |
| nitrofurantoin monohydrate cap (MACROBID equiv)                               | -            | G    |
| nitrofurantoin susp (FURADANTIN equiv) (Covered for members age 9 or younger) | -            | G    |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)                     | -            | NC   |
| NITROFURANTOIN SUSP   | -            | NC   |

**ANTIMALARIALS**

| <b>ANTIMALARIAL COMBINATIONS</b>          |   |    |
|---|---|----|
| atovaquone/proguanil tab (MALARONE equiv) | - | G  |
| MALARONE TAB                              | - | NC |
| PYRIMETHAMINE/LEUCOVORIN CAP              | - | NC |

| <b>ANTIMALARIALS</b>   |          |    |
|--|----------|----|
| KRINTAFEL TAB  | -        | B  |
| chloroquine tab (ARALEN equiv)   | -        | G  |
| hydroxychloroquine tab (PLAQUENIL equiv)   | -        | G  |
| mefloquine tab (LARIAM equiv)  | -        | G  |
| primaquine tab (PRIMAQUINE equiv)  | -        | G  |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | G  |
| ARAKODA TAB  | -        | NC |
| QUALAQUIN CAP  | -        | NC |
| quinine sulfate cap (QUALAQUIN equiv)  | -        | NC |
| SOVUNA TAB   | -        | NC |

**ANTIMYASTHENIC/CHOLINERGIC AGENTS**

| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                   |       |    |
|--|-------|----|
| FIRDAPSE TAB (Only available through AnovoRx 844-288-5007) | LD-PA | B  |
| pyridostigmine CR tab (MESTINON equiv)                     | -     | G  |
| pyridostigmine tab (MESTINON equiv)                        | -     | G  |
| pyridostigmine soln (MESTINON equiv)                       | -     | G  |
| PYRIDOSTIGMINE TAB 30MG                                    | -     | NC |

**ANTIMYCOBACTERIAL AGENTS**

| <b>ANTI TB COMBINATIONS</b>   |       |    |
|---|-------|----|
| RIFAMATE CAP  | -     | B  |
| <b>ANTIMYCOBACTERIAL AGENTS</b>   |       |    |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | B  |
| PRIFTIN TAB   | -     | B  |
| ethambutol tab (MYAMBUTOL equiv)  | -     | G  |
| isoniazid syrup (ISONIAZID equiv)   | -     | G  |
| ISONIAZID TAB   | -     | G  |
| pyrazinamide tab  | -     | G  |
| rifabutin cap (MYCOBUTIN equiv)   | -     | G  |
| rifampin cap (RIFADIN equiv)  | -     | G  |
| cycloserine cap (CYCLOSERINE CAP equiv)                                     | -     | NC |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|---|--------------|------|
| <b>ANTIMYCOBACTERIAL AGENTS Cont.</b>   |              |      |
| SIRTURO TAB   | -            | NC   |
| TRECTOR TAB   | -            | NC   |
| <b>ANTINEOPLASTICS</b>  |              |      |
| <b>ALKYLATING AGENTS</b>  |              |      |
| HEXALEN CAP   | -            | B    |
| <b>ANTIMETABOLITES</b>  |              |      |
| TABLOID TAB   | -            | B    |
| mercaptapurine tab (PURINETHOL equiv)   | -            | G    |
| methotrexate tab (Trexall equiv)  | -            | G    |
| TREXALL TAB   | -            | NC   |
| <b>ANTINEOPLASTIC ENZYME INHIBITORS</b>   |              |      |
| ZOLINZA CAP   | LMSP-PA-SF   | B    |
| <b>ANTINEOPLASTICS MISC.</b>  |              |      |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA        | B    |
| ALFERON-N INJ   | LMSP         | B    |
| INTRON-A INJ  | MSP          | B    |
| MATULANE CAP  | -            | B    |
| hydroxyurea cap (HYDREA equiv)  | -            | G    |
| tretinoin cap (VESANOID equiv)  | LMSP         | G    |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>  |              |      |
| MESNEX TAB  | LMSP         | B    |
| leucovorin tab  | -            | G    |
| <b>TOPOISOMERASE I INHIBITORS</b>   |              |      |
| HYCAMTIN CAP  | LMSP-PA      | B    |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>                                       |              |      |
| <b>ALKYLATING AGENTS</b>  |              |      |
| CYCLOPHOSPHAMIDE TAB  | -            | B    |
| GLEOSTINE/LOMUSTINE CAP   | -            | B    |
| MYLERAN TAB   | LMSP         | B    |
| cyclophosphamide cap  | -            | G    |
| MELPHALAN TAB   | -            | G    |
| temozolomide cap (TEMODAR equiv)  | LMSP         | G    |
| bendamustine hcl for iv soln (TREANDA equiv)  | -            | NC   |
| LEUKERAN TAB  | -            | NC   |
| TREANDA INJ   | -            | NC   |
| <b>ANTIMETABOLITES</b>  |              |      |
| azacitidine inj (VIDAZA equiv)  | MSP          | B    |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older)   | PA           | B    |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization)                     | PA           | B    |
| capecitabine tab (XELODA equiv)   | LMSP         | G    |
| methotrexate inj  | -            | G    |
| ONUREG TAB  | -            | NC   |
| <b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>                                       |              |      |
| AVASTIN INJ   | MSP-PA       | B    |

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|---|--------------|------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>   |              |      |
| INLYTA TAB (QL= 8 tabs/day)   | MSP-PA-QL-SF | B    |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)   | LD-PA-QL-SF  | B    |
| FRUZAQLA CAP  | -            | NC   |
| <b>ANTINEOPLASTIC - ANTIBODIES</b>  |              |      |
| ARZERRA INJ   | MSP-PA       | B    |
| RITUXAN INJ   | MSP-PA       | B    |
| <b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>  |              |      |
| HERCEPTIN INJ   | MSP-PA       | B    |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)  | LD-PA-QL-SF  | B    |
| <b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>  |              |      |
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)  | LD-PA        | B    |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)   | LD-PA        | B    |
| <b>ANTINEOPLASTIC - EGFR INHIBITORS</b>   |              |      |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)   | LD-PA-QL     | B    |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)                                       | LD-PA-QL-SF  | B    |
| VIZIMPRO TAB (QL= 1 tab/day)  | MSP-PA-QL-SF | B    |
| erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)   | LMSP-PA-QL   | G    |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)   | LMSP-PA-QL   | G    |
| gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)                                | LD-PA-QL     | G    |
| IRESSA TAB  | -            | NC   |
| TARCEVA TAB   | -            | NC   |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>   |              |      |
| ERIVEDGE CAP  | LMSP-PA-SF   | B    |
| ODOMZO CAP  | LMSP-PA-SF   | B    |
| DAURISMO TAB  | -            | NC   |
| <b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>   |              |      |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | -            | \$0  |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)  | -            | \$0  |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)   | -            | \$0  |
| EMCYT CAP   | -            | B    |
| ERLEADA TAB (QL= 4 tabs/day)  | LMSP-PA-QL   | B    |
| ERLEADA TAB 240MG (QL= 1 tab/day)   | LMSP-PA-QL   | B    |
| EULEXIN CAP   | -            | B    |
| FIRMAGON INJ  | MSP          | B    |
| FLUTAMIDE CAP   | -            | B    |
| LYSODREN TAB (Only available through Walgreens 888-347-3416)  | LD           | B    |
| NUBEQA TAB (QL= 4 tabs/day)   | MSP-PA-QL-SF | B    |
| ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306)  | LD-PA-QL     | B    |
| ORSERDU TAB (QL= 3 tabs/day; Only available through Onco360 877-662-6633)   | LD-PA-QL-SF  | B    |
| ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)  | LD-PA-QL-SF  | B    |
| ZOLADEX INJ   | MSP          | B    |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)   | LMSP-QL      | G    |
| bicalutamide tab (CASODEX equiv)  | -            | G    |

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|---|--------------|------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>                                     |              |      |
| flutamide cap (EULEXIN equiv)   | -            | G    |
| letrozole tab (FEMARA equiv)  | -            | G    |
| megestrol susp (MEGACE equiv)   | -            | G    |
| megestrol tab (MEGACE equiv)  | -            | G    |
| nilutamide tab (NILANDRON equiv)  | LMSP         | G    |
| toremifene tab (FARESTON equiv)   | -            | G    |
| abiraterone acetate tab 500mg (ZYTIGA equiv)  | -            | NC   |
| AKEEGA TAB  | -            | NC   |
| HYDROXYPROGESTERONE CAPROATE INJ  | -            | NC   |
| XTANDI CAP  | -            | NC   |
| XTANDI TAB 40MG   | -            | NC   |
| XTANDI TAB 80MG   | -            | NC   |
| YONSA TAB   | -            | NC   |
| <b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>                               |              |      |
| WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)               | LD-PA-QL     | B    |
| <b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>  |              |      |
| POMALYST CAP (QL= 21 caps/28 days)  | MSP-PA-QL    | B    |
| <b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>  |              |      |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)                | LD-PA-QL-SF  | B    |
| <b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>   |              |      |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)           | LD-PA-QL-SF  | B    |
| <b>ANTINEOPLASTIC COMBINATIONS</b>  |              |      |
| INQOVI TAB (QL= 5 tabs/28 days)   | MSP-PA-QL    | B    |
| KISQALI PAK (QL= 91 tabs/28 days)   | LMSP-PA-QL   | B    |
| LONSURF TAB   | MSP-PA       | B    |
| <b>ANTINEOPLASTIC ENZYME INHIBITORS</b>   |              |      |
| ALECENSA CAP (QL= 8 caps/day)   | LMSP-PA-QL   | B    |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)         | LD-PA-QL-SF  | B    |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)   | LD-PA-QL-SF  | B    |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)      | LD-PA-QL-SF  | B    |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)      | LD-PA-QL-SF  | B    |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)       | LD-PA-QL-SF  | B    |
| BORTEZOMIB INJ  | MSP-PA       | B    |
| bortezomib inj (VELCADE equiv)  | MSP-PA       | B    |
| BOSULIF CAP   | MSP-PA       | B    |
| BOSULIF TAB   | MSP-PA-SF    | B    |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL     | B    |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)               | LD-PA-QL-SF  | B    |
| CABOMETYX TAB (QL= 1 tab/day)   | MSP-PA-QL-SF | B    |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)             | LD-PA-QL-SF  | B    |
| CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)             | LD-PA-QL-SF  | B    |
| CAPRELSA 100MG TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)        | LD-PA-QL-SF  | B    |
| CAPRELSA 300MG TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)         | LD-PA-QL-SF  | B    |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)                      | LD-PA        | B    |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)      | LD-PA-QL     | B    |

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**SISC - Book of Business Drug List  
Category/Class**

**Last Updated\* 4/1/2024**

| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>  |                     |             |
| COTELLIC TAB (QL= 3 tabs/day)  | LMSP-PA-QL          | B           |
| FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)                                   | LD-PA-QL            | B           |
| GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)   | LD-PA-QL-SF         | B           |
| ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)                                      | LD-PA-QL-SF         | B           |
| IDHIFA TAB (QL= 1 tab/day)   | MSP-PA-QL           | B           |
| IMBRUVICA CAP 140MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)                        | LD-PA-QL            | B           |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)                          | LD-PA-QL            | B           |
| IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)                                | LD-PA-QL            | B           |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)                  | LD-PA-QL            | B           |
| JAKAFI TAB (QL= 2 tabs/day)  | MSP-PA-QL-SF        | B           |
| JAYPIRCA TAB (QL= 2 tabs/day)  | LMSP-PA-QL          | B           |
| KISQALI TAB (QL= 63 tabs/28 days)  | LMSP-PA-QL          | B           |
| KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)   | LD-PA-QL            | B           |
| KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)                                    | LD-PA-QL            | B           |
| KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)  | LD-PA-QL-SF         | B           |
| LORBRENA TAB 25MG (QL= 1 tab/day)  | MSP-PA-QL-SF        | B           |
| LORBRENA TAB 25MG (QL= 3 tabs/day)   | MSP-PA-QL-SF        | B           |
| LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)                                       | LD-PA-QL-SF         | B           |
| LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)                                 | LD-PA-QL-SF         | B           |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)                                       | LD-PA-QL-SF         | B           |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)                                 | LD-PA-QL-SF         | B           |
| MEKINIST SOLN  | LMSP-PA             | B           |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day)  | LMSP-PA-QL          | B           |
| MEKINIST TAB 2MG (QL= 1 tab/day)   | LMSP-PA-QL          | B           |
| MEKTOVI TAB (QL= 6 tabs/day)   | MSP-PA-QL           | B           |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)                                | LD-PA-QL-SF         | B           |
| NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA               | B           |
| PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)  | LD-PA-QL            | B           |
| PIQRAY TAB   | LMSP-PA-SF          | B           |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)  | LD-PA-QL            | B           |
| RETEVMO CAP (QL= 4 caps/day)   | LMSP-PA-QL-SF       | B           |
| REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)                                      | LD-PA-QL-SF         | B           |
| ROZLYTREK CAP (QL= 3 caps/day)   | LMSP-PA-QL          | B           |
| ROZLYTREK PAK (QL= 6 packs/day)  | LMSP-PA-QL          | B           |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)  | LD-PA-QL-SF         | B           |
| RYDAPT CAP (QL= 56 caps/28 days)   | LMSP-PA-QL          | B           |
| SPRYCEL TAB  | LMSP-PA-SF          | B           |
| STIVARGA TAB (QL= 4 tabs/day)  | MSP-PA-QL-SF        | B           |
| TABRECTA TAB (QL= 4 tabs/day)  | LMSP-PA-QL-SF       | B           |
| TAFINLAR CAP   | LMSP-PA             | B           |
| TAFINLAR TAB   | LMSP-PA             | B           |
| TALZENNA CAP 0.25MG (QL= 3 caps/day)   | MSP-PA-QL-SF        | B           |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)  | MSP-PA-QL-SF        | B           |
| TASIGNA CAP  | LMSP-PA-SF          | B           |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)   | LD-PA-QL            | B           |
| temsirolimus inj (TORISEL equiv)   | MSP-PA              | B           |

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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**Last Updated\* 4/1/2024**

| <b>DrugName</b>   | <b>Special Code</b> | <b>Tier</b> |
|---|---------------------|-------------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>   |                     |             |
| TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)                                | LD-PA-QL-SF         | B           |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)                                 | LD-PA-QL            | B           |
| TORISEL INJ   | MSP-PA              | B           |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)                                 | LD-PA-QL-SF         | B           |
| VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)         | LD-PA-QL            | B           |
| VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL            | B           |
| VERZENIO TAB (QL= 2 tabs/day)   | LMSP-PA-QL          | B           |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)                            | LD-PA-QL-SF         | B           |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)                             | LD-PA-QL-SF         | B           |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)                                   | LD-PA-QL-SF         | B           |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)                                   | LD-PA-QL            | B           |
| XALKORI CAP (QL= 2 caps/day)  | MSP-PA-QL-SF        | B           |
| XALKORI SPRINKLE CAP (QL= 4 caps/day)   | MSP-PA-QL-SF        | B           |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)                                 | LD-PA-QL-SF         | B           |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)                          | LD-PA-QL-SF         | B           |
| ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)                           | LD-PA-QL            | B           |
| ZELBORAF TAB (QL= 8 tabs/day)   | LMSP-PA-QL          | B           |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)   | LD-PA               | B           |
| ZYKADIA CAP (QL= 3 caps/day)  | LMSP-PA-QL-SF       | B           |
| ZYKADIA TAB (QL= 3 tabs/day)  | LMSP-PA-QL-SF       | B           |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day)   | LMSP-PA-QL          | G           |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)                                       | LMSP-PA-QL          | G           |
| imatinib tab (GLEEVEC equiv)  | LMSP                | G           |
| lapatinib ditosylate tab (TYKERB equiv)   | LMSP-PA             | G           |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)   | LMSP-PA-QL          | G           |
| sorafenib tosylate tab (NEXAVAR equiv)  | LMSP-PA             | G           |
| sunitinib malate cap (SUTENT equiv)   | LMSP-PA             | G           |
| AFINITOR DISPERZ TAB  | -                   | NC          |
| AFINITOR TAB  | -                   | NC          |
| ALUNBRIG PAK  | -                   | NC          |
| AUGTYRO CAP   | -                   | NC          |
| IBRANCE CAP   | -                   | NC          |
| IBRANCE TAB   | -                   | NC          |
| IMBRUVICA TAB 140MG   | -                   | NC          |
| IMBRUVICA TAB 280MG   | -                   | NC          |
| INREBIC CAP   | -                   | NC          |
| OGSIVEO TAB   | -                   | NC          |
| OJJAARA TAB   | -                   | NC          |
| SCEMBLIX TAB  | -                   | NC          |
| SUTENT CAP  | -                   | NC          |
| TALZENNA CAP 0.1MG  | -                   | NC          |
| TALZENNA CAP 0.35MG   | -                   | NC          |
| TRUQAP TAB  | -                   | NC          |
| TYKERB TAB  | -                   | NC          |
| VOTRIENT TAB  | -                   | NC          |
| <b>ANTINEOPLASTICS MISC.</b>  |                     |             |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|---|--------------|------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b> |              |      |
| bexarotene cap (TARGRETIN equiv)                      | LMSP-PA      | G    |
| BESREMI INJ   | -            | NC   |
| SYLATRON INJ  | -            | NC   |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b> |              |      |
| IWILFIN TAB   | -            | NC   |
| <b>MITOTIC INHIBITORS</b>                             |              |      |
| ETOPOSIDE CAP   | LMSP         | B    |
| <b>ANTIPARKINSON AGENTS</b>                           |              |      |
| <b>ANTIPARKINSON ADJUVANTS</b>                        |              |      |
| carbidopa tab (LODOSYN equiv)                         | -            | G    |
| <b>ANTIPARKINSON ANTICHOLINERGICS</b>                 |              |      |
| benztropine tab                                       | -            | G    |
| trihexyphenidyl tab (ARTANE equiv)                    | -            | G    |
| <b>ANTIPARKINSON COMT INHIBITORS</b>                  |              |      |
| entacapone tab (COMTAN equiv)                         | -            | G    |
| tolcapone tab (TASMAR equiv)                          | -            | G    |
| <b>ANTIPARKINSON DOPAMINERGICS</b>                    |              |      |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)     | -            | B    |
| NEUPRO PATCH  | PA           | B    |
| amantadine cap (SYMMETREL equiv)                      | -            | G    |
| amantadine syrup (SYMMETREL equiv)                    | -            | G    |
| amantadine tab  | -            | G    |
| bromocriptine cap (PARLODEL equiv)                    | -            | G    |
| bromocriptine tab (PARLODEL equiv)                    | -            | G    |
| carbidopa/levodopa ER tab (SINEMET CR equiv)          | -            | G    |
| carbidopa/levodopa ODT (PARCOPA equiv)                | -            | G    |
| carbidopa/levodopa tab (SINEMET equiv)                | -            | G    |
| pramipexole ER tab (MIRAPEX ER equiv)                 | -            | G    |
| pramipexole tab (MIRAPEX equiv)                       | -            | G    |
| ropinirole ER tab (REQUIP XL equiv)                   | -            | G    |
| ropinirole tab (REQUIP equiv)                         | -            | G    |
| DUOPA ENTERAL SUSP                                    | -            | NC   |
| GOCOVRI CAP   | -            | NC   |
| MIRAPEX ER TAB  | -            | NC   |
| RYTARY CAP  | -            | NC   |
| <b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>     |              |      |
| XADAGO TAB (QL= 1 tab/day)                            | PA-QL        | B    |
| rasagiline tab (AZILECT equiv)                        | ¢            | G    |
| selegiline cap (ELDEPRYL equiv)                       | -            | G    |
| selegiline tab (ELDEPRYL equiv)                       | -            | G    |
| ZELAPAR ODT   | -            | NC   |

**ANTIPARKINSON AND RELATED THERAPY AGENTS**

|                                       |   |   |
|---------------------------------------|---|---|
| <b>ANTIPARKINSON ANTICHOLINERGICS</b> |   |   |
| trihexyphenidyl elixir (ARTANE equiv) | - | G |
| TRIHEXYPHENIDYL SOLN                  | - | G |

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|-------------|---|------------|--|-------------|-------------------------|
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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
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**ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.**

**ANTIPARKINSON COMT INHIBITORS**

|  |       |   |
|--|-------|---|
| ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill) | PA-QL | B |
|--|-------|---|

**ANTIPARKINSON DOPAMINERGICS**

|   |       |    |
|---|-------|----|
| INBRIJA INH POWDER (QL= 10 caps/day)              | PA-QL | B  |
| CARBIDOPA/LEVODOPA ODT                            | -     | G  |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | -     | G  |
| APOKYN INJ  | -     | NC |
| apomorphine inj (APOKYN equiv)                    | -     | NC |
| DHIVY TAB   | -     | NC |
| KYNMOBI FILM                                      | -     | NC |
| KYNMOBI TITRATION KIT                             | -     | NC |
| OSMOLEX ER TAB                                    | -     | NC |
| REQUIP XL TAB                                     | -     | NC |

**ANTIPSYCHOTICS/ANTIMANIC AGENTS**

**ANTIMANIC AGENTS**

|   |   |   |
|---|---|---|
| lithium carbonate cap (ESKALITH ER equiv) | - | G |
| lithium carbonate ER tab (LITHOBID equiv) | - | G |
| lithium carbonate tab                     | - | G |

**ANTIPSYCHOTICS - MISC.**

|                                   |   |    |
|-----------------------------------|---|----|
| EQUETRO CAP                       | - | B  |
| lurasidone hcl tab (LATUDA equiv) | - | G  |
| ziprasidone cap (GEODON equiv)    | - | G  |
| CAPLYTA CAP                       | - | NC |
| LATUDA TAB                        | - | NC |
| NUPLAZID CAP                      | - | NC |
| NUPLAZID TAB                      | - | NC |
| VRAYLAR CAP                       | - | NC |
| VRAYLAR PACK                      | - | NC |

**BENZISOXAZOLES**

|   |       |    |
|---|-------|----|
| FANAPT TAB (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER)                  | QL-ST | B  |
| FANAPT TITRATION PACK (QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER) | QL-ST | B  |
| RISPERIDONE ODT   | -     | B  |
| paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of ABILIFY or quetiapine ER)          | ST    | G  |
| risperidone ODT (RISPERDAL M equiv)   | -     | G  |
| risperidone soln (RISPERDAL equiv)  | -     | G  |
| risperidone tab (RISPERDAL equiv)   | -     | G  |
| INVEGA TAB  | -     | NC |

**BUTYROPHENONES**

|   |   |   |
|---|---|---|
| haloperidol lactate conc (HALDOL equiv) | - | G |
| haloperidol tab (HALDOL equiv)          | - | G |

**DIBENZAPINES**

|  |       |   |
|--|-------|---|
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER) | QL-ST | G |
| clozapine tab (CLOZARIL equiv)   | -     | G |
| loxapine cap (LOXITANE equiv)  | -     | G |
| olanzapine ODT (ZYPREXA equiv)   | -     | G |

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**ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.**

|  |   |    |
|--|---|----|
| olanzapine tab (ZYPREXA equiv)               | - | G  |
| quetiapine tab (SEROQUEL equiv)              | - | G  |
| quetiapine XR tab (SEROQUEL XR equiv)        | - | G  |
| ADASUVE INHALER                              | - | NC |
| CLOZAPINE ODT                                | - | NC |
| clozapine odt tab (CLOZAPINE, FAZACLO equiv) | - | NC |
| CLOZAPINE ODT, FAZACLO ODT                   | - | NC |
| QUETIAPINE TAB                               | - | NC |
| SECUADO PATCH                                | - | NC |
| SEROQUEL XR TAB                              | - | NC |
| VERSACLOZ SUSP                               | - | NC |

**DIHYDROINDOLONES**

|               |   |    |
|---------------|---|----|
| MOLINDONE TAB | - | NC |
|---------------|---|----|

**PHENOTHIAZINES**

|   |   |    |
|---|---|----|
| chlorpromazine tab (THORAZINE equiv)    | - | G  |
| fluphenazine tab (PROLIXIN equiv)       | - | G  |
| perphenazine tab (TRILAFON equiv)       | - | G  |
| prochlorperazine supp (COMPAZINE equiv) | - | G  |
| prochlorperazine tab (COMPAZINE equiv)  | - | G  |
| thioridazine tab (MELLARIL equiv)       | - | G  |
| trifluoperazine tab (STELAZINE equiv)   | - | G  |
| CHLORPROMAZINE CONC                     | - | NC |

**QUINOLINONE DERIVATIVES**

|                                   |   |    |
|-----------------------------------|---|----|
| aripiprazole soln (ABILIFY equiv) | - | G  |
| aripiprazole tab (ABILIFY equiv)  | - | G  |
| ABILIFY MYCITE PACK               | - | NC |
| ABILIFY MYCITE TAB                | - | NC |
| aripiprazole ODT (ABILIFY equiv)  | - | NC |
| REXULTI TAB                       | - | NC |

**THIOXANTHENES**

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

**ANTISEPTICS & DISINFECTANTS**

**ANTISEPTICS & DISINFECTANTS**

|                        |   |    |
|------------------------|---|----|
| HYLAMEND GEL FIRST AID | - | NC |
|------------------------|---|----|

**IODINE ANTISEPTICS**

|              |   |    |
|--------------|---|----|
| IODOFLEX PAD | - | NC |
|--------------|---|----|

**ANTIVIRALS**

**ANTIRETROVIRALS**

|   |    |     |
|---|----|-----|
| DESCOVY TAB   | PA | \$0 |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | -  | \$0 |
| APTIVUS CAP   | -  | B   |
| APTIVUS SOLN  | -  | B   |
| BIKTARVY TAB  | -  | B   |
| CIMDUO TAB  | -  | B   |
| COMPLERA TAB  | -  | B   |

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\*\* OTC drugs are not a covered benefit.

|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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**SISC - Book of Business Drug List  
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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>ANTIVIRALS Cont.</b>                                      |              |      |
| CRIVAN CAP   | -            | B    |
| DELSTRIGO TAB  | -            | B    |
| DOVATO TAB   | -            | B    |
| EDURANT TAB  | -            | B    |
| EMTRIVA CAP  | -            | B    |
| EMTRIVA SOLN   | -            | B    |
| EVOTAZ TAB   | -            | B    |
| FUZEON INJ   | LMSP         | B    |
| GENVOYA TAB  | -            | B    |
| INTELENCE TAB  | -            | B    |
| INVIRASE CAP   | -            | B    |
| INVIRASE TAB   | -            | B    |
| ISENTRESS (HD) TAB   | -            | B    |
| ISENTRESS CHEW TAB   | -            | B    |
| ISENTRESS POWDER PACK  | -            | B    |
| JULUCA TAB   | -            | B    |
| KALETRA TAB  | -            | B    |
| LEXIVA SUSP  | -            | B    |
| NORVIR CAP   | -            | B    |
| NORVIR POWDER PACK   | -            | B    |
| NORVIR SOLN  | -            | B    |
| ODEFSEY TAB  | -            | B    |
| PIFELTRO TAB   | -            | B    |
| PREZCOBIX TAB  | -            | B    |
| PREZISTA SUSP  | -            | B    |
| PREZISTA TAB   | -            | B    |
| RESCRIPTOR TAB   | -            | B    |
| REYATAZ POWDER PACK  | -            | B    |
| RUKOBIA ER TAB (Restricted to Infectious Disease Specialist) | RS           | B    |
| SELZENTRY SOLN   | -            | B    |
| SELZENTRY TAB  | -            | B    |
| STRIBILD TAB   | -            | B    |
| SUSTIVA TAB  | -            | B    |
| SYMFI (LO) TAB   | -            | B    |
| SYMTUZA TAB  | -            | B    |
| TIVICAY PD TAB   | -            | B    |
| TIVICAY TAB  | -            | B    |
| TRIUMEQ PD TAB   | -            | B    |
| TRIUMEQ TAB  | -            | B    |
| TRIZIVIR TAB   | -            | B    |
| VIDEX SOLN   | -            | B    |
| VIRACEPT TAB   | -            | B    |
| VIREAD TAB   | -            | B    |
| abacavir soln (ZIAGEN equiv)                                 | -            | G    |
| abacavir tab (ZIAGEN equiv)                                  | -            | G    |
| abacavir/lamivudine tab (EPZICOM equiv)                      | -            | G    |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)          | -            | G    |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ANTIVIRALS Cont.</b>   |              |      |
| atazanavir cap (REYATAZ equiv)  | -            | G    |
| darunavir tab (PREZISTA equiv)  | -            | G    |
| didanosine DR cap (VIDEX EC equiv)  | -            | G    |
| DIDANOSINE DR CAP, VIDEX EC CAP   | -            | G    |
| EFAVIRENZ CAP   | -            | G    |
| efavirenz tab (SUSTIVA equiv)   | -            | G    |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)                          | -            | G    |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)                     | -            | G    |
| emtricitabine cap (EMTRIVA equiv)   | -            | G    |
| etravirine tab (INTELENCE equiv)  | -            | G    |
| fosamprenavir tab (LEXIVA equiv)  | -            | G    |
| lamivudine soln (EPIVIR equiv)  | -            | G    |
| lamivudine tab (EPIVIR equiv)   | -            | G    |
| lamivudine/zidovudine tab (COMBIVIR equiv)  | -            | G    |
| lopinavir/ritonavir soln (KALETRA equiv)  | -            | G    |
| lopinavir/ritonavir tab (KALETRA equiv)   | -            | G    |
| maraviroc tab (SELZENTRY equiv)   | -            | G    |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine)                     | ST           | G    |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST           | G    |
| NEVIRAPINE SUSP   | -            | G    |
| nevirapine tab (VIRAMUNE equiv)   | -            | G    |
| ritonavir tab (NORVIR equiv)  | -            | G    |
| STAVUDINE CAP   | -            | G    |
| stavudine cap (ZERIT equiv)   | -            | G    |
| tenofovir disoproxil fumarate tab (VIREAD equiv)                                  | -            | G    |
| zidovudine cap (RETROVIR equiv)   | -            | G    |
| zidovudine syrup (RETROVIR equiv)   | -            | G    |
| zidovudine tab (RETROVIR equiv)   | -            | G    |
| ATRIPLA TAB   | -            | NC   |
| CABENUVA IM SUSP  | -            | NC   |
| SUNLENCA TAB  | -            | NC   |
| TYBOST TAB  | -            | NC   |
| VIRAMUNE XR TAB   | -            | NC   |
| VOCABRIA TAB  | -            | NC   |

**ANTIVIRAL COMBINATIONS**

|   |    |   |
|---|----|---|
| PAXLOVID TAB 150-100MG (QL= 20 tabs/fill) | QL | B |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/fill) | QL | B |

**CMV AGENTS**

|  |            |   |
|--|------------|---|
| GANCICLOVIR INJ  | MSP        | B |
| ganciclovir inj (CYTOVENE equiv)   | MSP        | B |
| LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL   | B |
| PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)                          | LMSP-PA-QL | B |
| valganciclovir soln (VALCYTE equiv)  | -          | G |
| valganciclovir tab (VALCYTE equiv)   | -          | G |

**HEPATITIS AGENTS**

|   |    |   |
|---|----|---|
| BARACLUDE SOLN (Members age 9 or older require Prior Authorization) | PA | B |
|---|----|---|

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|             |   |                                |                                 |
|-------------|---|--------------------------------|---------------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered   | <b>generic</b> = small letters | <b>BRANDS</b> = CAPITAL LETTERS |
| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion | <b>INF</b>                     | <b>Limited Distribution</b>     |
| <b>PA</b>   | <b>Lumicera</b> Mandatory Specialty Pharmacy Program            | <b>MSP</b>                     | <b>OTC</b>                      |
| <b>RS</b>   | <b>Prior Authorization</b>                                      | <b>QL</b>                      | <b>Over-the-Counter</b>         |
| <b>ST</b>   | <b>Restricted to Specialist</b>                                 | <b>SF</b>                      | <b>RDX</b>                      |
|             | <b>Step Therapy</b>   | <b>VAC</b>                     | <b>Restricted to Diagnosis</b>  |
|             |   |                                | <b>SMKG</b>                     |
|             |   |                                | <b>Smoking Cessation</b>        |
|             |   |                                | <b>¢</b>                        |
|             |   |                                | <b>RxCENTS</b>                  |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ANTIVIRALS Cont.</b>   |              |      |
| EPIVIR HBV SOLN   | -            | B    |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)                                     | LMSP-PA-QL   | B    |
| MAVYRET PAK (QL= 5 packs/day)   | LMSP-PA-QL   | B    |
| MAVYRET TAB (QL= 3 tabs/day)  | LMSP-PA-QL   | B    |
| PEGASYS INJ   | LMSP         | B    |
| PEG-INTRON INJ  | LMSP         | B    |
| REBETOL SOLN  | LMSP         | B    |
| RIBAVIRIN CAP   | LMSP         | B    |
| RIBAVIRIN TAB   | LMSP         | B    |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)                                    | LMSP-PA-QL   | B    |
| VEMLIDY TAB   | PA           | B    |
| VOSEVI TAB (QL= 1 tab/day)  | LMSP-PA-QL   | B    |
| adefovir dipivoxil tab (HEPSERA equiv)  | -            | G    |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)                               | QL           | G    |
| lamivudine tab 100mg (EPIVIR HBV equiv)                                       | -            | G    |
| ribavirin cap (REBETOL equiv)   | LMSP         | G    |
| DAKLINZA TAB  | -            | NC   |
| EPCLUSA PAK   | -            | NC   |
| EPCLUSA TAB   | -            | NC   |
| HARVONI PELLETT PAK   | -            | NC   |
| HARVONI TAB   | -            | NC   |
| MODERIBA TAB  | -            | NC   |
| OLYSIO CAP  | -            | NC   |
| RIBAPAK TAB   | -            | NC   |
| RIBAVIRIN TAB 400MG   | -            | NC   |
| SOVALDI PELLETT PAK   | -            | NC   |
| SOVALDI TAB   | -            | NC   |
| TECHNIVIE TAB   | -            | NC   |
| VIEKIRA XR TAB  | -            | NC   |
| ZEPATIER TAB  | -            | NC   |
| <b>HERPES AGENTS</b>  |              |      |
| acyclovir cap (ZOVIRAX equiv)   | -            | G    |
| acyclovir susp (ZOVIRAX equiv)  | -            | G    |
| acyclovir tab (ZOVIRAX equiv)   | -            | G    |
| famciclovir tab (FAMVIR equiv)  | -            | G    |
| valacyclovir tab (VALTREX equiv)  | -            | G    |
| SITAVIG TAB   | -            | NC   |
| <b>INFLUENZA AGENTS</b>   |              |      |
| RELENZA DISKHALER (QL= 1 inhaler/calendar year)                               | QL           | B    |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill, 1 fill/calendar year)      | QL           | G    |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill, 1 fill/calendar year) | QL           | G    |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill, 1 fill per calendar year)   | QL           | G    |
| RIMANTADINE TAB   | -            | NC   |
| XOFLUZA TAB   | -            | NC   |
| XOFLUZA TAB THERAPY PACK 40MG   | -            | NC   |
| XOFLUZA TAB THERAPY PACK 80MG   | -            | NC   |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
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|---|--------------|------|
| <b>ANTIVIRALS Cont.</b>   |              |      |
| <b>MISC. ANTIVIRALS</b>   |              |      |
| LAGEVRIO CAP (EUA) (QL= 40 caps/fill)                           | QL           | \$0  |
| LAGEVRIO CAP 200MG (QL= 40 caps/fill)                           | QL           | B    |
| <b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>                 |              |      |
| ribavirin inh soln (VIRAZOLE equiv)                             | -            | NC   |
| <b>ASSORTED CLASSES</b>   |              |      |
| <b>CHELATING AGENTS</b>   |              |      |
| D-PENAMINE TAB  | -            | B    |
| <b>ENZYMES</b>  |              |      |
| XIAFLEX INJ (Only available through CVS Specialty 800-237-2767) | LD-PA        | B    |
| <b>IMMUNOMODULATORS</b>   |              |      |
| THALOMID CAP  | MSP          | B    |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                                 |              |      |
| SANDIMMUNE SOLN 100MG/ML  | -            | B    |
| azathioprine tab (IMURAN equiv)                                 | -            | G    |
| cyclosporine cap (SANDIMMUNE equiv)                             | -            | G    |
| cyclosporine modified cap (NEORAL equiv)                        | -            | G    |
| cyclosporine modified soln (NEORAL equiv)                       | -            | G    |
| mycophenolate DR tab (MYFORTIC equiv)                           | -            | G    |
| mycophenolate mofetil cap (CELLCEPT equiv)                      | -            | G    |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv)                | -            | G    |
| mycophenolate mofetil tab (CELLCEPT equiv)                      | -            | G    |
| sirolimus tab (RAPAMUNE equiv)                                  | -            | G    |
| tacrolimus cap (PROGRAF equiv)                                  | -            | G    |
| ENVARUSUS XR TAB  | -            | NC   |
| <b>POTASSIUM REMOVING RESINS</b>                                |              |      |
| VELTASSA POWDER   | PA           | B    |
| sodium polystyrene powder (KAYEXALATE equiv)                    | -            | G    |
| sodium polystyrene susp (SPS equiv)                             | -            | G    |
| <b>BETA BLOCKERS</b>  |              |      |
| <b>ALPHA-BETA BLOCKERS</b>                                      |              |      |
| carvedilol tab (COREG equiv)                                    | -            | G    |
| labetalol tab (NORMODYNE equiv)                                 | -            | G    |
| carvedilol phosphate ER cap (COREG CR equiv)                    | -            | NC   |
| <b>BETA BLOCKERS CARDIO-SELECTIVE</b>                           |              |      |
| acebutolol cap (SECTRAL equiv)                                  | -            | G    |
| atenolol tab (TENORMIN equiv)                                   | -            | G    |
| betaxolol tab (KERLONE equiv)                                   | -            | G    |
| bisoprolol tab (ZEBETA equiv)                                   | -            | G    |
| metoprolol ER tab (TOPROL XL equiv)                             | -            | G    |
| metoprolol tab (LOPRESSOR equiv)                                | -            | G    |
| nebivolol hcl tab (BYSTOLIC equiv)                              | ¢            | G    |
| KAPSPARGO CAP   | -            | NC   |
| <b>BETA BLOCKERS NON-SELECTIVE</b>                              |              |      |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
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|--|--------------|------|
| <b>BETA BLOCKERS Cont.</b>   |              |      |
| SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older) | PA           | B    |
| nadolol tab (CORGARD equiv)  | -            | G    |
| pindolol tab (VISKEN equiv)  | -            | G    |
| propranolol ER cap (INDERAL LA equiv)  | -            | G    |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)                             | -            | G    |
| PROPRANOLOL SOLN   | -            | G    |
| propranolol tab (INDERAL equiv)  | -            | G    |
| sotalol AF tab (BETAPACE AF equiv)   | -            | G    |
| sotalol tab (BETAPACE equiv)   | -            | G    |
| timolol maleate tab (BLOCADREN equiv)  | -            | G    |
| HEMANGEOL SOLN   | -            | NC   |
| INDERAL XL CAP, INNOPRAN XL CAP  | -            | NC   |
| SOTYLIZE SOLN  | -            | NC   |

**BIOLOGICALS MISC**

**ALLERGENIC EXTRACTS**

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

**BIOLOGICALS MISC**

|            |        |   |
|------------|--------|---|
| ADAGEN INJ | MSP-PA | B |
|------------|--------|---|

**CALCIUM CHANNEL BLOCKERS**

**CALCIUM CHANNEL BLOCKER COMBINATIONS**

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

**CALCIUM CHANNEL BLOCKERS**

|   |    |   |
|---|----|---|
| KATERZIA SUSP (Prior Authorization required for members age 9 or older) | PA | B |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA | B |
| VERAPAMIL SR CAP 360mg  | -  | B |
| VERELAN SR CAP 360mg  | -  | B |
| amlodipine tab (NORVASC equiv)  | -  | G |
| diltiazem ER cap (CARDIZEM CD equiv)                                    | -  | G |
| diltiazem ER cap (CARDIZEM SR equiv)                                    | -  | G |
| diltiazem ER cap (DILACOR XR equiv)                                     | -  | G |
| diltiazem ER cap (TIAZAC equiv)   | -  | G |
| DILTIAZEM HCL COATED BEADS CAP ER 24HR 120MG                            | -  | G |
| DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120MG                  | -  | G |
| diltiazem tab (CARDIZEM equiv)  | -  | G |
| felodipine ER tab (PLENDIL equiv)                                       | -  | G |
| isradipine cap (DYNACIRC equiv)   | -  | G |
| nifedipine cap (PROCARDIA equiv)  | -  | G |
| nifedipine ER tab (ADALAT CC equiv)                                     | -  | G |
| nimodipine cap (NIMOTOP equiv)  | -  | G |
| nisoldipine ER tab (SULAR equiv)  | -  | G |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG                                     | -  | G |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv)                           | -  | G |
| verapamil tab (CALAN equiv)   | -  | G |

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| <b>LMSP</b> | Plan Exclusion  | <b>INF</b>                     | <b>LD</b>                       |
| <b>PA</b>   | Lumicera Mandatory Specialty Pharmacy Program                               | <b>MSP</b>                     | Limited Distribution            |
| <b>RS</b>   | Prior Authorization   | <b>QL</b>                      | OTC                             |
| <b>ST</b>   | Restricted to Specialist  | <b>SF</b>                      | Over-the-Counter                |
|             | Step Therapy  | <b>VAC</b>                     | RDX                             |
|             |   |                                | Restricted to Diagnosis         |
|             |   |                                | SMKG                            |
|             |   |                                | Smoking Cessation               |
|             |   |                                | ¢                               |
|             |   |                                | RxCENTS                         |

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

**CALCIUM CHANNEL BLOCKERS Cont.**

|  |   |    |
|--|---|----|
| CONJUPRI TAB, LEVAMLODIPINE TAB            | - | NC |
| diltiazem ER cap 120mg (CARDIZEM SR equiv) | - | NC |
| diltiazem ER tab (CARDIZEM LA equiv)       | - | NC |
| nicardipine cap (CARDENE equiv)            | - | NC |
| NYMALIZE SOLN                              | - | NC |
| VERAPAMIL CR CAP, VERELAN CAP              | - | NC |
| VERAPAMIL ER CAP 100MG                     | - | NC |
| VERAPAMIL ER CAP 200MG                     | - | NC |
| VERAPAMIL ER CAP 300MG                     | - | NC |
| verapamil SR cap (VERELAN equiv)           | - | NC |
| VERELAN CAP                                | - | NC |
| VERELAN PM ER CAP 100MG, 300MG             | - | NC |

**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

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

**CARDIOVASCULAR AGENTS - MISC.**

**CARDIAC MYOSIN INHIBITORS**

|  |          |   |
|--|----------|---|
| CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | B |
|--|----------|---|

**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

|  |    |    |
|--|----|----|
| ENTRESTO TAB (QL= 2 tabs/day)                          | QL | B  |
| amlodipine/atorvastatin tab (CADUET equiv)             | -  | NC |
| BIDIL TAB  | -  | NC |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv) | -  | NC |

**CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS**

|            |   |    |
|------------|---|----|
| LODOCO TAB | - | NC |
|------------|---|----|

**CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS**

|            |   |    |
|------------|---|----|
| INPEFA TAB | - | NC |
|------------|---|----|

**IMPOTENCE AGENTS**

|  |       |    |
|--|-------|----|
| CAVERJECT INJ (QL= 6 inj/30 days; Step therapy requires trial of sildenafil) | QL-ST | B  |
| EDEX INJ (QL= 6 inj/30 days; Step therapy requires trial of sildenafil)      | QL-ST | B  |
| MUSE SUPP (QL= 6 supp/30 days; Step therapy requires trial of sildenafil)    | QL-ST | B  |
| sildenafil tab (VIAGRA equiv) (QL=6 tabs/30 days)                            | QL    | G  |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)                      | QL    | G  |
| LEVITRA TAB  | -     | NC |
| STENDRA TAB  | -     | NC |
| tadalafil tab (CIALIS equiv)   | -     | NC |
| vardenafil ODT (STAXYN equiv)  | -     | NC |
| vardenafil tab (LEVITRA equiv)   | -     | NC |

**PERIPHERAL VASODILATORS**

|                 |   |   |
|-----------------|---|---|
| ISOXSUPRINE TAB | - | G |
|-----------------|---|---|

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\*\* OTC drugs are not a covered benefit.

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

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**SISC - Book of Business Drug List  
Category/Class**

Last Updated\* 4/1/2024

| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>  |              |      |
| <b>PROSTAGLANDIN VASODILATORS</b>   |              |      |
| treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)                              | LD-PA        | B    |
| treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)                               | LD-PA        | B    |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)                             | LD-PA        | B    |
| treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 800-803-2523)                               | LD-PA        | B    |
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)                                 | LD-PA-QL     | B    |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)  | LD-PA-QL     | B    |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL     | B    |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)    | LD-PA-QL     | B    |
| TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)                             | LD-PA-QL     | B    |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)                                    | LD-PA-QL     | B    |
| ORENITRAM TAB   | -            | NC   |
| ORENITRAM TAB MONTH PAK   | -            | NC   |
| <b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>   |              |      |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)  | LD-PA-QL     | B    |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)                                       | LD-PA-QL     | B    |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)                        | LD-PA-QL     | G    |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)                          | LD-PA-QL     | G    |
| <b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>  |              |      |
| TADLIQ SUSP (Members age 9 years or older require Prior Authorization)  | MSP-PA       | B    |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)                                  | PA           | G    |
| sildenafil tab 20mg (REVATIO equiv)   | PA           | G    |
| tadalafil tab (PAH) (ADCIRCA equiv)   | LMSP-PA      | G    |
| ADCIRCA TAB   | -            | NC   |
| LIQREV SUSP   | -            | NC   |
| REVATIO SUSP  | -            | NC   |
| <b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>   |              |      |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)   | LD-PA-QL     | B    |
| UPTRAVI INJ   | -            | NC   |
| <b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>  |              |      |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)   | LD-PA-QL     | B    |
| <b>SINUS NODE INHIBITORS</b>  |              |      |
| CORLANOR SOLN   | PA           | B    |
| CORLANOR TAB  | PA           | B    |
| <b>TRANSTHYRETIN STABILIZERS</b>  |              |      |
| VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                   | LD-PA-QL     | B    |
| VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                  | LD-PA-QL     | B    |
| <b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>  |              |      |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)  | QL-RS        | B    |

**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

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

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|             |   |                                |             |   |
|-------------|---|--------------------------------|-------------|---|
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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>INF</b>                     | <b>OTC</b>  | Over-the-Counter  |
| <b>PA</b>   | Prior Authorization   | <b>MSP</b>                     | <b>RDX</b>  | Restricted to Diagnosis                                 |
| <b>RS</b>   | Restricted to Specialist  | <b>QL</b>                      | <b>SMKG</b> | Smoking Cessation                                       |
| <b>ST</b>   | Step Therapy  | <b>SF</b>                      | ¢           | RxCENTS   |
|             |   | <b>VAC</b>                     |             |   |
|             |   |                                |             |   |

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**SISC - Book of Business Drug List  
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Last Updated\* 4/1/2024

| DrugName                            | Special Code | Tier |
|-------------------------------------|--------------|------|
| <b>CEPHALOSPORINS Cont.</b>         |              |      |
| cefadroxil cap (DURICEF equiv)      | -            | G    |
| cefadroxil susp (DURICEF equiv)     | -            | G    |
| CEFADROXIL TAB                      | -            | G    |
| cefadroxil tab (DURICEF equiv)      | -            | G    |
| cephalexin cap (KEFLEX equiv)       | -            | G    |
| cephalexin susp (KEFLEX equiv)      | -            | G    |
| cephalexin cap 750mg (KEFLEX equiv) | -            | NC   |
| CEPHALEXIN TAB                      | -            | NC   |
| KEFLEX CAP 750MG                    | -            | NC   |

**CEPHALOSPORINS - 2ND GENERATION**

|                               |   |   |
|-------------------------------|---|---|
| CEFACLOR ER TAB               | - | B |
| CEFACLOR SUSP                 | - | B |
| CEFACLOR CAP                  | - | G |
| cefaclor cap (CECLOR equiv)   | - | G |
| cefprozil susp (CEFZIL equiv) | - | G |
| cefprozil tab (CEFZIL equiv)  | - | G |
| cefuroxime tab (CEFTIN equiv) | - | G |

**CEPHALOSPORINS - 3RD GENERATION**

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

**CONTRACEPTIVES**

**COMBINATION CONTRACEPTIVES - ORAL**

|  |   |     |
|--|---|-----|
| amethyst tab (LYBREL equiv)                                  | - | \$0 |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)        | - | \$0 |
| cryselle tab   | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv)                            | - | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv)                   | - | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv)          | - | \$0 |
| kelnor tab (DEMULEN equiv)                                   | - | \$0 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv)              | - | \$0 |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)   | - | \$0 |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)    | - | \$0 |
| nortrel tab (OVCON 35 equiv)                                 | - | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv)                         | - | \$0 |
| tri-legest tab (ESTROSTEP FE equiv)                          | - | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)               | - | \$0 |

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>CONTRACEPTIVES Cont.</b>   |              |      |
| TYBLUME TAB   | -            | \$0  |
| VELIVET PAK   | -            | \$0  |
| velivet tab (CYCLESSA equiv)  | -            | \$0  |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv)                   | -            | \$0  |
| viorele tab, kariva tab (MIRCETTE equiv)                              | -            | \$0  |
| BALCOLTRA TAB   | -            | NC   |
| drosiprone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)           | -            | NC   |
| FALESSA KIT   | -            | NC   |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)             | -            | NC   |
| LO LOESTRIN TAB   | -            | NC   |
| loestrin 21 tab   | -            | NC   |
| loestrin tab  | -            | NC   |
| NATAZIA TAB   | -            | NC   |
| NEXTSTELLIS TAB   | -            | NC   |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)           | -            | NC   |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | -            | NC   |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)            | -            | NC   |
| SAFYRAL TAB   | -            | NC   |
| TAYTULLA CAP  | -            | NC   |
| YAZ TAB, YASMIN 28 TAB  | -            | NC   |
| <b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>                       |              |      |
| zafemy patch (XULANE equiv)   | -            | \$0  |
| TWIRLA PATCH  | -            | NC   |
| <b>COMBINATION CONTRACEPTIVES - VAGINAL</b>                           |              |      |
| NUVARING  | -            | \$0  |
| ANNOVERA RING   | -            | NC   |
| eluryng vaginal ring (NUVARING equiv)                                 | -            | NC   |
| <b>COPPER CONTRACEPTIVES - IUD</b>                                    |              |      |
| PARAGARD IUD  | -            | \$0  |
| <b>EMERGENCY CONTRACEPTIVES</b>                                       |              |      |
| ELLA TAB  | -            | \$0  |
| levonorgestrel tab (PLAN B equiv)                                     | OTC          | \$0  |
| PLAN B TAB  | OTC          | \$0  |
| <b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>                            |              |      |
| NEXPLANON IMPLANT   | -            | \$0  |
| <b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>                          |              |      |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)                         | QL           | \$0  |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)      | QL           | \$0  |
| DEPO-PROVERA INJ  | -            | NC   |
| <b>PROGESTIN CONTRACEPTIVES - IUD</b>                                 |              |      |
| MIRENA IUD  | -            | \$0  |
| <b>PROGESTIN CONTRACEPTIVES - ORAL</b>                                |              |      |
| norethindrone tab (NORA-QD equiv)                                     | -            | \$0  |
| OPILL TAB   | OTC          | NC   |
| SLYND TAB   | -            | NC   |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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**Last Updated\* 4/1/2024**

| <b>DrugName</b>   | <b>Special Code</b> | <b>Tier</b> |
|---|---------------------|-------------|
| <b>CORTICOSTEROIDS</b>  |                     |             |
| <b>GLUCOCORTICOSTEROIDS</b>   |                     |             |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL               | B           |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)   | PA-QL               | B           |
| CORTISONE ACETATE TAB   | -                   | B           |
| PREDNISOLONE SOLN   | -                   | B           |
| PREDNISON SOLN  | -                   | B           |
| SOLU-CORTEF INJ (QL= 1 vial/fill)   | QL                  | B           |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)  | QL                  | B           |
| SOLU-MEDROL INJ 2GM   | -                   | B           |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day)   | PA-QL               | G           |
| budesonide SR cap (ENTOCORT EC equiv)   | -                   | G           |
| DEXAMETHASONE CONC  | -                   | G           |
| dexamethasone elixir  | -                   | G           |
| dexamethasone sodium phosphate inj  | -                   | G           |
| DEXAMETHASONE SOLN  | -                   | G           |
| dexamethasone tab (DECADRON equiv)  | -                   | G           |
| hydrocortisone tab (CORTEF equiv)   | -                   | G           |
| methylprednisolone acetate inj (DEPO-MEDROL equiv)  | -                   | G           |
| methylprednisolone dose pack (MEDROL equiv)   | -                   | G           |
| methylprednisolone tab (MEDROL equiv)   | -                   | G           |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv)  | -                   | G           |
| prednisolone soln   | -                   | G           |
| prednisolone soln (PEDIAPRED equiv)   | -                   | G           |
| prednisone tab (DELTASONE equiv)  | -                   | G           |
| triamcinolone acetonide inj (KENALOG equiv)   | -                   | G           |
| AGAMREE SUSP  | -                   | NC          |
| ALKINDI SPRINKLE CAP  | -                   | NC          |
| CORTEF TAB  | -                   | NC          |
| deflazacort tab (EMFLAZA equiv)   | -                   | NC          |
| DEPO-MEDROL INJ   | -                   | NC          |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ   | -                   | NC          |
| dexamethasone pak (DEXPAK equiv)  | -                   | NC          |
| DEXAMETHASONE TAB   | -                   | NC          |
| DEXPAK TAB  | -                   | NC          |
| DXEVO 11-DAY PAK  | -                   | NC          |
| EMFLAZA SUSP  | -                   | NC          |
| EMFLAZA TAB   | -                   | NC          |
| EOHILIA SUSP  | -                   | NC          |
| FLO-PRED SUSP   | -                   | NC          |
| KENALOG INJ   | -                   | NC          |
| KENALOG INJ, TRIAMCINOLONE ACE INJ  | -                   | NC          |
| LIDOLOG KIT   | -                   | NC          |
| MEDROL TAB  | -                   | NC          |
| MILLIPRED DP PAK  | -                   | NC          |
| MILLIPRED TAB   | -                   | NC          |
| ORAPRED ODT TAB   | -                   | NC          |

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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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Last Updated\* 4/1/2024

| DrugName                           | Special Code | Tier |
|------------------------------------|--------------|------|
| <b>CORTICOSTEROIDS Cont.</b>       |              |      |
| ORTIKOS ER CAP                     | -            | NC   |
| prednisolone ODT (ORAPRED equiv)   | -            | NC   |
| PREDNISOLONE ODT TAB               | -            | NC   |
| prednisolone tab (MILLIPRED equiv) | -            | NC   |
| prednisone pack                    | -            | NC   |
| PREDNISON/DIPHENHYDRAMINE KIT      | -            | NC   |
| RAYOS TAB                          | -            | NC   |
| SOLU-MEDROL INJ                    | -            | NC   |
| SOLU-MEDROL PF INJ                 | -            | NC   |
| TARPEYO CAP                        | -            | NC   |

**MINERALOCORTICIDS**

|                                      |   |   |
|--------------------------------------|---|---|
| fludrocortisone tab (FLORINEF equiv) | - | G |
|--------------------------------------|---|---|

**COUGH/COLD/ALLERGY**

**ANTITUSSIVES**

|   |   |    |
|---|---|----|
| HYCODAN SYRUP                                 | - | B  |
| benzonatate cap (TESSALON equiv)              | - | G  |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | G  |
| tussigon tab (HYCODAN equiv)                  | - | G  |
| benzonatate cap 150mg (ZONATUSS equiv)        | - | NC |
| ZONATUSS CAP 150MG                            | - | NC |

**COUGH/COLD/ALLERGY COMBINATIONS**

|  |        |     |
|--|--------|-----|
| CLARINEX-D TAB   | -      | EXC |
| SEMPREX-D CAP  | -      | EXC |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)   | OTC-QL | G   |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)                                 | OTC-QL | G   |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)   | QL     | G   |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)             | QL     | G   |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL     | G   |
| promethazine DM syrup  | -      | G   |
| PROMETHAZINE VC SYRUP  | -      | G   |
| promethazine VC syrup (PHENERGAN VC equiv)   | -      | G   |
| PROMETHAZINE VC/CODEINE SYRUP  | -      | G   |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)   | -      | G   |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv)   | -      | G   |
| DURAVENT PE TAB  | -      | NC  |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv)  | -      | NC  |
| HYCOFENIX SOLN   | -      | NC  |
| INTENSE COUGH LIQUID   | -      | NC  |
| MUCINEX LIQUID   | -      | NC  |
| POLY-TUSSIN DM SYRUP   | -      | NC  |
| TUSSICAPS  | -      | NC  |
| TUXARIN ER TAB   | -      | NC  |
| TUZISTRA XR SUSP   | -      | NC  |

**EXPECTORANTS**

|   |   |   |
|---|---|---|
| SSKI ORAL SOLN                          | - | B |
| potassium iodide oral soln (SSKI equiv) | - | G |

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

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|             |  |                                |             |                                 |
|-------------|--|--------------------------------|-------------|---------------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered                          | <b>generic</b> = small letters | <b>LD</b>   | <b>BRANDS</b> = CAPITAL LETTERS |
| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b>                     | <b>OTC</b>  | Limited Distribution            |
| <b>PA</b>   | Plan Exclusion                                   | <b>MSP</b>                     | <b>RDX</b>  | Over-the-Counter                |
| <b>RS</b>   | Lumicera Mandatory Specialty Pharmacy Program    | <b>QL</b>                      | <b>SMKG</b> | Restricted to Diagnosis         |
| <b>ST</b>   | Prior Authorization                              | <b>SF</b>                      | ¢           | Smoking Cessation               |
|             | Restricted to Specialist                         | <b>VAC</b>                     |             | RxCENTS                         |
|             | Step Therapy                                     |                                |             |                                 |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>COUGH/COLD/ALLERGY Cont.</b>  |              |      |
| GUAIFENESEN SYRUP  | -            | NC   |
| MUCINEX TAB  | -            | NC   |
| <b>MISC. RESPIRATORY INHALANTS</b>   |              |      |
| NEBUSAL NEB SOLN   | -            | B    |
| sodium chloride neb soln (HYPER-SAL equiv)   | -            | G    |
| <b>MUCOLYTICS</b>  |              |      |
| acetylcysteine soln (MUCOMYST equiv)   | -            | G    |
| <b>DERMATOLOGICALS</b>   |              |      |
| <b>ACNE PRODUCTS</b>   |              |      |
| dapsone gel 5% (ACZONE equiv)  | -            | B    |
| PRASCION RA CREAM  | -            | B    |
| DIFFERIN OTC GEL 0.1%  | OTC          | EXC  |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)   | -            | G    |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)                         | -            | G    |
| clindamycin gel (CLEOCIN GEL equiv)  | -            | G    |
| clindamycin lotion (CLEOCIN- T equiv)  | -            | G    |
| clindamycin pad (CLEOCIN-T equiv)  | -            | G    |
| clindamycin topical soln (CLEOCIN-T equiv)   | -            | G    |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv)  | -            | G    |
| erythromycin gel   | -            | G    |
| erythromycin pad   | -            | G    |
| erythromycin soln  | -            | G    |
| erythromycin/benzoyl peroxide gel  | -            | G    |
| sodium sulfacetamide lotion (KLARON equiv)   | -            | G    |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)   | -            | G    |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)   | -            | G    |
| sodium sulfacetamide/sulfur gel (ROSULA equiv)   | -            | G    |
| tretinoin cream (QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization)                   | PA-QL        | G    |
| tretinoin gel (QL= 20gm/fill)  | PA-QL        | G    |
| tretinoin gel (RETIN-A GEL equiv) (QL= 15gm/fill. Acne Only – members age 35 or older require Prior Authorization) | PA-QL        | G    |
| tretinoin gel 0.08% (RETIN-A MICRO equiv) (QL= 50gm/fill)  | PA-QL        | G    |
| ABSORICA CAP   | -            | NC   |
| ABSORICA LD CAP  | -            | NC   |
| ADAPALENE SOLN   | -            | NC   |
| adapalene cream (DIFFERIN equiv)   | -            | NC   |
| adapalene gel (DIFFERIN equiv)   | -            | NC   |
| ADAPALENE LOTION (DIFFERIN equiv)  | -            | NC   |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)   | -            | NC   |
| ADAPALENE/BENZOYL PEROXIDE PAD   | -            | NC   |
| AKLIEF CREAM   | -            | NC   |
| ALTRENO LOTION   | -            | NC   |
| AMZEEQ FOAM  | -            | NC   |
| ARAZLO LOTION  | -            | NC   |
| ATRALIN GEL  | -            | NC   |
| AVAR AEROSOL FOAM  | -            | NC   |
| AVAR GEL   | -            | NC   |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>   |              |      |
| AVAR PAD   | -            | NC   |
| AVAR-E LS CREAM 10-2%  | -            | NC   |
| AZELEX CREAM   | -            | NC   |
| BENZAC WASH  | -            | NC   |
| BENZOYL PEROXIDE CREAM   | OTC          | NC   |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION                               | -            | NC   |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)           | -            | NC   |
| CLENIA PLUS SUSP   | -            | NC   |
| CLINDACIN KIT  | -            | NC   |
| clindamycin foam (EVOCLIN equiv)                                     | -            | NC   |
| clindamycin gel 1% (CLEOCIN GEL equiv)                               | -            | NC   |
| clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv) | -            | NC   |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv)                   | -            | NC   |
| clindamycin/tretinoin gel (ZIANA equiv)                              | -            | NC   |
| CLINDAVIX KIT  | -            | NC   |
| dapsone gel (ACZONE equiv)   | -            | NC   |
| DAPSONE GEL 7.5%   | -            | NC   |
| EPIDUO FORTE GEL 0.3-2.5%  | -            | NC   |
| EPIDUO GEL 0.1-2.5%  | -            | NC   |
| EPSOLAY CREAM  | -            | NC   |
| ERY PAD  | -            | NC   |
| EVOCLIN FOAM   | -            | NC   |
| FABIOR AEROSOL FOAM  | -            | NC   |
| isotretinoin cap 25mg (ABSORICA equiv)                               | -            | NC   |
| isotretinoin cap 35mg (ABSORICA equiv)                               | -            | NC   |
| NUCARACLINPA KIT   | -            | NC   |
| NUCARARXPAK KIT  | -            | NC   |
| ONEXTON GEL 1.2-3.75%  | -            | NC   |
| PLEXION CREAM 9.8-4.8%   | -            | NC   |
| RETIN-A CREAM  | -            | NC   |
| RETIN-A GEL  | -            | NC   |
| RETIN-A MICRO GEL 0.04%, 0.1%  | -            | NC   |
| RETIN-A MICRO GEL 0.08%, 0.06%                                       | -            | NC   |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)              | -            | NC   |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv)                  | -            | NC   |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)        | -            | NC   |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)                | -            | NC   |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv)                | -            | NC   |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)      | -            | NC   |
| SODIUM SULFACETAMIDE/SULFUR SUSP                                     | -            | NC   |
| sodium sulfacetamide/sulfur susp (PLEXION TS equiv)                  | -            | NC   |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv)                     | -            | NC   |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)               | -            | NC   |
| sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)            | -            | NC   |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)          | -            | NC   |
| sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)           | -            | NC   |
| SUMADAN WASH 9-4.5%  | -            | NC   |

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | ¢           | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>  |              |      |
| SUMADEN XLT KIT   | -            | NC   |
| SUMAXIN WASH  | -            | NC   |
| tretinoin gel 0.05% (ATRALIN equiv)   | -            | NC   |
| tretinoin gel pump 0.04% (TRETINOIN GEL PUMP 0.04% equiv)                               | -            | NC   |
| tretinoin gel pump 0.1% (TRETINOIN GEL PUMP 0.1% equiv)                                 | -            | NC   |
| TRETIN-X CREAM  | -            | NC   |
| TWYNEO CREAM  | -            | NC   |
| WINLEVI CREAM   | -            | NC   |
| <b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>                                   |              |      |
| VEREGEN OINT  | -            | B    |
| <b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>                             |              |      |
| RENOVA CREAM  | -            | EXC  |
| KYBELLA INJ   | -            | NC   |
| <b>ANALGESICS - TOPICAL</b>   |              |      |
| BACLOFEN CREAM COMPOUND KIT   | -            | B    |
| TRAMADOL COMPOUND KIT   | -            | NC   |
| <b>ANTIBIOTICS - TOPICAL</b>  |              |      |
| CORTISPORIN CREAM   | -            | B    |
| CORTISPORIN OINT  | -            | B    |
| gentamicin sulfate cream  | -            | G    |
| gentamicin sulfate oint   | -            | G    |
| mupirocin oint (BACTROBAN OINT equiv)   | -            | G    |
| ALTABAX OINT  | -            | NC   |
| BACTROBAN CREAM   | -            | NC   |
| CENTANY OINT  | -            | NC   |
| mupirocin cream (BACTROBAN CREAM equiv)   | -            | NC   |
| NEO-SYNALAR CREAM   | -            | NC   |
| XEPI CREAM  | -            | NC   |
| <b>ANTIFUNGALS - TOPICAL</b>  |              |      |
| clotrimazole cream (LOTRIMIN AF equiv) (Rx Only)  | OTC          | EXC  |
| NIZORAL A-D SHAMPOO   | OTC          | EXC  |
| nizoral a-d shampoo (NIZORAL equiv)   | OTC          | EXC  |
| ciclopirox cream (LOPROX CREAM equiv)   | -            | G    |
| ciclopirox nail soln (PENLAC equiv)   | -            | G    |
| ciclopirox shampoo (LOPROX equiv) (Step Therapy requires trial of ketoconazole shampoo) | ST           | G    |
| econazole cream (SPECTAZOLE equiv) (QL= 30gm/30 days)                                   | QL           | G    |
| iodoquinol/hydrocortisone cream 1% (VYTONA equiv)                                       | -            | G    |
| ketoconazole cream (NIZORAL CREAM equiv)  | -            | G    |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv)  | -            | G    |
| nystatin cream (MYCOSTATIN CREAM equiv)   | -            | G    |
| nystatin oint   | -            | G    |
| nystatin topical powder   | -            | G    |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)                | -            | NC   |
| ALOQUIN GEL   | -            | NC   |
| CICLODAN KIT  | -            | NC   |
| ciclopirox gel (LOPROX equiv)   | -            | NC   |

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|------|---|-----|--|------|-------------------------|
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| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
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| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>   |              |      |
| ciclopirox topical susp (LOPROX equiv)                               | -            | NC   |
| clotrimazole/betamethasone cream (LOTRISONE equiv)                   | -            | NC   |
| clotrimazole/betamethasone lotion (LOTRISONE equiv)                  | -            | NC   |
| ECONASIL KIT   | -            | NC   |
| ECOZA FOAM   | -            | NC   |
| ERTACZO CREAM  | -            | NC   |
| EXELDERM CREAM, SULCONAZOLE CREAM                                    | -            | NC   |
| EXELDERM SOLN  | -            | NC   |
| EXELDERM SOLN, SULCONAZOLE SOLN                                      | -            | NC   |
| HIXDEFRIMA SOLN  | -            | NC   |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)                | -            | NC   |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | -            | NC   |
| JUBLIA SOLN  | -            | NC   |
| KERYDIN SOLN   | -            | NC   |
| LOTRIMIN AF CREAM  | -            | NC   |
| LOTRISONE CREAM  | -            | NC   |
| LULICONAZOLE CREAM, LUZU CREAM                                       | -            | NC   |
| MENTAX CREAM   | -            | NC   |
| NAFTIFINE CREAM  | -            | NC   |
| naftifine cream (NAFTIN equiv)                                       | -            | NC   |
| naftifine gel (NAFTIN equiv)   | -            | NC   |
| naftifine hcl gel 2% (NAFTIN equiv)                                  | -            | NC   |
| NAFTIN CREAM   | -            | NC   |
| NAFTIN GEL   | -            | NC   |
| NAFTIN GEL 2%  | -            | NC   |
| nystatin/triamcinolone cream   | -            | NC   |
| nystatin/triamcinolone oint  | -            | NC   |
| ONYCHO-MED KIT   | -            | NC   |
| oxiconazole nitrate cream (OXISTAT equiv)                            | -            | NC   |
| OXISTAT CREAM  | -            | NC   |
| OXISTAT LOTION   | -            | NC   |
| PEDIZOLPAK THERAPY PACK  | -            | NC   |
| PENLAC SOLN  | -            | NC   |
| tavaborole soln (KERYDIN equiv)                                      | -            | NC   |
| VYTONE CREAM 1.9-1%  | -            | NC   |
| XOLEGEL  | -            | NC   |
| ZOLPAK KIT   | -            | NC   |

**ANTI-INFLAMMATORY AGENTS - TOPICAL**

|   |       |     |
|---|-------|-----|
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill; Step Therapy requires trial of celecoxib) | QL-ST | B   |
| VOPAC 5 CREAM   | -     | B   |
| VOLTAREN GEL  | OTC   | EXC |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)   | QL    | G   |
| diclofenac soln 1.5% (PENNSAID equiv)   | -     | G   |
| diclofenac sodium gel kit (VENNGEL equiv)   | -     | NC  |
| diclofenac sodium soln (XRYLIX equiv)   | -     | NC  |
| diclofenac sodium soln 2% (PENNSAID SOLN equiv)   | -     | NC  |

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|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>   |              |      |
| DICLONA GEL  | -            | NC   |
| DICLOTREX PAK  | -            | NC   |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT   | -            | NC   |
| LICART PATCH   | -            | NC   |
| NAPROXEN CREAM COMPOUND KIT  | -            | NC   |
| PENNSAID SOLN  | -            | NC   |
| REXAPHENAC CREAM   | -            | NC   |
| VENNGEL ONE KIT  | -            | NC   |
| VOPAC CREAM  | -            | NC   |
| VOPAC GB CREAM   | -            | NC   |
| XRYLIX PAK   | -            | NC   |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>                          |              |      |
| PICATO GEL (QL= 1 box/fill)  | QL           | B    |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874) | LD-PA-QL     | B    |
| bexarotene gel (TARGRETIN equiv)   | LMSP-PA      | G    |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)                                    | PA-QL        | G    |
| fluorouracil cream (EFUDEX CREAM equiv)  | -            | G    |
| fluorouracil soln (FLUOROURACIL equiv)   | -            | G    |
| CARAC CREAM  | -            | NC   |
| FLUORAC CREAM  | -            | NC   |
| FLUOROPLEX CREAM   | -            | NC   |
| FLUOROURACIL CREAM 0.5%  | -            | NC   |
| KLISYRI OINT   | -            | NC   |
| ROAOXIA GEL  | -            | NC   |
| SOLARAVIX PAK  | -            | NC   |
| TARGRETIN GEL  | -            | NC   |
| <b>ANTIPRURITICS - TOPICAL</b>   |              |      |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM   | -            | NC   |
| doxepin hcl cream  | -            | NC   |
| <b>ANTIPSORIATICS</b>  |              |      |
| METHOXSALEN CAP  | -            | B    |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)   | LMSP-PA-QL   | B    |
| SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)  | LMSP-PA-QL   | B    |
| STELARA INJ (QL= 1 inj/84 days)  | LMSP-PA-QL   | B    |
| TALTZ INJ (QL= 1 inj/28 days)  | LMSP-PA-QL   | B    |
| TAZORAC CREAM 0.05%  | PA           | B    |
| TREMFYA INJ (QL= 1 inj/56 days)  | LMSP-PA-QL   | B    |
| ZORYVE CREAM (QL= 60 grams/30 days)  | PA-QL        | B    |
| acitretin cap (SORIATANE equiv)  | -            | G    |
| calcipotriene cream (DOVONEX CREAM equiv)  | -            | G    |
| calcipotriene oint   | -            | G    |
| calcipotriene soln (DOVONEX SOLN equiv)  | -            | G    |
| methoxsalen cap (OXSORALEN ULTRA equiv)  | -            | G    |
| tazarotene cream 0.1% (TAZORAC equiv)  | PA           | G    |
| BIMZELX INJ  | -            | NC   |
| calcipotriene cream (TRIONEX equiv)  | -            | NC   |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                      |              |      |
| CALCIPOTRIENE FOAM                                | -            | NC   |
| CALCIPOTRIENE FOAM, SORILUX FOAM                  | -            | NC   |
| CALCITRIOL OINT                                   | -            | NC   |
| CALSODORE PAK                                     | -            | NC   |
| COSENTYX INJ (1-PACK)                             | -            | NC   |
| COSENTYX INJ (2-PACK)                             | -            | NC   |
| COSENTYX INJ 300MG/2ML                            | -            | NC   |
| SILIQ INJ   | -            | NC   |
| SOTYKTU TAB                                       | -            | NC   |
| tazarotene gel (TAZORAC equiv)                    | -            | NC   |
| TAZORAC CREAM                                     | -            | NC   |
| TRIONEX PACK                                      | -            | NC   |
| VECTICAL OINT                                     | -            | NC   |
| VTAMA CREAM                                       | -            | NC   |
| <b>ANTISEBORRHEIC PRODUCTS</b>                    |              |      |
| selenium sulfide lotion                           | OTC          | EXC  |
| selenium sulfide lotion 2.5% (SELSUN equiv)       | -            | G    |
| selenium sulfide shampoo (SELSEB equiv)           | -            | G    |
| sodium sulfacetamide wash (OVACE WASH equiv)      | -            | G    |
| ESKATA SOLN                                       | -            | NC   |
| OVACE PLUS CREAM                                  | -            | NC   |
| OVACE PLUS LOTION                                 | -            | NC   |
| OVACE PLUS SHAMPOO                                | -            | NC   |
| OVACE PLUS FOAM                                   | -            | NC   |
| PROMISEB CREAM                                    | -            | NC   |
| selenium sulfide shampoo 2.3% (SELRX equiv)       | -            | NC   |
| sodium sulfacetamide gel (OVACE equiv)            | -            | NC   |
| sodium sulfacetamide shampoo (OVACE equiv)        | -            | NC   |
| ZORYVE FOAM                                       | -            | NC   |
| <b>ANTIVIRALS - TOPICAL</b>                       |              |      |
| acyclovir oint (ZOVIRAX OINT equiv)               | -            | G    |
| acyclovir cream (ZOVIRAX equiv)                   | -            | NC   |
| DENAVIR CREAM                                     | -            | NC   |
| penciclovir cream (DENAVIR equiv)                 | -            | NC   |
| XERESE CREAM                                      | -            | NC   |
| ZOVIRAX CREAM                                     | -            | NC   |
| ZOVIRAX OINT                                      | -            | NC   |
| <b>BURN PRODUCTS</b>                              |              |      |
| SULFAMYLON CREAM                                  | -            | B    |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | -            | G    |
| <b>CORTICOSTEROIDS - TOPICAL</b>                  |              |      |
| BETAMETHASONE AUGMENTED GEL                       | -            | B    |
| EPIFOAM AEROSOL                                   | -            | B    |
| PRAMOSONE E CREAM                                 | -            | B    |
| PREDNICARBATE CREAM                               | -            | B    |
| PREDNICARBATE OIN                                 | -            | B    |

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|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                             |              |      |
| alclometasone cream (ACLOVATE equiv)                     | -            | G    |
| alclometasone oint (ACLOVATE OINT equiv)                 | -            | G    |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | -            | G    |
| betamethasone augmented gel                              | -            | G    |
| betamethasone augmented lotion (DIPROLENE LOTION equiv)  | -            | G    |
| betamethasone augmented oint (DIPROLENE OINT equiv)      | -            | G    |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | -            | G    |
| betamethasone dipropionate lotion                        | -            | G    |
| betamethasone dipropionate oint (DIPROSONE OINT equiv)   | -            | G    |
| betamethasone valerate cream                             | -            | G    |
| betamethasone valerate lotion                            | -            | G    |
| betamethasone valerate oint                              | -            | G    |
| clobetasol foam (OLUX equiv)                             | PA           | G    |
| clobetasol lotion (CLOBEX equiv)                         | PA           | G    |
| clobetasol propionate cream (TEMOVATE equiv)             | -            | G    |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | -            | G    |
| clobetasol propionate gel (TEMOVATE GEL equiv)           | -            | G    |
| clobetasol propionate oint (TEMOVATE equiv)              | -            | G    |
| clobetasol propionate soln (TEMOVATE equiv)              | -            | G    |
| clobetasol shampoo (CLOBEX equiv)                        | -            | G    |
| clobetasol spray (CLOBEX equiv)                          | -            | G    |
| desonide cream (DESOWEN equiv)                           | -            | G    |
| desonide oint (DESOWEN equiv)                            | -            | G    |
| desoximetasone oint 0.25% (TOPICORT equiv)               | -            | G    |
| FLUOCINOLONE ACET CREAM                                  | -            | G    |
| fluocinolone acetonide cream                             | -            | G    |
| fluocinolone acetonide oil                               | -            | G    |
| fluocinolone acetonide oint                              | -            | G    |
| fluocinolone acetonide soln                              | -            | G    |
| fluocinonide cream 0.05% (LIDEX equiv)                   | -            | G    |
| fluocinonide emollient cream                             | -            | G    |
| fluocinonide gel   | -            | G    |
| fluocinonide oint  | -            | G    |
| fluocinonide soln  | -            | G    |
| fluticasone propionate cream (CUTIVATE equiv)            | -            | G    |
| fluticasone propionate oint (CUTIVATE equiv)             | -            | G    |
| halobetasol propionate cream (ULTRAVATE equiv)           | -            | G    |
| halobetasol propionate oint (ULTRAVATE equiv)            | -            | G    |
| hydrocortisone cream (PROCTOCORT equiv)                  | -            | G    |
| hydrocortisone lotion (HYTONE equiv)                     | -            | G    |
| hydrocortisone oint                                      | -            | G    |
| hydrocortisone pramoxine cream (PRAMOSONE equiv)         | -            | G    |
| mometasone cream (ELOCON equiv)                          | -            | G    |
| mometasone oint (ELOCON equiv)                           | -            | G    |
| mometasone soln (ELOCON equiv)                           | -            | G    |
| triamcinolone cream                                      | -            | G    |
| triamcinolone lotion                                     | -            | G    |

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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | ¢           | RxCENTS                 |

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|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                                   |              |      |
| triamcinolone oint   | -            | G    |
| ALA-SCALP LOTION   | -            | NC   |
| AMCINONIDE CREAM 0.1%  | -            | NC   |
| AMCINONIDE LOTION  | -            | NC   |
| amcinonide oint 0.1% (AMCINONIDE OINT equiv)                   | -            | NC   |
| AMCINONIDE OINTMENT  | -            | NC   |
| APEXICON E CREAM (PSORCON E equiv)                             | -            | NC   |
| BESER KIT 0.05%  | -            | NC   |
| betamethasone valerate foam (LUXIQ equiv)                      | -            | NC   |
| BRYHALI LOTION   | -            | NC   |
| calcipotriene/betamethasone dipropionate susp (TACLONEX equiv) | -            | NC   |
| calcipotriene/betamethasone oint (TACLONEX equiv)              | -            | NC   |
| CAPEX SHAMPOO  | -            | NC   |
| clobetasol E foam (OLUX E equiv)                               | -            | NC   |
| CLOBETAVIX KIT   | -            | NC   |
| CLOBEX LOTION  | -            | NC   |
| CLOBEX SHAMPOO   | -            | NC   |
| CLOCORTOLONE CREAM   | -            | NC   |
| clocortolone pivalate cream                                    | -            | NC   |
| CLODERM CREAM  | -            | NC   |
| CORDRAN CREAM 0.025%   | -            | NC   |
| CORDRAN OINTMENT   | -            | NC   |
| CORDRAN TAPE   | -            | NC   |
| CUTIVATE LOTION  | -            | NC   |
| DERMACINRX KIT   | -            | NC   |
| DESONATE GEL   | -            | NC   |
| desonide gel   | -            | NC   |
| desonide lotion (DESOWEN equiv)                                | -            | NC   |
| DESOWEN CREAM  | -            | NC   |
| DESOWEN CREAM KIT  | -            | NC   |
| DESOWEN LOTION   | -            | NC   |
| DESOWEN LOTION KIT   | -            | NC   |
| DESOWEN OINT   | -            | NC   |
| DESOWEN OINT KIT   | -            | NC   |
| desoximetasone cream (TOPICORT CREAM equiv)                    | -            | NC   |
| desoximetasone cream 0.05% (TOPICORT equiv)                    | -            | NC   |
| desoximetasone gel (TOPICORT equiv)                            | -            | NC   |
| desoximetasone oint 0.05% (TOPICORT equiv)                     | -            | NC   |
| DIFLORASONE CREAM, PSORCON CREAM                               | -            | NC   |
| diflorasone oint   | -            | NC   |
| DUOBRII LOTION   | -            | NC   |
| ENSTILAR FOAM  | -            | NC   |
| fluocinonide cream 0.1%  | -            | NC   |
| FLUOPAR KIT  | -            | NC   |
| FLUOVIX PAK  | -            | NC   |
| FLURANDRENOL LOTION  | -            | NC   |
| flurandrenolide cream (CORDRAN equiv)                          | -            | NC   |

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| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                     |              |      |
| flurandrenolide lotion (CORDRAN equiv)           | -            | NC   |
| flurandrenolide oint (CORDRAN equiv)             | -            | NC   |
| FLUTICASONE LOTION                               | -            | NC   |
| fluticasone propionate lotion (CUTIVATE equiv)   | -            | NC   |
| halcinonide cream (HALOG equiv)                  | -            | NC   |
| HALOBETASOL AER                                  | -            | NC   |
| halobetasol propionate foam (HALOBETASOL equiv)  | -            | NC   |
| HALOG CREAM                                      | -            | NC   |
| HALOG OINT                                       | -            | NC   |
| HALOG SOLN                                       | -            | NC   |
| halonate pac kit (ULTRAVATE KIT equiv)           | -            | NC   |
| HC BUTYRATE CREAM                                | -            | NC   |
| HC BUTYRATE SOLN                                 | -            | NC   |
| HC/PRAMOXINE CREAM 1-2.35%                       | -            | NC   |
| HC-LIDOCAINE CREAM                               | -            | NC   |
| hydrocortisone butyrate cream (LOCOID equiv)     | -            | NC   |
| HYDROCORTISONE BUTYRATE LIPO CREAM               | -            | NC   |
| hydrocortisone butyrate lipocream (LOCOID equiv) | -            | NC   |
| hydrocortisone butyrate oint (LOCOID equiv)      | -            | NC   |
| hydrocortisone butyrate soln (LOCOID equiv)      | -            | NC   |
| hydrocortisone lotion (LOCOID equiv)             | -            | NC   |
| hydrocortisone lotion 2% (ALA SCALP equiv)       | -            | NC   |
| HYDROCORTISONE PAK                               | -            | NC   |
| hydrocortisone valerate cream (WESTCORT equiv)   | -            | NC   |
| hydrocortisone valerate oint (WESTCORT equiv)    | -            | NC   |
| HYDROXYM GEL                                     | -            | NC   |
| IMPEKLO LOTION                                   | -            | NC   |
| IMPOYZ CREAM                                     | -            | NC   |
| LOCOID CREAM                                     | -            | NC   |
| LOCOID LIPOCREAM                                 | -            | NC   |
| LOCOID OINT                                      | -            | NC   |
| LOCOID SOLN                                      | -            | NC   |
| LUXIQ FOAM                                       | -            | NC   |
| MEXPAROX HC CREAM                                | -            | NC   |
| MICORT-HC CREAM                                  | -            | NC   |
| NOVACORT GEL                                     | -            | NC   |
| OLUX E FOAM                                      | -            | NC   |
| OLUX FOAM  | -            | NC   |
| PANDEL CREAM                                     | -            | NC   |
| paramox hc gel (NOVACORT GEL equiv)              | -            | NC   |
| PRAMOSONE CREAM 1-1%                             | -            | NC   |
| PRAMOSONE CREAM 1-2.5%                           | -            | NC   |
| PRAMOSONE LOTION                                 | -            | NC   |
| PRAMOSONE OINT                                   | -            | NC   |
| QUINIXIL PAK                                     | -            | NC   |
| SERNIVO SPRAY                                    | -            | NC   |
| SILALITE PAK MIS                                 | -            | NC   |

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| <b>DERMATOLOGICALS Cont.</b>   |              |      |
| TACLONEX SUSP  | -            | NC   |
| TASOPROL CREAM KIT   | -            | NC   |
| TEMOVATE CREAM   | -            | NC   |
| TEMOVATE OINT  | -            | NC   |
| TOPICORT CREAM   | -            | NC   |
| TOPICORT CREAM 0.05%   | -            | NC   |
| TOPICORT GEL   | -            | NC   |
| TOPICORT OINT  | -            | NC   |
| TOPICORT OINT 0.05%  | -            | NC   |
| TOVET KIT  | -            | NC   |
| triamcinolone acetonide oint (TRIANEX equiv)   | -            | NC   |
| triamcinolone spray (KENALOG equiv)  | -            | NC   |
| TRIANEX OINT   | -            | NC   |
| TRILOCICLO KIT   | -            | NC   |
| ULTRAVATE LOTION   | -            | NC   |
| ULTRAVATE PAC KIT  | -            | NC   |
| VANOS CREAM  | -            | NC   |
| VERDESO FOAM   | -            | NC   |
| WESTCORT OINT  | -            | NC   |
| WYNZORA CREAM  | -            | NC   |
| <b>ECZEMA AGENTS</b>   |              |      |
| ADBRY INJ (QL= 4 inj/28 days)  | LMSP-PA-QL   | B    |
| CIBINQO TAB (QL= 1 tab/day)  | LMSP-PA-QL   | B    |
| DUPIXENT INJ (QL= 2 inj/28 days)   | LMSP-PA-QL   | B    |
| DUPIXENT PEN INJ (QL= 2 inj/28 days)   | LMSP-PA-QL   | B    |
| OPZELURA CREAM (QL= 4 tubes/30 days for the first two months; then QL= 12 tubes/year thereafter) | PA-QL        | B    |
| <b>EMOLLIENT/KERATOLYTIC AGENTS</b>  |              |      |
| DERMASORB XM KIT   | -            | B    |
| CARMOL LOTION  | -            | NC   |
| KERAFOAM   | -            | NC   |
| KERALAC CREAM  | -            | NC   |
| UMECTA EMULSION  | -            | NC   |
| UMECTA PD EMULSION   | -            | NC   |
| UMECTA SUSP  | -            | NC   |
| URAMAXIN CREAM   | -            | NC   |
| URAMAXIN GEL   | -            | NC   |
| urea cream   | -            | NC   |
| UREA EMULSION  | -            | NC   |
| urea gel (URAMAXIN equiv)  | -            | NC   |
| urea lotion (KERALAC LOTION equiv)   | -            | NC   |
| UREA NAIL KIT  | -            | NC   |
| UREA SUSP  | -            | NC   |
| urea susp 40% (UMECTA equiv)   | -            | NC   |
| <b>EMOLLIENTS</b>  |              |      |
| ammonium lactate cream (LAC-HYDRIN equiv)  | OTC          | EXC  |
| ammonium lactate lotion (LAC-HYDRIN equiv)   | OTC          | EXC  |

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|---|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>  |              |      |
| LACTIC ACID LOTION  | -            | G    |
| HYLINATE LOTION   | -            | NC   |
| <b>ENZYMES - TOPICAL</b>  |              |      |
| SANTYL OINT (QL= 90gm/30 days)  | QL           | B    |
| vasolex oint (XENADERM equiv)   | -            | NC   |
| XENADERM OINT   | -            | NC   |
| <b>HAIR GROWTH AGENTS</b>   |              |      |
| LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA-QL     | B    |
| bimatoprost ophth soln  | -            | EXC  |
| finasteride tab (PROPECIA equiv)  | -            | EXC  |
| LATISSE SOLN  | -            | NC   |
| <b>HAIR REDUCTION AGENTS</b>  |              |      |
| VANIQA CREAM  | -            | EXC  |
| <b>IMMUNOMODULATING AGENTS - TOPICAL</b>  |              |      |
| imiquimod cream (ALDARA equiv)  | -            | G    |
| IMIQUIMOD CREAM 3.75%   | -            | NC   |
| imiquimod cream 3.75% (IMIQUIMOD equiv)   | -            | NC   |
| ZYCLARA CREAM   | -            | NC   |
| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>   |              |      |
| HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)        | LD-PA-QL     | B    |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)                | -            | G    |
| tacrolimus oint (PROTOPIC OINT equiv)   | -            | G    |
| OXIANUJO CREAM  | -            | NC   |
| <b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>   |              |      |
| CONDYLOX GEL  | -            | B    |
| PODOCON SOLN  | -            | B    |
| SALEX SHAMPOO   | -            | B    |
| podofilox gel (CONDYLOX equiv)  | -            | G    |
| PODOFILOX SOLN  | -            | G    |
| podofilox soln (CONDYLOX equiv)   | -            | G    |
| salicylic acid shampoo (SALEX equiv)  | -            | G    |
| ATRIX SYSTEM KIT  | -            | NC   |
| GEAMETDRAY GEL  | -            | NC   |
| METDRAY GEL   | -            | NC   |
| SALEX LOTION KIT  | -            | NC   |
| SALICATE LIQUID   | -            | NC   |
| salicylic acid soln   | -            | NC   |
| salicylic acid cream (CERAVE PSORIASIS equiv)   | -            | NC   |
| SALIMEZ FORTE CREAM   | -            | NC   |
| UREA/SALICYLIC CREAM  | -            | NC   |
| XALIX SOL   | -            | NC   |
| <b>LOCAL ANESTHETICS - TOPICAL</b>  |              |      |
| LIDOCAINE GEL   | -            | B    |
| lidocaine cream 3% (LIDAMANTLE equiv)   | -            | G    |
| lidocaine gel (GLYDO equiv)   | -            | G    |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                            |              |      |
| lidocaine gel (XYLOCAINE equiv)                         | -            | G    |
| lidocaine oint (QL= 36gm/fill)                          | QL           | G    |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL           | G    |
| lidocaine soln (XYLOCAINE equiv)                        | -            | G    |
| lidocaine/prilocaine cream (EMLA equiv)                 | -            | G    |
| ADAZIN CREAM  | -            | NC   |
| ANASTIA LOTION  | -            | NC   |
| APRIZIO PAK KIT   | -            | NC   |
| capsaicin/menthol topical patch (SINELEE equiv)         | -            | NC   |
| DERMALID PAK  | -            | NC   |
| GEN7T LOTION  | -            | NC   |
| GEN7T PAD 3.5%  | -            | NC   |
| GEN7T PLUS LOTION                                       | -            | NC   |
| GEN7T PLUS PAD  | -            | NC   |
| L.E.T. GEL  | -            | NC   |
| LIDO/MENTHOL SPRAY                                      | -            | NC   |
| LIDO/RAC/TET GEL  | -            | NC   |
| LIDOCAINE CREAM   | -            | NC   |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv)            | -            | NC   |
| lidocaine lotion  | -            | NC   |
| lidocaine oint/transparent dressing kit                 | -            | NC   |
| lidocaine patch 3.5% (GEN7T equiv)                      | -            | NC   |
| lidocaine patch 4% (LIDODERM equiv)                     | -            | NC   |
| LIDOCIN GEL   | -            | NC   |
| LIDODERM PATCH 4%                                       | -            | NC   |
| LIDOSTREAM KIT  | -            | NC   |
| LIDOTRAL CREAM (lidocaine cream equiv)                  | -            | NC   |
| LIDOTREX GEL  | -            | NC   |
| LIDOVEX CREAM   | -            | NC   |
| MEDI-PATCH W/LIDOCAINE PATCH                            | -            | NC   |
| MENTHOREAL10 THERAPY PACK                               | -            | NC   |
| MICROVIX LP PAK   | -            | NC   |
| NENDRUX GEL   | -            | NC   |
| nulido pad (NULIDO equiv)                               | -            | NC   |
| NUVAKAAN II KIT   | -            | NC   |
| PLIAGLIS CREAM  | -            | NC   |
| PLIAGLIS KIT  | -            | NC   |
| PROZENA PAD   | -            | NC   |
| SILVERA PAD   | -            | NC   |
| SOLAICE PATCH   | -            | NC   |
| SYNVEXIA TC CREAM                                       | -            | NC   |
| WPR PLUS  | -            | NC   |
| ZILACAINE PAK   | -            | NC   |
| ZYLOTROL-L KIT  | -            | NC   |
| <b>MISC. DERMATOLOGICAL PRODUCTS</b>                    |              |      |
| NEOSALUS FOAM   | -            | NC   |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>   |              |      |
| NEOSALUS LOTION  | -            | NC   |
| <b>MISC. TOPICAL</b>   |              |      |
| DRYSOL SOLN  | -            | G    |
| DERMACINRX CREAM   | -            | NC   |
| HYCLODEX SOLN  | -            | NC   |
| QBREXZA PAD  | -            | NC   |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>   |              |      |
| EUCRISA OINT   | -            | NC   |
| <b>PIGMENTING-DEPIGMENTING AGENTS</b>  |              |      |
| hydroquinone cream (LUSTRA equiv)  | -            | EXC  |
| TRI-LUMA CREAM   | -            | EXC  |
| EPIQUIN MICRO CREAM  | -            | NC   |
| hydroquinone cream/sunscreen (LUSTRA ULTRA equiv)  | -            | NC   |
| hydroquinone micro cream (EPIQUIN MICRO equiv)   | -            | NC   |
| MELQUIN 3 SOLN   | -            | NC   |
| NUQUIN HP CREAM  | -            | NC   |
| <b>ROSACEA AGENTS</b>  |              |      |
| FINACEA FOAM   | -            | B    |
| brimonidine tartrate gel (MIRVASO equiv)   | -            | EXC  |
| MIRVASO GEL  | -            | EXC  |
| RHOFADE CREAM  | -            | EXC  |
| azelaic acid gel (FINACEA equiv)   | -            | G    |
| metronidazole cream (METROCREAM equiv)   | -            | G    |
| metronidazole gel 0.75% (METROGEL equiv)   | -            | G    |
| metronidazole gel 1% (METROGEL equiv) (Step Therapy requires trial of metronidazole gel 0.75%) | ST           | G    |
| metronidazole lotion (METROLOTION equiv)   | -            | G    |
| DAZOMON GEL  | -            | NC   |
| DOXYCYCLINE CAP, ORACEA CAP  | -            | NC   |
| IVERMECTIN CREAM   | -            | NC   |
| ivermectin cream (SOOLANTRA equiv)   | -            | NC   |
| NORITATE CREAM   | -            | NC   |
| ROSADAN KIT  | -            | NC   |
| SOOLANTRA CREAM  | -            | NC   |
| ZILXI FOAM   | -            | NC   |
| <b>SCABICIDES &amp; PEDICULICIDES</b>  |              |      |
| NATROBA SUSP (QL= 1 bottle/fill)   | QL           | B    |
| SPINOSAD SUSP (QL= 1 bottle/fill)  | QL           | B    |
| LINDANE SHAMPOO  | -            | G    |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)  | QL           | G    |
| permethrin cream (ELIMITE CREAM equiv)   | -            | G    |
| CROTAN LOTION  | -            | NC   |
| IVERMECTIN LOTION  | -            | NC   |
| SKLICE LOTION  | -            | NC   |
| <b>SCAR TREATMENT PRODUCTS</b>   |              |      |
| SCARCIN GEL  | -            | NC   |

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| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName                                      | Special Code | Tier |
|---|--------------|------|
| <b>DERMATOLOGICALS Cont.</b>                  |              |      |
| scarcin gel (SCARCIN equiv)                   | -            | NC   |
| SCARCIN LIQUID ROLL-ON                        | -            | NC   |
| SILIPAC KIT                                   | -            | NC   |
| <b>WOUND CARE PRODUCTS</b>                    |              |      |
| REGRANEX GEL (QL= 30gm/fill)                  | QL           | B    |
| ALEVICYN SOLN DERMAL                          | -            | NC   |
| BIAFINE EMULSION                              | -            | NC   |
| cicatrace kit (REXASIL equiv)                 | -            | NC   |
| COLLANEX EXTERNAL POWDER                      | -            | NC   |
| FILSUVEZ GEL                                  | -            | NC   |
| KERAMATRIX                                    | -            | NC   |
| KERASTAT CREAM                                | -            | NC   |
| KERASTAT GEL                                  | -            | NC   |
| WOUND-DRESSING GELS                           | -            | NC   |
| <b>DIAGNOSTIC PRODUCTS</b>                    |              |      |
| <b>DIAGNOSTIC BIOLOGICALS</b>                 |              |      |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | -            | NC   |
| <b>DIAGNOSTIC DRUGS</b>                       |              |      |
| GLUCAGEN INJ                                  | -            | B    |
| GLUCAGON DIAGNOSTIC INJ                       | -            | NC   |
| MACRILEN PACK                                 | -            | NC   |
| <b>DIAGNOSTIC PRODUCTS, MISC.</b>             |              |      |
| FREESTYLE LITE TEST STRIP                     | OTC          | NC   |
| <b>DIAGNOSTIC TESTS</b>                       |              |      |
| ACCU-CHEK AVIVA PLUS TEST STRIP               | OTC-PA       | B    |
| ACCU-CHEK GUIDE TEST STRIP                    | OTC-PA       | B    |
| ACCU-CHEK SMARTVIEW TEST STRIP                | OTC-PA       | B    |
| ACCU-CHEK TEST STRIP                          | OTC-PA       | B    |
| TEST STRIP (all other test strips)            | OTC-PA       | B    |
| COVID-19 TEST                                 | OTC          | EXC  |
| CUE COVID-19 INJ TEST CARTRIDGE               | OTC          | EXC  |
| CUE HEALTH MONITOR                            | OTC          | EXC  |
| CLINISTIX TEST STRIP                          | OTC          | G    |
| KETO-DIASTIX TEST STRIP                       | OTC          | G    |
| KETOSTIX                                      | OTC          | G    |
| ONETOUCH TEST STRIP                           | OTC          | G    |
| ONETOUCH VERIO TEST STRIP                     | OTC          | G    |
| ACCU-CHEK GUIDE TEST STRIP                    | OTC          | NC   |
| FREESTYLE INSULINX TEST STRIP                 | OTC          | NC   |
| FREESTYLE PRECISION NEO TEST STRIP            | OTC          | NC   |
| FREESTYLE TEST STRIP                          | OTC          | NC   |
| PRECISION XTRA KETONE TEST STRIP              | OTC          | NC   |
| PRECISION XTRA TEST STRIP                     | --OTC        | NC   |
| <b>RADIOGRAPHIC CONTRAST MEDIA</b>            |              |      |
| OMNIPAQUE SOLN                                | -            | NC   |

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|------|---|-------------------------|------|--------------------------|
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| LMSP | NC/3P = Not Covered, Third Party Reviewer     | INF                     | OTC  | Limited Distribution     |
| PA   | Plan Exclusion                                | MSP                     | RDX  | Over-the-Counter         |
| RS   | Lumicera Mandatory Specialty Pharmacy Program | QL                      | SMKG | Restricted to Diagnosis  |
| ST   | Prior Authorization                           | SF                      | ¢    | Smoking Cessation        |
|      | Restricted to Specialist                      | VAC                     |      | RxCENTS                  |
|      | Step Therapy                                  |                         |      |                          |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>DIAGNOSTIC PRODUCTS Cont.</b>  |              |      |
| SITZMARKS CAP   | -            | NC   |
| <b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>   |              |      |
| <b>DIETARY MANAGEMENT PRODUCTS</b>  |              |      |
| ASTAMED MYO CAP   | -            | EXC  |
| DEPLIN CAP  | -            | EXC  |
| ELIGEN B12 TAB  | -            | EXC  |
| FALESSA TAB   | -            | EXC  |
| FOLTANX TAB   | -            | EXC  |
| GLYGEST PAK   | -            | EXC  |
| L-METHYLFOLATE TAB  | -            | EXC  |
| LUVIRA CAP  | -            | EXC  |
| METANX CAP  | -            | EXC  |
| OLLIZAC POWDER  | -            | EXC  |
| PODIAPN CAP   | -            | EXC  |
| XAQUIL XR TAB   | -            | EXC  |
| XYZBAC TAB  | -            | EXC  |
| <b>DIGESTIVE AIDS</b>   |              |      |
| <b>DIGESTIVE ENZYMES</b>  |              |      |
| CREON CAP   | -            | B    |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP   | -            | NC   |
| SUCRAID SOLN  | -            | NC   |
| <b>DIURETICS</b>  |              |      |
| <b>CARBONIC ANHYDRASE INHIBITORS</b>  |              |      |
| acetazolamide ER cap (DIAMOX SEQUEL equiv)  | -            | G    |
| acetazolamide tab   | -            | G    |
| methazolamide tab (NEPTAZANE equiv)   | -            | G    |
| dichlorphenamide tab (KEVEYIS equiv)  | -            | NC   |
| KEVEYIS TAB   | -            | NC   |
| <b>DIURETIC COMBINATIONS</b>  |              |      |
| AMILORIDE/HCTZ TAB  | -            | G    |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv)   | -            | G    |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)                                      | -            | G    |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv)   | -            | G    |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv)   | -            | G    |
| <b>LOOP DIURETICS</b>   |              |      |
| FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679) | LD-QL        | B    |
| bumetanide tab (BUMEX equiv)  | -            | G    |
| FUROSEMIDE SOLN   | -            | G    |
| furosemide soln (LASIX equiv)   | -            | G    |
| furosemide tab (LASIX equiv)  | -            | G    |
| torsemide tab (DEMADEX equiv)   | -            | G    |
| EDECRIN TAB   | -            | NC   |
| ethacrynic tab (EDECRIN equiv)  | -            | NC   |
| SOAANZ TAB  | -            | NC   |
| <b>POTASSIUM SPARING DIURETICS</b>  |              |      |

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| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>DIURETICS Cont.</b>   |                     |             |
| CAROSPIR SUSP (Prior Authorization required for members age 9 or older)                                  | PA                  | B           |
| DYRENIUM CAP   | -                   | B           |
| amiloride tab (MIDAMOR equiv)  | -                   | G           |
| spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 or older)           | PA                  | G           |
| spironolactone tab (ALDACTONE equiv)   | -                   | G           |
| triamterene cap (DYRENIUM equiv)   | -                   | NC          |
| <b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>   |                     |             |
| DIURIL SUSP  | -                   | B           |
| CHLOROTHIAZIDE TAB   | -                   | G           |
| chlorothiazide tab (DIURIL equiv)  | -                   | G           |
| chlorthalidone tab   | -                   | G           |
| hydrochlorothiazide cap (MICROZIDE equiv)  | -                   | G           |
| hydrochlorothiazide tab (HYDRODIURIL equiv)  | -                   | G           |
| indapamide tab (LOZOL equiv)   | -                   | G           |
| metolazone tab (ZAROXOLYN equiv)   | -                   | G           |
| THALITONE TAB  | -                   | NC          |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>  |                     |             |
| <b>ADRENAL STEROID INHIBITORS</b>  |                     |             |
| ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)         | LD-PA-QL            | B           |
| ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)          | LD-PA-QL            | B           |
| ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)          | LD-PA-QL            | B           |
| RECORLEV TAB   | -                   | NC          |
| <b>BONE DENSITY REGULATORS</b>   |                     |             |
| ALENDRONATE TAB 40MG   | -                   | B           |
| NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                      | LD-PA               | B           |
| PROLIA INJ (QL= 1 fill/6 months)   | LMSP-QL             | B           |
| TERIPARATIDE INJ 620MCG/2.48ML   | LMSP                | B           |
| TYMLOS INJ   | LMSP                | B           |
| XGEVA INJ  | MSP                 | B           |
| alendronate sodium oral soln (FOSAMAX equiv)   | -                   | G           |
| alendronate tab (FOSAMAX equiv)  | -                   | G           |
| calcitonin nasal spray (MIACALCIN equiv)   | -                   | G           |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)   | QL                  | G           |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)                          | ST                  | G           |
| risedronate tab (ACTONEL equiv)  | -                   | G           |
| BINOSTO TAB  | -                   | NC          |
| calcitonin inj (MIACALCIN equiv)   | -                   | NC          |
| FORTEO INJ   | -                   | NC          |
| FOSAMAX+D TAB  | -                   | NC          |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)                                      | -                   | NC          |
| <b>CORTICOTROPIN</b>   |                     |             |
| ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL            | B           |
| CORTROPHIN INJ GEL   | -                   | NC          |
| <b>FERTILITY REGULATORS</b>  |                     |             |
| CLOMID TAB   | INF                 | B           |

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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>INF</b>                     | Limited Distribution            |
| <b>PA</b>   | Prior Authorization   | <b>MSP</b>                     | Over-the-Counter                |
| <b>RS</b>   | Restricted to Specialist  | <b>QL</b>                      | Restricted to Diagnosis         |
| <b>ST</b>   | Step Therapy  | <b>SF</b>                      | Smoking Cessation               |
|             |   | <b>VAC</b>                     | RxCENTS                         |
|             |   |                                | ¢                               |

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|--|--------------|------|
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>  |              |      |
| CLOMIPHENE TAB   | INF          | B    |
| OVIDREL INJ  | INF-MSP      | B    |
| <b>GNRH/LHRH ANTAGONISTS</b>   |              |      |
| cetorelix acetate for inj kit (CETROTIDE equiv)  | INF-MSP      | B    |
| CETROTIDE KIT  | INF-MSP      | B    |
| ganirelix ac inj (GANIRELIX equiv)   | INF-MSP      | B    |
| ORLISSA TAB 150MG (QL= 1 tab/day)  | PA-QL        | B    |
| ORLISSA TAB 200MG (QL= 2 tabs/day)   | PA-QL        | B    |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>   |              |      |
| SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                                   | LD-PA        | B    |
| <b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>  |              |      |
| EGRIFTA INJ  | -            | EXC  |
| <b>GROWTH HORMONES</b>   |              |      |
| GENOTROPIN INJ   | LMSP-PA      | B    |
| OMNITROPE INJ  | LMSP-PA      | B    |
| SKYTROFA INJ   | LMSP-PA      | B    |
| HUMATROPE INJ, ZOMACTON INJ  | -            | NC   |
| NGENLA INJ   | -            | NC   |
| NORDITROPIN INJ, NUTROPIN AQ INJ   | -            | NC   |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ   | -            | NC   |
| SOGROYA INJ  | -            | NC   |
| ZOMACTON INJ   | -            | NC   |
| <b>HORMONE RECEPTOR MODULATORS</b>   |              |      |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | -            | \$0  |
| OSPHENA TAB  | -            | NC   |
| <b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>  |              |      |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)                                   | LD           | B    |
| <b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>   |              |      |
| LUPRON DEPOT PED INJ   | MSP          | B    |
| LUPRON DEPOT-PED INJ   | MSP          | B    |
| SUPPRELIN LA INJ   | MSP-PA       | B    |
| SYNAREL NASAL SOLN   | -            | B    |
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANTS</b>  |              |      |
| VEOZAH TAB (QL= 1 tab/day)   | PA-QL        | B    |
| <b>METABOLIC MODIFIERS</b>   |              |      |
| ALDURAZYME INJ   | MSP-PA       | B    |
| betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)                     | LD           | B    |
| CALCITRIOL INJ   | LMSP         | B    |
| CYSTADANE POWDER   | MSP-PA       | B    |
| ELAPRASE INJ   | MSP-PA       | B    |
| FABRAZYME INJ  | MSP-PA       | B    |
| GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)              | LD-PA-QL     | B    |
| LUMIZYME/MYOZYME INJ   | MSP-PA       | B    |
| NAGLAZYME INJ  | MSP-PA       | B    |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)  | LD-PA-QL-SF  | B    |

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

\*\* OTC drugs are not a covered benefit.

|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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**SISC - Book of Business Drug List  
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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>                               |              |      |
| PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)              | LD           | B    |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)             | LD-PA        | B    |
| XPHOZAH TAB (QL= 2 tabs/day)  | PA-QL        | B    |
| calcitriol cap (ROCALTROL equiv)  | -            | G    |
| calcitriol soln (ROCALTROL equiv)   | -            | G    |
| carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007) | LD-PA        | G    |
| cinacalcet tab (SENSIPAR equiv)   | -            | G    |
| doxercalciferol cap (HECTOROL equiv)  | -            | G    |
| levocarnitine soln (CARNITOR equiv)   | -            | G    |
| levocarnitine tab (CARNITOR equiv)  | -            | G    |
| paricalcitol cap (ZEMPLAR equiv)  | -            | G    |
| sapropterin dihydrochloride powder packet (KUVAN equiv)                           | LMSP-PA      | G    |
| sapropterin dihydrochloride soluble tab (KUVAN equiv)                             | LMSP-PA      | G    |
| sodium phenylbutyrate powder (BUPHENYL equiv)                                     | -            | G    |
| sodium phenylbutyrate tab (BUPHENYL equiv)  | -            | G    |
| CARBAGLU TAB  | -            | NC   |
| CITRULLINE EASY TAB   | -            | NC   |
| CYSTADANE POWDER  | -            | NC   |
| KUVAN POWDER PACK   | -            | NC   |
| KUVAN TAB   | -            | NC   |
| MYALEPT INJ   | -            | NC   |
| nitisinone cap (ORFADIN equiv)  | -            | NC   |
| NITYR TAB   | -            | NC   |
| OLPRUVA PACK  | -            | NC   |
| OPFOLDA CAP   | -            | NC   |
| ORFADIN CAP   | -            | NC   |
| ORFADIN SUSP  | -            | NC   |
| RAVICTI LIQUID  | -            | NC   |
| RAYALDEE CAP  | -            | NC   |
| SENSIPAR TAB  | -            | NC   |
| XURIDEN POWDER  | -            | NC   |

**MINERALOCORTICOID RECEPTOR ANTAGONISTS**

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

**NATRIURETIC PEPTIDES**

|   |          |   |
|---|----------|---|
| VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376) | LD-PA-QL | B |
|---|----------|---|

**POSTERIOR PITUITARY HORMONES**

|  |   |    |
|--|---|----|
| DDAVP NASAL SOLN                               | - | B  |
| STIMATE NASAL SOLN                             | - | B  |
| desmopressin acetate nasal spray (DDAVP equiv) | - | G  |
| desmopressin acetate tab (DDAVP equiv)         | - | G  |
| NOCDURNA SL TAB                                | - | NC |
| NOCTIVA EMULSION SPRAY                         | - | NC |

**PROGESTERONE RECEPTOR ANTAGONISTS**

|                                   |   |   |
|-----------------------------------|---|---|
| mifepristone tab (MIFIPREX equiv) | - | G |
|-----------------------------------|---|---|

**PROLACTIN INHIBITORS**

|                                  |   |   |
|----------------------------------|---|---|
| cabergoline tab (DOSTINEX equiv) | - | G |
|----------------------------------|---|---|

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

**ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.**

**SOMATOSTATIC AGENTS**

|  |          |    |
|--|----------|----|
| OCTREOTIDE INJ 100MCG  | LMSP     | B  |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | B  |
| octreotide inj (SANDOSTATIN equiv)   | LMSP     | G  |
| BYNFEZIA PEN INJ   | -        | NC |
| MYCAPSSA CAP   | -        | NC |
| SANDOSTATIN LAR INJ KIT  | -        | NC |

**VASOPRESSIN RECEPTOR ANTAGONISTS**

|  |          |    |
|--|----------|----|
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | B  |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | B  |
| TOLVAPTAN TAB  | -        | NC |
| tolvaptan tab (SAMSCA equiv)   | -        | NC |

**ESTROGENS**

**ESTROGEN COMBINATIONS**

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

**ESTROGENS**

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

**FLUOROQUINOLONES**

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

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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| DrugName   | Special Code  | Tier |
|--|---------------|------|
| <b>FLUOROQUINOLONES Cont.</b>  |               |      |
| <b>FLUOROQUINOLONES</b>  |               |      |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)                          | QL-RS         | B    |
| CIPRO SUSP   | -             | B    |
| CIPROFLOXACIN 100MG TAB  | -             | B    |
| ciprofloxacin susp (CIPRO equiv)   | -             | G    |
| ciprofloxacin tab (CIPRO equiv)  | -             | G    |
| levofloxacin soln (LEVAQUIN equiv)   | -             | G    |
| levofloxacin tab (LEVAQUIN equiv)  | -             | G    |
| moxifloxacin tab (AVELOX equiv)  | -             | G    |
| ofloxacin tab (FLOXIN equiv)   | -             | G    |
| FACTIVE TAB  | -             | NC   |
| PROQUIN XR TAB   | -             | NC   |
| <b>GASTROINTESTINAL AGENTS - MISC.</b>   |               |      |
| <b>5-HT4 RECEPTOR AGONISTS</b>   |               |      |
| MOTEGRITY TAB (QL= 1 tab/day)  | PA-QL         | B    |
| <b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>  |               |      |
| TRULANCE TAB (QL= 1 tab/day)   | PA-QL         | B    |
| <b>BILE ACID SYNTHESIS DISORDER AGENTS</b>   |               |      |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)                                       | LD-PA         | B    |
| <b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>   |               |      |
| OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-SF-¢ | B    |
| <b>GALLSTONE SOLUBILIZING AGENTS</b>   |               |      |
| ursodiol cap (ACTIGALL equiv)  | -             | G    |
| ursodiol tab (URSO (FORTE) equiv)  | -             | G    |
| RELTONE CAP  | -             | NC   |
| URSODIOL CAP   | -             | NC   |
| <b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>   |               |      |
| cromolyn conc (GASTROCROM equiv)   | -             | G    |
| <b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>  |               |      |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)  | PA-QL         | G    |
| AMITIZA CAP  | -             | NC   |
| <b>GASTROINTESTINAL STIMULANTS</b>   |               |      |
| metoclopramide soln (REGLAN equiv)   | -             | G    |
| metoclopramide tab (REGLAN equiv)  | -             | G    |
| GIMOTI NASAL SPRAY   | -             | NC   |
| METZOZOLV ODT  | -             | NC   |
| <b>HEPATOTROPICS</b>   |               |      |
| REZDIFFRA TAB  | -             | NC   |
| <b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>   |               |      |
| BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)         | LD-PA-QL      | B    |
| BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)         | LD-PA-QL      | B    |
| BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL      | B    |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL      | B    |
| LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)                     | LD-PA-QL      | B    |

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|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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

**GASTROINTESTINAL AGENTS - MISC. Cont.**

**INFLAMMATORY BOWEL AGENTS**

|  |            |    |
|--|------------|----|
| AVSOLA INJ                                   | MSP-PA     | B  |
| CIMZIA INJ (QL= 2 inj/28 days)               | LMSP-PA-QL | B  |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | LMSP-PA-QL | B  |
| DIPENTUM CAP                                 | -          | B  |
| RENFLEXIS INJ                                | MSP-PA     | B  |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | LMSP-PA-QL | B  |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)  | LMSP-PA-QL | B  |
| balsalazide cap (COLAZAL equiv)              | -          | G  |
| mesalamine DR tab (LIALDA equiv)             | -          | G  |
| mesalamine enema (ROWASA equiv)              | -          | G  |
| mesalamine enema kit (ROWASA equiv)          | -          | G  |
| mesalamine ER cap (APRISO equiv)             | -          | G  |
| mesalamine supp (CANASA equiv)               | -          | G  |
| sulfasalazine EC tab (AZULFIDINE equiv)      | -          | G  |
| sulfasalazine tab (AZULFIDINE equiv)         | -          | G  |
| APRISO CAP                                   | -          | NC |
| ASACOL HD TAB                                | -          | NC |
| ASACOL HD TAB, MESALAMINE TAB                | -          | NC |
| CIMZIA INJ                                   | -          | NC |
| DELZICOL CAP                                 | -          | NC |
| ENTYVIO INJ                                  | -          | NC |
| LIALDA TAB                                   | -          | NC |
| mesalamine DR cap (DELZICOL equiv)           | -          | NC |
| mesalamine ER cap (PENTASA CR equiv)         | -          | NC |
| mesalamine tab (ASACOL equiv)                | -          | NC |
| MESALAMINE TAB DR                            | -          | NC |
| OMVOH INJ                                    | -          | NC |
| PENTASA CR CAP                               | -          | NC |
| PENTASA CR CAP 250MG                         | -          | NC |
| REMICADE INJ                                 | -          | NC |
| ROWASA KIT                                   | -          | NC |
| VELSIPITY TAB                                | -          | NC |
| ZYMFENTRA INJ                                | -          | NC |

**INTESTINAL ACIDIFIERS**

|                |   |   |
|----------------|---|---|
| lactulose soln | - | G |
|----------------|---|---|

**IRRITABLE BOWEL SYNDROME (IBS) AGENTS**

|                                |       |    |
|--------------------------------|-------|----|
| LINZESS CAP (QL= 1 cap/day)    | PA-QL | B  |
| alosetron tab (LOTRONEX equiv) | -     | G  |
| IBSRELA TAB                    | -     | NC |
| VIBERZI TAB                    | -     | NC |
| ZELNORM TAB                    | -     | NC |

**LIVE FECAL MICROBIOTA**

|  |          |   |
|--|----------|---|
| VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575) | LD-PA-QL | B |
|--|----------|---|

**PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**

|              |    |   |
|--------------|----|---|
| MOVANTIK TAB | PA | B |
|--------------|----|---|

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|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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|---|--------------|------|
| <b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>                              |              |      |
| SYMPROIC TAB  | PA           | B    |
| alvimopan cap (ENTEREG equiv)   | -            | NC   |
| ENTEREG CAP   | -            | NC   |
| RELISTOR INJ  | -            | NC   |
| RELISTOR INJ KIT  | -            | NC   |
| RELISTOR TAB  | -            | NC   |
| <b>PHOSPHATE BINDER AGENTS</b>  |              |      |
| AURYXIA TAB (Step Therapy requires trial of RENVELA and FOSRENOL)         | ST           | B    |
| FOSRENOL CHEW TAB   | -            | B    |
| FOSRENOL POWDER PACK  | -            | B    |
| PHOSLYRA SOLN   | -            | B    |
| REVELA TAB  | -            | B    |
| calcium acetate cap (PHOSLO equiv)  | -            | G    |
| lanthanum carbonate chew tab (FOSRENOL equiv)                             | -            | G    |
| sevelamer powder pak (REVELA equiv)                                       | -            | G    |
| sevelamer tab (REVELA TAB equiv)  | -            | G    |
| RENAGEL TAB 800MG   | -            | NC   |
| sevelamer hydrochloride tab (RENAGEL equiv)                               | -            | NC   |
| VELPHORO CHEW TAB   | -            | NC   |
| <b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>                                  |              |      |
| GATTEX KIT  | -            | NC   |
| <b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>                                  |              |      |
| XERMELO TAB   | -            | NC   |
| <b>GENERAL ANESTHETICS</b>  |              |      |
| <b>ANESTHETICS - MISC.</b>  |              |      |
| KETAMINE HCL TROCHES  | -            | NC   |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS</b>                               |              |      |
| <b>ALKALINIZERS</b>   |              |      |
| CYTRA K CRYSTALS  | -            | G    |
| CYTRA-3 SYRUP   | -            | G    |
| ORACIT SOLN   | -            | G    |
| potassium citrate CR tab (UROKIT-K TAB equiv)                             | -            | G    |
| potassium citrate/citric acid powder pack (POLYCITRA equiv)               | -            | G    |
| potassium citrate/citric acid soln (POLYCITRA-K equiv)                    | -            | G    |
| sodium citrate/citric acid soln (BICITRA equiv)                           | -            | G    |
| tricitrates soln (POLYCITRA-LC equiv)                                     | -            | G    |
| <b>CYSTINOSIS AGENTS</b>  |              |      |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)          | LD           | B    |
| PROCYSBI CAP  | -            | NC   |
| PROCYSBI GRANULES PACKET  | -            | NC   |
| <b>HYPEROXALURIA AGENTS</b>   |              |      |
| RIVFLOZA INJ  | -            | NC   |
| <b>IGA NEPHROPATHY (IGAN) AGENTS</b>                                      |              |      |
| FILSPARI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL     | B    |

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|             |   |                                |                      |                                 |
|-------------|---|--------------------------------|----------------------|---------------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>generic</b> = small letters | <b>LD</b>            | <b>BRANDS</b> = CAPITAL LETTERS |
| <b>LMSP</b> | Plan Exclusion  | <b>INF</b>                     | Limited Distribution |                                 |
| <b>PA</b>   | Lumicera Mandatory Specialty Pharmacy Program                               | <b>MSP</b>                     | OTC                  | Over-the-Counter                |
| <b>RS</b>   | Prior Authorization   | <b>QL</b>                      | RDX                  | Restricted to Diagnosis         |
| <b>ST</b>   | Restricted to Specialist  | <b>SF</b>                      | SMKG                 | Smoking Cessation               |
|             | Step Therapy  | <b>VAC</b>                     | ¢                    | RxCENTS                         |
|             |   |                                |                      |                                 |
|             |   |                                |                      |                                 |

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**SISC - Book of Business Drug List  
Category/Class**

Last Updated\* 4/1/2024

| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

**GENITOURINARY AGENTS - MISCELLANEOUS Cont.**

**INTERSTITIAL CYSTITIS AGENTS**

|              |   |    |
|--------------|---|----|
| ELMIRON CAP  | - | B  |
| PENTOSAN CAP | - | NC |

**PROSTATIC HYPERTROPHY AGENTS**

|  |   |    |
|--|---|----|
| alfuzosin SR tab (UROXATRAL equiv)       | - | G  |
| dutasteride cap (AVODART equiv)          | - | G  |
| finasteride tab (PROSCAR equiv)          | - | G  |
| silodosin cap (RAPAFLO equiv)            | - | G  |
| tamsulosin cap (FLOMAX equiv)            | - | G  |
| CARDURA XL TAB                           | - | NC |
| dutasteride/tamsulosin cap (JALYN equiv) | - | NC |
| ENTADFI CAP                              | - | NC |

**URINARY ANALGESICS**

|  |     |     |
|--|-----|-----|
| phenazopyridine tab 95mg (AZO equiv)   | OTC | EXC |
| phenazopyridine tab 97.5mg (AZO equiv) | OTC | EXC |
| phenazopyridine tab 99.5mg (AZO equiv) | OTC | EXC |
| phenazopyridine tab (PYRIDIDIUM equiv) | -   | NC  |
| PYRIDIDIUM TAB                         | -   | NC  |

**URINARY STONE AGENTS**

|   |         |    |
|---|---------|----|
| LITHOSTAT TAB                                   | -       | B  |
| tiopronin tab (THIOLA equiv)                    | LMSP-PA | G  |
| THIOLA EC TAB                                   | -       | NC |
| tiopronin tab delayed release (THIOLA EC equiv) | -       | NC |

**GOUT AGENTS**

**GOUT AGENT COMBINATIONS**

|   |   |    |
|---|---|----|
| colchicine/probenecid tab (COL-BENEMID equiv) | - | G  |
| DUZALLO TAB                                   | - | NC |

**GOUT AGENTS**

|  |      |    |
|--|------|----|
| GLOPERBA SOLN (Prior Authorization required for members age 9 or older)    | PA   | B  |
| allopurinol tab (ZYLOPRIM equiv)   | -    | G  |
| colchicine tab (COLCRYS equiv)   | -    | G  |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-¢ | G  |
| ALLOPURINOL TAB  | -    | NC |
| colchicine cap (MITIGARE equiv)  | -    | NC |
| COLCRYS TAB  | -    | NC |
| ULORIC TAB   | -    | NC |
| ZURAMPIC TAB   | -    | NC |

**URICOSURICS**

|                                |   |   |
|--------------------------------|---|---|
| probenecid tab (BENEMID equiv) | - | G |
|--------------------------------|---|---|

**HEMATOLOGICAL AGENTS - MISC.**

**ANTIHEMOPHILIC PRODUCTS**

|                             |        |   |
|-----------------------------|--------|---|
| ADVATE INJ                  | MSP-PA | B |
| ALPHANATE/HEMOPIL/KOATE INJ | MSP-PA | B |
| ALPHANINE SD/MONONINE INJ   | MSP-PA | B |
| BEBULIN/PROFILNINE INJ      | MSP-PA | B |

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|             |   |                                |             |                                 |
|-------------|---|--------------------------------|-------------|---------------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered   | <b>generic</b> = small letters | <b>LD</b>   | <b>BRANDS</b> = CAPITAL LETTERS |
| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion | <b>INF</b>                     | <b>OTC</b>  | Limited Distribution            |
| <b>PA</b>   | <b>Lumicera</b> Mandatory Specialty Pharmacy Program            | <b>MSP</b>                     | <b>RDX</b>  | Over-the-Counter                |
| <b>RS</b>   | <b>Prior Authorization</b>                                      | <b>QL</b>                      | <b>SMKG</b> | Restricted to Diagnosis         |
| <b>ST</b>   | <b>Restricted to Specialist</b>                                 | <b>SF</b>                      | <b>¢</b>    | Smoking Cessation               |
|             | <b>Step Therapy</b>   | <b>VAC</b>                     |             | RxCENTS                         |
|             |   |                                |             |                                 |
|             |   |                                |             |                                 |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>  |              |      |
| BENEFIX INJ  | MSP-PA       | B    |
| BENEFIX/RIXUBIS INJ  | MSP-PA       | B    |
| FEIBA INJ  | MSP-PA       | B    |
| HELIXATE/KOGENATE INJ  | MSP-PA       | B    |
| HEMLIBRA INJ   | LMSP-PA      | B    |
| HUMATE-P/WILATE INJ  | MSP-PA       | B    |
| MONOCLATE-P INJ  | MSP-PA       | B    |
| NOVOSEVEN INJ  | MSP-PA       | B    |
| RECOMBINATE INJ  | MSP-PA       | B    |
| RIASTAP INJ  | MSP-PA       | B    |
| XYNTHA INJ   | MSP-PA       | B    |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>  |              |      |
| icatibant inj (FIRAZYR equiv)  | LMSP-PA      | G    |
| FIRAZYR INJ  | -            | NC   |
| <b>COMPLEMENT INHIBITORS</b>   |              |      |
| BERINERT INJ (Only available through Accredo 800-803-2523)                             | LD-PA        | B    |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)        | LD-PA-QL     | B    |
| EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)         | LD-PA-QL     | B    |
| HAEGARDA INJ (Only available through Accredo 800-803-2523)                             | LD-PA        | B    |
| RUCONEST INJ (Only available through Accredo 800-803-2523)                             | LD-PA        | B    |
| TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)             | LD-PA-QL     | B    |
| FABHALTA CAP   | -            | NC   |
| ZILBRYSQ INJ   | -            | NC   |
| <b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>                                       |              |      |
| TAVALISSE TAB  | -            | NC   |
| <b>HEMATORHEOLOGIC AGENTS</b>  |              |      |
| pentoxifylline ER tab (TRENTAL equiv)  | -            | G    |
| <b>PLASMA KALLIKREIN INHIBITORS</b>  |              |      |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)          | LD-PA-QL     | B    |
| TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL     | B    |
| ORLADEYO CAP   | -            | NC   |
| <b>PLATELET AGGREGATION INHIBITORS</b>   |              |      |
| BRILINTA TAB   | -            | B    |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)        | LD-PA-QL     | B    |
| ZONTIVITY TAB (Restricted to Cardiology Specialist)                                    | RS           | B    |
| anagrelide cap (AGRYLIN equiv)   | -            | G    |
| aspirin/dipyridamole cap (AGGRENOX equiv)  | -            | G    |
| cilostazol tab (PLETAL equiv)  | -            | G    |
| clopidogrel tab 75mg (PLAVIX equiv)  | -            | G    |
| dipyridamole tab (PERSANTINE equiv)  | -            | G    |
| prasugrel tab (EFFIENT equiv)  | -            | G    |
| ASPIRIN/OMEPRAZOLE ER TAB  | -            | NC   |
| CLOPIDOGREL THERAPY PACK   | -            | NC   |
| PLAVIX TAB 300MG   | -            | NC   |
| YOSPRALA TAB   | -            | NC   |

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|------|---|--------------------------------|--|---------------------------------|-------------------------|
| EXC  |   | INF                            | Infertility  | LD                              | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program   | MSP                            | Mandatory Specialty Pharmacy Program                     | OTC                             | Over-the-Counter        |
| PA   | Prior Authorization   | QL                             | Quantity Limit   | RDX                             | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF                             | Limited to two 15 day fills per month for first 3 months | SMKG                            | Smoking Cessation       |
| ST   | Step Therapy  | VAC                            | Vaccine Program  | ¢                               | RxCENTS                 |

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

**HEMATOLOGICAL AGENTS - MISC. Cont.**

**PYRUVATE KINASE ACTIVATORS**

|  |          |   |
|--|----------|---|
| PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)       | LD-PA-QL | B |
| PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | B |

**HEMATOPOIETIC AGENTS**

**AGENTS FOR GAUCHER DISEASE**

|   |        |    |
|---|--------|----|
| CEREZYME INJ  | MSP-PA | B  |
| VPRIV INJ   | MSP-PA | B  |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA  | G  |
| CERDELGA CAP  | -      | NC |
| ZAVESCA CAP   | -      | NC |

**AGENTS FOR SICKLE CELL ANEMIA**

|            |   |    |
|------------|---|----|
| DROXIA CAP | - | B  |
| SIKLOS TAB | - | NC |

**AGENTS FOR SICKLE CELL DISEASE**

|   |            |   |
|---|------------|---|
| ENDARI POWDER PACK (QL= 6 packets/day)  | LMSP-PA-QL | B |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)               | LD-PA-QL   | B |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL   | B |

**COBALAMINS**

|   |   |    |
|---|---|----|
| cyanocobalamin inj  | - | G  |
| cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv) | - | NC |
| NASCOBAL SPRAY  | - | NC |

**FOLIC ACID/FOLATES**

|  |     |     |
|--|-----|-----|
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | -   | \$0 |
| folic acid tab 400mcg (Covered for females only)   | OTC | \$0 |
| folic acid tab 800mcg (Covered for females only)   | OTC | \$0 |

**HEMATOPOIETIC GROWTH FACTORS**

|  |            |    |
|--|------------|----|
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL   | B  |
| FULPHILA INJ   | LMSP       | B  |
| NIVESTYM INJ   | LMSP       | B  |
| NPLATE INJ   | MSP-PA     | B  |
| NYVEPRIA INJ   | LMSP       | B  |
| PROMACTA POWDER (QL= 1 packet/day)   | LMSP-PA-QL | B  |
| PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day)                                  | LMSP-PA-QL | B  |
| PROMACTA TAB 50MG (QL= 2 tabs/day)   | LMSP-PA-QL | B  |
| PROMACTA TAB 75MG (QL= 2 tabs/day)   | LMSP-PA-QL | B  |
| RETACRIT INJ   | LMSP       | B  |
| ZARXIO INJ   | LMSP       | B  |
| ALVAIZ TAB   | -          | NC |
| ARANESP INJ  | -          | NC |
| EPOGEN INJ   | -          | NC |
| FYLNETRA INJ   | -          | NC |
| GRANIX INJ   | -          | NC |
| JESDUVROQ TAB  | -          | NC |
| LEUKINE INJ  | -          | NC |
| MULPLETA TAB   | -          | NC |

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|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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| <b>HEMATOPOIETIC AGENTS Cont.</b> |              |      |
| NEULASTA INJ                      | -            | NC   |
| NEUPOGEN INJ                      | -            | NC   |
| PROCRIT INJ                       | -            | NC   |
| RELEUKO INJ                       | -            | NC   |
| RELEUKO PREFILLED SYRINGE INJ     | -            | NC   |
| STIMUFEND INJ                     | -            | NC   |
| UDENYCA INJ                       | -            | NC   |
| ZIEXTENZO INJ                     | -            | NC   |

**HEMATOPOIETIC MIXTURES**

|                              |   |    |
|------------------------------|---|----|
| NEPHRON FA TAB               | - | B  |
| ferrex 150 forte cap         | - | G  |
| folbee tab                   | - | G  |
| MULTIGEN FOLIC TAB           | - | G  |
| MULTIGEN PLUS TAB            | - | G  |
| MULTIGEN TAB                 | - | G  |
| tricon cap (TRINSICON equiv) | - | G  |
| BENTIVITE TAB                | - | NC |
| BIFERARX TAB                 | - | NC |
| B-SERENE PAD                 | - | NC |
| CYFOLEX CAP                  | - | NC |
| FEONYX TAB                   | - | NC |
| FERRO-PLEX TAB               | - | NC |
| FOLITE TAB                   | - | NC |
| FOLVITE-FE TAB               | - | NC |
| OVEEZA CAP                   | - | NC |
| PUREFOLIX TAB                | - | NC |

**IRON**

|                        |     |    |
|------------------------|-----|----|
| ACCRUFER CAP           | -   | NC |
| ferrous sulfate elixir | OTC | NC |
| FERROUS SULFATE LIQUID | OTC | NC |
| ferrous sulfate soln   | OTC | NC |

**STEM CELL MOBILIZERS**

|   |        |   |
|---|--------|---|
| MOZOBIL INJ                                     | MSP-PA | B |
| plerixafor subcutaneous inj (MOZOBIL INJ equiv) | MSP-PA | B |

**HEMOSTATICS**

**HEMOSTATICS - SYSTEMIC**

|                                       |   |   |
|---------------------------------------|---|---|
| aminocaproic acid soln (AMICAR equiv) | - | G |
| aminocaproic acid tab (AMICAR equiv)  | - | G |
| tranexamic acid tab (LYSTEDA equiv)   | - | G |

**HYPNOTICS**

**NON-BARBITURATE HYPNOTICS**

|   |    |   |
|---|----|---|
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | G |
|---|----|---|

**OREXIN RECEPTOR ANTAGONISTS**

|              |   |    |
|--------------|---|----|
| BELSOMRA TAB | - | NC |
|--------------|---|----|

**HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

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| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b>                     | <b>LD</b>                       |
| <b>PA</b>   | Plan Exclusion                                   | <b>MSP</b>                     | Limited Distribution            |
| <b>RS</b>   | Lumicera Mandatory Specialty Pharmacy Program    | <b>QL</b>                      | Over-the-Counter                |
| <b>ST</b>   | Prior Authorization                              | <b>SF</b>                      | Restricted to Diagnosis         |
|             | Restricted to Specialist                         | <b>VAC</b>                     | Smoking Cessation               |
|             | Step Therapy                                     |                                | RxCENTS                         |
|             |  |                                | ¢                               |

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|---|--------------|------|
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>  |              |      |
| <b>ANTIHISTAMINE HYPNOTICS</b>  |              |      |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)   | -            | G    |
| <b>BARBITURATE HYPNOTICS</b>  |              |      |
| BUTISOL TAB   | -            | B    |
| SECONAL CAP   | -            | B    |
| phenobarbital elixir  | -            | G    |
| phenobarbital tab   | -            | G    |
| <b>HYPNOTICS - TRICYCLIC AGENTS</b>   |              |      |
| doxepin tab (SILENOR equiv)   | -            | NC   |
| <b>NON-BARBITURATE HYPNOTICS</b>  |              |      |
| estazolam tab (PROSOM equiv)  | -            | G    |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)   | QL           | G    |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)  | RS           | G    |
| temazepam cap 15mg (RESTORIL equiv)   | -            | G    |
| temazepam cap 22.5mg (RESTORIL equiv)   | -            | G    |
| temazepam cap 30mg (RESTORIL equiv)   | -            | G    |
| temazepam cap 7.5mg (RESTORIL equiv)  | -            | G    |
| triazolam tab (HALCION equiv)   | -            | G    |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day)   | QL           | G    |
| AMBIEN CR TAB   | -            | NC   |
| DORAL TAB   | -            | NC   |
| EDLUAR SL TAB   | -            | NC   |
| FLURAZEPAM CAP  | -            | NC   |
| INTERMEZZO SL TAB   | -            | NC   |
| ZOLPIDEM CAP  | -            | NC   |
| zolpidem ER tab (AMBIEN CR equiv)   | -            | NC   |
| zolpidem tartrate SL tab (INTERMEZZO equiv)   | -            | NC   |
| ZOLPIDEM TARTRATE SL TAB 1.75MG   | -            | NC   |
| ZOLPIDEM TARTRATE SL TAB 3.5MG  | -            | NC   |
| ZOLPIMIST SPRAY   | -            | NC   |
| <b>OREXIN RECEPTOR ANTAGONISTS</b>  |              |      |
| DAYVIGO TAB   | -            | NC   |
| QUVIVIQ TAB   | -            | NC   |
| <b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>  |              |      |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)   | PA-QL        | G    |
| HETLIOZ CAP   | -            | NC   |
| HETLIOZ SUSP  | -            | NC   |
| ROZEREM TAB   | -            | NC   |
| tasimelteon cap (HETLIOZ equiv)   | -            | NC   |
| <b>LAXATIVES</b>  |              |      |
| <b>LAXATIVE COMBINATIONS</b>  |              |      |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL           | \$0  |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)   | QL           | \$0  |

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| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion | <b>INF</b>                     | <b>OTC</b>  | Limited Distribution            |
| <b>PA</b>   | <b>Lumicera</b> Mandatory Specialty Pharmacy Program            | <b>MSP</b>                     | <b>RDX</b>  | Over-the-Counter                |
| <b>RS</b>   | <b>Prior Authorization</b>                                      | <b>QL</b>                      | <b>SMKG</b> | Restricted to Diagnosis         |
| <b>ST</b>   | <b>Restricted to Specialist</b>                                 | <b>SF</b>                      | <b>¢</b>    | Smoking Cessation               |
|             | <b>Step Therapy</b>   | <b>VAC</b>                     |             | RxCENTS                         |
|             |   |                                |             |                                 |
|             |   |                                |             |                                 |
|             |   |                                |             |                                 |
|             |   |                                |             |                                 |
|             |   |                                |             |                                 |

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**SISC - Book of Business Drug List  
Category/Class**

**Last Updated\* 4/1/2024**

| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>LAXATIVES Cont.</b>   |                     |             |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)                               | QL                  | \$0         |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)               | QL                  | \$0         |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)    | QL                  | \$0         |
| peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL                  | \$0         |
| sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay)                | QL                  | \$0         |
| PEG-PREP KIT   | PA                  | B           |
| SUFLAVE SOLN (QL= 2 fills/calendar year)   | QL                  | B           |
| CLENPIQ SOLN   | -                   | NC          |
| MOVIPREP SOLN  | -                   | NC          |
| PLENVU SOLN  | -                   | NC          |
| SUPREP BOWEL PREP PACK   | -                   | NC          |
| SUTAB TAB  | -                   | NC          |
| <b>LAXATIVES - MISCELLANEOUS</b>   |                     |             |
| MIRALAX PACKET   | OTC                 | EXC         |
| polyethylene glycol 3350 powder (MIRALAX equiv)  | OTC                 | EXC         |
| lactulose soln   | -                   | G           |
| GIALAX KIT   | -                   | NC          |
| KRISTALOSE PACK, LACTULOSE PACK  | -                   | NC          |
| KRISTALOSE PACKET  | -                   | NC          |
| <b>SALINE LAXATIVES</b>  |                     |             |
| OSMOPREP TAB   | -                   | NC          |

**LOCAL ANESTHETICS-PARENTERAL**

|                                      |   |    |
|--------------------------------------|---|----|
| <b>LOCAL ANESTHETIC COMBINATIONS</b> |   |    |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ  | - | NC |

**MACROLIDES**

|  |    |    |
|--|----|----|
| <b>AZITHROMYCIN</b>  |    |    |
| ZITHROMAX POWDER PACK  | -  | B  |
| azithromycin susp (ZITHROMAX equiv)  | -  | G  |
| azithromycin tab (ZITHROMAX equiv)   | -  | G  |
| <b>CLARITHROMYCIN</b>  |    |    |
| CLARITHROMYC SUSP  | -  | B  |
| clarithromycin tab (BIAXIN equiv)  | -  | G  |
| clarithromycin ER tab (BIAXIN XL equiv)  | -  | NC |
| <b>ERYTHROMYCINS</b>   |    |    |
| ERYTHROMYCIN EC CAP (Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg)                  | ST | B  |
| erythromycin DR cap (Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg)                  | ST | G  |
| erythromycin ethylsuccinate susp (ERYPED equiv) (Step Therapy requires trial of azithromycin or clarithromycin)                  | ST | G  |
| erythromycin tab (ERY-TAB equiv) (Step Therapy requires trial of azithromycin, clarithromycin or doxycycline hyclate 100mg)      | ST | G  |
| erythromycin tab (ERYTHROMYCIN equiv) (Step Therapy require trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg) | ST | G  |

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|             |  |                                |             |                                 |
|-------------|--|--------------------------------|-------------|---------------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered                          | <b>generic</b> = small letters | <b>LD</b>   | <b>BRANDS</b> = CAPITAL LETTERS |
| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b>                     | <b>OTC</b>  | Limited Distribution            |
| <b>PA</b>   | Plan Exclusion                                   | <b>MSP</b>                     | <b>RDX</b>  | Over-the-Counter                |
| <b>RS</b>   | Lumicera Mandatory Specialty Pharmacy Program    | <b>QL</b>                      | <b>SMKG</b> | Restricted to Diagnosis         |
| <b>ST</b>   | Prior Authorization                              | <b>SF</b>                      | <b>¢</b>    | Smoking Cessation               |
|             | Restricted to Specialist                         | <b>VAC</b>                     |             | RxCENTS                         |
|             | Step Therapy                                     |                                |             |                                 |

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| <b>DrugName</b>   | <b>Special Code</b> | <b>Tier</b> |
|---|---------------------|-------------|
| <b>MACROLIDES Cont.</b>   |                     |             |
| ERYPED SUSP   | -                   | NC          |
| ERYTHROMYCIN ETHYLSUCCINATE TAB   | -                   | NC          |
| <b>FIDAXOMICIN</b>  |                     |             |
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST               | B           |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN) | QL-ST               | B           |

**MEDICAL DEVICES AND SUPPLIES**

|  |        |     |
|--|--------|-----|
| <b>CONTRACEPTIVES</b>  |        |     |
| CERVICAL CAP   | -      | \$0 |
| DIAPHRAGM  | -      | \$0 |
| FEMALE CONDOMS (QL= 12 condoms/fill)   | OTC-QL | \$0 |
| MALE CONDOMS (QL= 12 condoms/fill)   | OTC-QL | \$0 |
| <b>DIABETIC SUPPLIES</b>   |        |     |
| ONETOUCH KIT   | OTC    | \$0 |
| ONETOUCH METER   | OTC    | \$0 |
| ONETOUCH VERIO FLEX METER  | OTC    | \$0 |
| ONETOUCH VERIO METER   | OTC    | \$0 |
| ONETOUCH VERIO REFLECT METER   | OTC    | \$0 |
| ACCU-CHEK AVIVA PLUS METER   | OTC-PA | B   |
| ACCU-CHEK GUIDE CARE METER   | OTC-PA | B   |
| ACCU-CHEK GUIDE ME KIT   | OTC-PA | B   |
| ACCU-CHEK NANO METER   | OTC-PA | B   |
| DIABETIC METER (all other diabetic meters)   | OTC-PA | B   |
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)  | QL     | B   |
| OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)  | QL     | B   |
| OMNIPOD 5 INTRO KIT (QL= 1 kit/year)   | QL     | B   |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month)  | QL     | B   |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year)  | QL     | B   |
| OMNIPOD DASH PODS (QL= 10 pods/month)  | QL     | B   |
| OMNIPOD GO KIT (QL= 10 pods/month)   | QL     | B   |
| OMNIPOD STARTER KIT (QL= 1 kit/year)   | QL     | B   |
| V-GO INJ KIT (QL= 1 kit/day)   | QL     | B   |
| CALIBRATION LIQUID   | OTC    | G   |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST  | G   |
| DEXCOM G6 SENSOR (QL= 3 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST  | G   |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST  | G   |
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST  | G   |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST  | G   |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)  | QL-ST  | G   |

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|             |  |                                |             |                                 |
|-------------|--|--------------------------------|-------------|---------------------------------|
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| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b>                     | <b>OTC</b>  | Limited Distribution            |
| <b>PA</b>   | Plan Exclusion                                   | <b>MSP</b>                     | <b>RDX</b>  | Over-the-Counter                |
| <b>RS</b>   | Lumicera Mandatory Specialty Pharmacy Program    | <b>QL</b>                      | <b>SMKG</b> | Restricted to Diagnosis         |
| <b>ST</b>   | Prior Authorization                              | <b>SF</b>                      | ¢           | Smoking Cessation               |
|             | Restricted to Specialist                         | <b>VAC</b>                     |             | RxCENTS                         |
|             | Step Therapy                                     |                                |             |                                 |

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| DrugName   | Special Code | Tier |
|--|--------------|------|
| <b>MEDICAL DEVICES AND SUPPLIES Cont.</b>  |              |      |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)        | QL-ST        | G    |
| FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST        | G    |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)        | QL-ST        | G    |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)          | QL-ST        | G    |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST        | G    |
| LANCET KIT   | OTC          | G    |
| LANCETS  | OTC          | G    |
| ONETOUCH DELICA LANCETS  | OTC          | G    |
| ONETOUCH DELICA PLUS LANCETS   | OTC          | G    |
| ONETOUCH DELICA ULTRASOFT LANCETS  | OTC          | G    |
| FREESTYLE FREEDOM LITE METER   | OTC          | NC   |
| FREESTYLE INSULINX METER   | OTC          | NC   |
| FREESTYLE LITE METER   | OTC          | NC   |
| FREESTYLE PRECISION NEO METER  | OTC          | NC   |
| OMNIPOD DASH PDM KIT   | -            | NC   |
| PRECISION XTRA METER   | -            | NC   |
| <b>MISC. DEVICES</b>   |              |      |
| ALCOHOL SWABS  | OTC          | NC   |
| <b>ORAL HYGIENE PRODUCTS</b>   |              |      |
| HURRISEAL MIS SNAP   | -            | NC   |
| <b>PARENTERAL THERAPY SUPPLIES</b>   |              |      |
| NOVOPEN ECHO   | -            | B    |
| B-D INSULIN SYRINGE  | --OTC        | G    |
| B-D PEN NEEDLE   | OTC          | G    |
| CARETOUCH MIS  | OTC          | G    |
| NOVOFINE PEN NEEDLE  | OTC          | G    |
| NOVOTWIST PEN NEEDLE   | OTC          | G    |
| NOVOTWIST/NOVOFINE PEN NEEDLE  | OTC          | G    |
| CEQUR SIMPLICITY   | -            | NC   |
| INPEN INSULIN INJECTION DEVICE   | -            | NC   |
| INSULIN SYRINGE  | OTC          | NC   |
| PEN NEEDLE   | OTC          | NC   |
| <b>RESPIRATORY THERAPY SUPPLIES</b>  |              |      |
| AEROCHAMBER  | OTC          | B    |
| PEAK FLOW METER  | OTC          | G    |
| <b>MIGRAINE PRODUCTS</b>   |              |      |
| <b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>   |              |      |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)  | PA-QL        | B    |
| ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)   | PA-QL        | B    |
| NURTEC ODT   | -            | NC   |
| QULIPTA TAB  | -            | NC   |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>MIGRAINE PRODUCTS Cont.</b>  |              |      |
| <b>MIGRAINE COMBINATIONS</b>  |              |      |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB  | -            | B    |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)  | -            | G    |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP   | -            | NC   |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)  | -            | NC   |
| ergotamine/caffeine tab (CAFERGOT equiv)  | -            | NC   |
| MIGERGOT SUPP   | -            | NC   |
| PRODRIN TAB   | -            | NC   |
| SUMANSETRON PAK   | -            | NC   |
| sumatriptan/naproxen tab (TREXIMET equiv)   | -            | NC   |
| TREXIMET TAB  | -            | NC   |
| <b>MIGRAINE PRODUCTS</b>  |              |      |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill, 2 fills/30 days)  | PA-QL        | G    |
| dihydroergotamine mesylate inj (D.H.E. equiv)   | -            | NC   |
| TRUDHESA NASAL SPRAY  | -            | NC   |
| <b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>  |              |      |
| AIMOVIG INJ (QL= 1 pack/28 days)  | PA-QL        | B    |
| AJOVY INJ (QL= 1 pack/28 days)  | PA-QL        | B    |
| EMGALITY INJ (QL= 1 inj/28 days)  | PA-QL        | B    |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)  | PA-QL        | B    |
| <b>MIGRAINE PRODUCTS - NSAIDS</b>   |              |      |
| CAMBIA POWDER   | -            | NC   |
| diclofenac potassium (migraine) packet (CAMBIA equiv)   | -            | NC   |
| ELYXYB SOLN   | -            | NC   |
| <b>SEROTONIN AGONISTS</b>   |              |      |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)   | QL           | B    |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)   | PA-QL        | B    |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray)                                   | QL-ST        | B    |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray)  | QL-ST        | B    |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)   | QL           | G    |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)  | QL           | G    |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)  | QL           | G    |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)   | QL           | G    |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)   | QL           | G    |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)   | QL           | G    |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)   | QL           | G    |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)  | QL           | G    |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)  | QL           | G    |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray) | QL-ST        | G    |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)   | PA-QL        | G    |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)   | PA-QL        | G    |
| almotriptan tab (AXERT equiv)   | -            | NC   |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ   | -            | NC   |
| AMERGE TAB  | -            | NC   |
| AXERT TAB   | -            | NC   |

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| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|---|--------------|------|
| <b>MIGRAINE PRODUCTS Cont.</b>  |              |      |
| eletriptan tab (RELPAX equiv)   | -            | NC   |
| FROVA TAB   | -            | NC   |
| frovatriptan tab (FROVA equiv)  | -            | NC   |
| IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY  | -            | NC   |
| IMITREX TAB   | -            | NC   |
| MAXALT MLT TAB  | -            | NC   |
| MAXALT TAB  | -            | NC   |
| ONZETRA XSAIL   | -            | NC   |
| RELPAX TAB  | -            | NC   |
| SUMAVEL DOSEPRO INJ   | -            | NC   |
| TOSYMRA SOLN  | -            | NC   |
| ZECUITY PAD   | -            | NC   |
| ZOMIG TAB   | -            | NC   |
| <b>MINERALS &amp; ELECTROLYTES</b>  |              |      |
| <b>FLUORIDE</b>   |              |      |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)                  | -            | \$0  |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | -            | \$0  |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)     | -            | \$0  |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)                     | -            | \$0  |
| <b>PHOSPHATE</b>  |              |      |
| K-PHOS TAB  | -            | B    |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv)  | -            | G    |
| potassium phosphate monobasic tab (K-PHOS equiv)  | -            | G    |
| <b>POTASSIUM</b>  |              |      |
| K-TAB   | -            | G    |
| POT/CHLORIDE EFFER TAB  | -            | G    |
| potassium bicarbonate effer tab (K-LYTE equiv)  | -            | G    |
| potassium chloride effer tab (K-LYTE/CL equiv)  | -            | G    |
| potassium chloride ER cap (MICRO-K equiv)   | -            | G    |
| potassium chloride ER tab (K-TAB equiv)   | -            | G    |
| potassium chloride micro tab (K-DUR equiv)  | -            | G    |
| potassium chloride powder packet (KLOR-CON equiv)   | -            | G    |
| potassium chloride soln   | -            | G    |
| POTASSIUM CHLORIDE TAB ER   | -            | G    |
| POKONZA POWDER  | -            | NC   |
| <b>ZINC</b>   |              |      |
| GALZIN CAP  | -            | B    |

**MISCELLANEOUS THERAPEUTIC CLASSES**

| <b>CHELATING AGENTS</b>                  |         |    |
|--|---------|----|
| penicillamine tab (DEPEN TITRATAB equiv) | -       | G  |
| trientine cap (SYPRINE equiv)            | LMSP-PA | G  |
| CUVRIOR TAB                              | -       | NC |
| penicillamine cap (CUPRIMINE equiv)      | -       | NC |

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|---|--------------|------|
| <b>MISCELLANEOUS THERAPEUTIC CLASSES Cont.</b>  |              |      |
| TRIENTINE CAP   | -            | NC   |
| <b>IMMUNOMODULATORS</b>   |              |      |
| JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)   | LD-PA-QL     | B    |
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)                      | LD-QL-RS     | B    |
| REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)  | LD-PA-QL     | B    |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS     | G    |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>   |              |      |
| ENSPRYNG INJ (QL= 1 inj/28 days)  | LMSP-PA-QL   | B    |
| LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)                                    | LD-PA-QL     | B    |
| everolimus tab (ZORTRESS equiv)   | PA           | G    |
| sirolimus soln (RAPAMUNE equiv)   | -            | G    |
| ASTAGRAF XL CAP   | -            | NC   |
| azathioprine tab 100mg (AZASAN equiv)   | -            | NC   |
| azathioprine tab 75mg (AZASAN equiv)  | -            | NC   |
| PROGRAF PACKET  | -            | NC   |
| <b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>   |              |      |
| VIJOICE TAB (QL= 1 tab/day)   | MSP-PA-QL    | B    |
| VIJOICE TAB 250MG (QL= 2 tabs/day)  | MSP-PA-QL    | B    |
| <b>POTASSIUM REMOVING AGENTS</b>  |              |      |
| LOKELMA PAK   | PA           | B    |
| SPS SUSP  | -            | G    |
| <b>PROGERIA TREATMENT AGENTS</b>  |              |      |
| ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)   | LD-PA-QL     | B    |
| <b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>  |              |      |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)   | LMSP-PA-QL   | B    |
| BENLYSTA INJ (QL= 4 inj/28 day)   | LMSP-PA-QL   | B    |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>   |              |      |
| <b>ANESTHETICS TOPICAL ORAL</b>   |              |      |
| FIRST MOUTHWASH BLM   | -            | B    |
| lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)   | -            | G    |
| LIDOCAINE ORAL SOLN 4%  | -            | NC   |
| <b>ANTI-INFECTIVES - THROAT</b>   |              |      |
| ORAVIG TAB  | -            | B    |
| clotrimazole troches (MYCELEX TROCHES equiv)  | -            | G    |
| nystatin susp   | -            | G    |
| <b>ANTISEPTICS - MOUTH/THROAT</b>   |              |      |
| chlorhexidine gluconate soln (PERIDEX equiv)  | -            | G    |
| <b>DENTAL PRODUCTS</b>  |              |      |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)                     | -            | \$0  |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)               | -            | \$0  |
| PREVIDENT PASTE   | -            | B    |

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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**SISC - Book of Business Drug List  
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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>                   |              |      |
| PREVIDENT SOLN  | -            | B    |
| FLUORIDEX SENSITIVITY PASTE                               | -            | G    |
| sodium fluoride gel (PREVIDENT equiv)                     | -            | G    |
| sodium fluoride paste (PREVIDENT equiv)                   | -            | G    |
| sodium fluoride rinse (PREVIDENT equiv)                   | -            | G    |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | -            | G    |
| <b>STEROIDS - MOUTH/THROAT</b>                            |              |      |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv)    | -            | G    |
| <b>THROAT PRODUCTS - MISC.</b>                            |              |      |
| GELCLAIR GEL  | -            | B    |
| cevimeline cap (EVOXAC equiv)                             | -            | G    |
| pilocarpine tab (SALAGEN equiv)                           | -            | G    |
| PROTHELIAL PASTE  | -            | NC   |
| SILATRIX GEL  | -            | NC   |
| <b>MULTIVITAMINS</b>                                      |              |      |
| <b>B-COMPLEX VITAMINS</b>                                 |              |      |
| EB-N3 DR CAP  | -            | NC   |
| <b>B-COMPLEX W/ FOLIC ACID</b>                            |              |      |
| DIALYVITE TAB   | -            | G    |
| dialyvite tab (NEPHRO-VITE equiv)                         | -            | G    |
| DIALYVITE/ZINC TAB  | -            | G    |
| FOLBEE PLUS CZ TAB  | -            | G    |
| renaphro cap (NEPHROCAP equiv)                            | -            | G    |
| FIBRIK CAP  | -            | NC   |
| <b>MULTIPLE VITAMINS W/ MINERALS</b>                      |              |      |
| multivitamin/minerals tab (STROVITE equiv)                | -            | G    |
| v-c forte cap (V-C FORTE equiv)                           | -            | G    |
| DEXATRAN CAP  | -            | NC   |
| FOLAGENT DHA CAP  | -            | NC   |
| FOLAMED DHA CAP   | -            | NC   |
| REMEDIENT CAP   | -            | NC   |
| VITRECYL IRON TAB   | -            | NC   |
| VITRECYL TAB  | -            | NC   |
| <b>MULTIVITAMINS</b>                                      |              |      |
| FOLIKA-V TAB  | -            | NC   |
| <b>PED MULTI VITAMINS W/FL &amp; FE</b>                   |              |      |
| pediatric multiple vitamins/fluoride/iron soln            | -            | G    |
| POLY-VI-FLOR CHEW W/IRON                                  | -            | NC   |
| <b>PED MV W/ FLUORIDE</b>                                 |              |      |
| FLORIVA PLUS DROPS  | -            | B    |
| QUFLORA PEDIATRIC CHEW TAB                                | -            | B    |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG                         | -            | G    |
| MULTIVITAMIN/FLOURIDE CHEW 1MG                            | -            | G    |
| MULTIVITAMIN/FLUORIDE CHEW TAB                            | -            | G    |
| pediatric multiple vitamins/fluoride chew tab             | -            | G    |

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|-------------|---|------------|--|-------------|-------------------------|
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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | ¢           | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>MULTIVITAMINS Cont.</b>                                    |              |      |
| pediatric multiple vitamins/fluoride soln                     | -            | G    |
| DAVIMET/FLUORIDE CHEW 0.75MG                                  | -            | NC   |
| POLY-VI-FLOR CHEW 0.25MG                                      | -            | NC   |
| POLY-VI-FLOR CHEW 0.5MG                                       | -            | NC   |
| POLY-VI-FLOR CHEW 1MG   | -            | NC   |
| POLY-VI-FLOR SUSP   | -            | NC   |
| <b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b> |              |      |
| FLORIVA CHEW TAB  | -            | NC   |
| <b>PRENATAL VITAMINS</b>                                      |              |      |
| NEONATAL 19 TAB   | -            | B    |
| NEONATAL FE TAB   | -            | B    |
| PRENATAL VITAMINS (NON-PREFERRED)                             | -            | B    |
| VITAFOL STRIPS  | -            | B    |
| COMPLETE NATAL DHA  | -            | G    |
| CONCEPT DHA CAP   | -            | G    |
| PRENATA   | -            | G    |
| PRENATABS RX TAB  | -            | G    |
| PRENATAL 19 CHEW TAB  | -            | G    |
| PRENATAL 19 TAB   | -            | G    |
| PRENATAL FORMULA, PRENATAL MULTI + DHA                        | -            | G    |
| PRENATAL MULTIVITAMIN + D                                     | -            | G    |
| PRENATAL PLUS IRON  | -            | G    |
| VINATE II   | -            | G    |
| VINATE M  | -            | G    |
| VP-PNV-DHA CAP  | -            | G    |
| ACTIVE OB   | -            | NC   |
| AZESCHEW TAB  | -            | NC   |
| AZESCO TAB  | -            | NC   |
| CITRANATAL 90 DHA, CITRANATAL ASSURE                          | -            | NC   |
| CITRANATAL B CALM   | -            | NC   |
| CITRANATAL BLOOM  | -            | NC   |
| CITRANATAL CAP MEDLEY   | -            | NC   |
| CITRANATAL HARMONY  | -            | NC   |
| CITRANATAL RX   | -            | NC   |
| DUET  | -            | NC   |
| DUET DHA 400, DUET DHA BALANCED                               | -            | NC   |
| ENBRACE HR  | -            | NC   |
| FOLET ONE   | -            | NC   |
| JENLIVA CAP   | -            | NC   |
| MULTI-MAC TAB   | -            | NC   |
| MYNATAL-Z TAB   | -            | NC   |
| NATACHEW  | -            | NC   |
| NEEVO DHA   | -            | NC   |
| NESTABS ABC   | -            | NC   |
| NESTABS DHA   | -            | NC   |
| NESTABS ONE   | -            | NC   |

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|------|---|-----|--|------|-------------------------|
| EXC  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer | INF | Inferility   | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                               | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName                   | Special Code | Tier |
|----------------------------|--------------|------|
| <b>MULTIVITAMINS Cont.</b> |              |      |
| NEXA PLUS                  | -            | NC   |
| OB COMPLETE ONE            | -            | NC   |
| OB COMPLETE PETITE         | -            | NC   |
| OB COMPLETE PREMIER        | -            | NC   |
| PREFERA OB                 | -            | NC   |
| PREFERA OB ONE             | -            | NC   |
| PREGEN DHA CAP             | -            | NC   |
| PREGENNA TAB               | -            | NC   |
| PRENA1 CHEW                | -            | NC   |
| PRENA1 PEARL, VITAPEARL    | -            | NC   |
| PRENA1 TRUE, VITATRUE      | -            | NC   |
| PRENARA CAP                | -            | NC   |
| PRENATE AM                 | -            | NC   |
| PRENATE CHEWABLE           | -            | NC   |
| PRENATE DHA                | -            | NC   |
| PRENATE ELITE              | -            | NC   |
| PRENATE ESSENTIAL          | -            | NC   |
| PRENATE MINI               | -            | NC   |
| PRENATE MINI, TRISTART DHA | -            | NC   |
| PRENATE TAB                | -            | NC   |
| PRENATRIX TAB              | -            | NC   |
| PRENATRYL TAB              | -            | NC   |
| PRIMACARE                  | -            | NC   |
| PROVIDA DHA                | -            | NC   |
| PROVIDA OB                 | -            | NC   |
| SELECT OB + DHA            | -            | NC   |
| THRIVITE RX                | -            | NC   |
| VITAFOL GUMMIES            | -            | NC   |
| VITAFOL OB                 | -            | NC   |
| VITAFOL ULTRA              | -            | NC   |
| VITAFOL-OB + DHA           | -            | NC   |
| VITAFOL-ONE, VITAFOL FE+   | -            | NC   |

**MUSCULOSKELETAL THERAPY AGENTS**

**CENTRAL MUSCLE RELAXANTS**

|  |    |   |
|--|----|---|
| BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization Required for members age 9 and older)  | PA | B |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older)   | PA | B |
| BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)                  | PA | B |
| FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)                  | PA | B |
| LYVISPAN GRANULE PACKET (Members age 9 or older require Prior Authorization)             | PA | B |
| baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older) | PA | G |
| baclofen tab (BACLOFEN equiv)  | -  | G |
| carisoprodol tab (SOMA equiv) (QL= 90 tabs/90 days)                                      | QL | G |
| chlorzoxazone tab 500mg  | -  | G |
| cyclobenzaprine tab (FLEXERIL equiv)   | -  | G |
| methocarbamol tab (ROBAXIN equiv)  | -  | G |
| orphenadrine citrate ER tab (NORFLEX equiv)  | -  | G |

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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
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| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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|--|--------------|------|
| <b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>  |              |      |
| tizanidine cap (ZANAFLEX equiv)  | -            | G    |
| tizanidine tab (ZANAFLEX equiv)  | -            | G    |
| BACLOFEN TAB 5MG   | -            | NC   |
| carisoprodol tab 250mg (SOMA equiv)  | -            | NC   |
| chlorzoxazone tab  | -            | NC   |
| CHLORZOXAZONE TAB 250MG, LORZONE TAB   | -            | NC   |
| CYCLOBENZAPRINE COMPOUND KIT   | -            | NC   |
| cyclobenzaprine ER cap (AMRIX equiv)   | -            | NC   |
| cyclobenzaprine tab 7.5mg (FEXMID equiv)   | -            | NC   |
| metaxalone tab (SKELAXIN equiv)  | -            | NC   |
| METAXALONE TAB 400MG   | -            | NC   |
| METHOCARBAMOL TAB  | -            | NC   |
| SOMA TAB 250MG   | -            | NC   |
| <b>DIRECT MUSCLE RELAXANTS</b>   |              |      |
| dantrolene cap (DANTRIUM equiv)  | -            | G    |
| <b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS</b>                                  |              |      |
| SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL     | B    |
| SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)  | LD-PA-QL     | B    |
| SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)   | LD-PA-QL     | B    |
| SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL     | B    |
| SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)   | LD-PA-QL     | B    |
| <b>MUSCLE RELAXANT COMBINATIONS</b>  |              |      |
| CARISOPRODOL/ASPIRIN TAB   | -            | NC   |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv)   | -            | NC   |
| CARISOPRODOL/ASPIRIN/CODEINE TAB   | -            | NC   |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)                             | -            | NC   |
| LORVATUS PHARMAPAK KIT   | -            | NC   |
| NORGESIC TAB FORTE   | -            | NC   |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)                                   | -            | NC   |
| TIZANIDINE COMFORT KIT   | -            | NC   |
| <b>VISCOSUPPLEMENTS</b>  |              |      |
| DUROLANE INJ   | LMSP-PA      | B    |
| GENVISC 850 INJ  | -            | NC   |
| HYALGAN INJ  | -            | NC   |
| HYMOVIS INJ  | -            | NC   |
| ORTHOVISC/MONOVISC INJ   | -            | NC   |
| SODIUM HYALU INJ   | -            | NC   |
| TRIVISC INJ  | -            | NC   |
| VISCO-3 INJ  | -            | NC   |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>   |              |      |
| <b>NASAL AGENT COMBINATIONS</b>  |              |      |
| azelastine/fluticasone nasal spray (DYMISTA equiv)   | -            | NC   |
| AZENASE PAK  | -            | NC   |
| RYALTRIS SPRAY   | -            | NC   |
| <b>NASAL AGENTS - MISC.</b>  |              |      |

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|------|---|-----|--|------|-------------------------|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
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| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|---|--------------|------|
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>  |              |      |
| ALCOHOL SWABS   | OTC          | NC   |
| ALZAIR NASAL SPRAY  | -            | NC   |
| TICANASE PAK  | -            | NC   |
| <b>NASAL ANESTHETICS</b>  |              |      |
| COCAINE HCL SOLN  | -            | NC   |
| <b>NASAL ANTIALLERGY</b>  |              |      |
| ASTEPRO NASAL SPRAY (Step therapy requires trial of azelastine nasal spray 0.1%)                          | ST           | B    |
| azelastine nasal spray 0.1% (ASTELIN equiv)   | -            | G    |
| azelastine nasal spray 0.15% (ASTEPRO equiv) (Step therapy requires trial of azelastine nasal spray 0.1%) | ST           | G    |
| olopatadine nasal spray (PATANASE equiv)  | -            | NC   |
| <b>NASAL ANTICHOLINERGICS</b>   |              |      |
| ipratropium nasal spray (ATROVENT equiv)  | -            | G    |
| <b>NASAL ANTI-INFECTIVES</b>  |              |      |
| BACTROBAN NASAL OINT (QL= 10 tubes/fill)  | QL           | B    |
| <b>NASAL STEROIDS</b>   |              |      |
| BECONASE AQ NASAL SPRAY   | -            | EXC  |
| budesonide nasal spray (RHINOCORT AQUA equiv)   | OTC          | EXC  |
| FLONASE SENSIMIST NASAL SPRAY   | OTC          | EXC  |
| flunisolide nasal soln  | -            | EXC  |
| fluticasone nasal spray (FLONASE equiv)   | -            | EXC  |
| mometasone nasal spray (NASONEX equiv)  | -            | EXC  |
| OMNARIS NASAL SPRAY   | -            | EXC  |
| QNASL NASAL SPRAY   | -            | EXC  |
| triamcinolone OTC nasal spray (NASACORT equiv)  | OTC          | EXC  |
| XHANCE NASAL EXHALER  | -            | EXC  |
| ZETONNA NASAL SPRAY   | -            | EXC  |
| <b>SYMPATHOMIMETIC DECONGESTANTS</b>  |              |      |
| ADRENALIN NASAL SOLN  | -            | NC   |
| epinephrine hcl nasal soln (ADRENALIN equiv)  | -            | NC   |
| <b>NEUROMUSCULAR AGENTS</b>   |              |      |
| <b>ALS AGENTS</b>   |              |      |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)                 | LD-PA-QL     | B    |
| RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)                         | LD-PA-QL     | B    |
| RELYVRIO PAK (QL= 2 packets/day; Only available through Accredo 800-803-2523)                             | LD-PA-QL     | B    |
| riluzole tab (RILUTEK equiv)  | -            | G    |
| EXSERVAN FILM   | -            | NC   |
| TIGLUTIK SUSP   | -            | NC   |
| <b>FRIEDRICH'S ATAXIA AGENTS</b>  |              |      |
| SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)                             | LD-PA-QL     | B    |
| <b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>   |              |      |
| BOTOX INJ   | MSP-PA       | B    |
| DYSPOIN INJ   | MSP-PA       | B    |
| XEOMIN INJ  | MSP-PA       | B    |
| <b>RETT SYNDROME AGENTS</b>   |              |      |

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

\*\* OTC drugs are not a covered benefit.

|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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

**SISC - Book of Business Drug List  
Category/Class**

**Last Updated\* 4/1/2024**

| <b>DrugName</b>  | <b>Special Code</b> | <b>Tier</b> |
|--|---------------------|-------------|
| <b>NEUROMUSCULAR AGENTS Cont.</b>  |                     |             |
| DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)   | LD-PA-QL            | B           |
| <b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>  |                     |             |
| EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)   | LD-PA-QL            | B           |
| <b>NUTRIENTS</b>   |                     |             |
| <b>LIPIDS</b>  |                     |             |
| DOJOLVI ORAL LIQUID  | -                   | NC          |
| <b>OPHTHALMIC AGENTS</b>   |                     |             |
| <b>ARTIFICIAL TEARS AND LUBRICANTS</b>   |                     |             |
| LACRISERT OPHTH INSERT   | -                   | NC          |
| <b>BETA-BLOCKERS - OPHTHALMIC</b>  |                     |             |
| BETIMOL OPHTH SOLN   | -                   | B           |
| BETOPTIC-S OPHTH SOLN  | -                   | B           |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN   | -                   | B           |
| ISTALOL OPHTH SOLN   | -                   | B           |
| METIPRANOLOL OPHTH SOLN  | -                   | B           |
| BETAXOLOL OPHTH SOLN   | -                   | G           |
| betaxolol ophth soln (BETOPTIC-S equiv)  | -                   | G           |
| brimonidine/timolol ophth soln (COMBIGAN OPHTH SOLN equiv)   | -                   | G           |
| CARTEOLOL OPHTH SOLN   | -                   | G           |
| carteolol ophth soln (OCUPRESS equiv)  | -                   | G           |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv)   | -                   | G           |
| LEVOBUNOLOL OPHTH SOLN   | -                   | G           |
| levobunolol ophth soln (BETAGAN equiv)   | -                   | G           |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)  | -                   | G           |
| timolol maleate ophth gel (TIMOPTIC-XE equiv)  | -                   | G           |
| timolol maleate ophth soln (TIMOPTIC equiv)  | -                   | G           |
| timolol maleate ophth soln 0.5% (ISTALOL equiv)  | -                   | G           |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)  | -                   | G           |
| COMBIGAN OPHTH SOLN  | -                   | NC          |
| <b>CHOLINERGIC AGONISTS</b>  |                     |             |
| TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist; Step Therapy Requires trial of cyclosporine ophth emulsion) | QL-RS-ST            | B           |
| <b>CYCLOPLEGIC MYDRIATICS</b>  |                     |             |
| CYCLOGYL OPHTH SOLN  | -                   | B           |
| CYCLOMYDRIL OPHTH SOLN   | -                   | B           |
| HOMATROPINE OPHTH SOLN   | -                   | B           |
| atropine ophth oint  | -                   | G           |
| atropine ophth soln (ISOPTO ATROPINE equiv)  | -                   | G           |
| ATROPINE SUL SOLN 1% OPHTH   | -                   | G           |
| ATROPINE SULFATE OPHTH OINT  | -                   | G           |
| cyclopentolate ophth soln (CYCLOGYL equiv)   | -                   | G           |
| phenylephrine ophth soln (MYDFRIN equiv)   | -                   | G           |
| tropicamide ophth soln (MYDRIACYL equiv)   | -                   | G           |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN  | -                   | NC          |
| <b>MIOTICS</b>   |                     |             |

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | ¢           | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>OPHTHALMIC AGENTS Cont.</b>  |              |      |
| ISOPTO CARBACHOL OPHTH SOLN   | -            | B    |
| pilocarpine ophth soln (ISOPTO CARPINE equiv)   | -            | G    |
| PHOSPHOLINE OPHTH SOLN  | -            | NC   |
| VUITY OPHTH SOLN  | -            | NC   |
| <b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>   |              |      |
| LUCENTIS INJ  | MSP-PA       | B    |
| MACUGEN INJ   | MSP-PA       | B    |
| <b>OPHTHALMIC ADRENERGIC AGENTS</b>   |              |      |
| APRACLONIDINE OPHTH SOLN  | -            | B    |
| IOPIDINE OPHTH SOLN   | -            | B    |
| SIMBRINZA OPHTH SUSP  | -            | B    |
| apraclonidine ophth soln (IOPIDINE equiv)   | -            | G    |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)   | -            | G    |
| brimonidine ophth soln 0.2%   | -            | G    |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)   | -            | G    |
| ALPHAGAN P OPHTH SOLN 0.15%   | -            | NC   |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>   |              |      |
| AZASITE SOLN  | -            | B    |
| BACITRACIN OPHTH OINT   | -            | B    |
| CILOXAN OPHTH OINT  | -            | B    |
| NATACYN OPHTH SUSP (QL= 15ml/fill)  | QL           | B    |
| TOBREX OPHTH OINT   | -            | B    |
| XDEMVY DROP (QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist) | LD-QL-RS     | B    |
| ZIRGAN OPHTH GEL  | -            | B    |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)  | -            | G    |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)  | -            | G    |
| ciprofloxacin ophth soln (CILOXAN equiv)  | -            | G    |
| erythromycin ophth oint   | -            | G    |
| gatifloxacin ophth soln (ZYMAXID equiv)   | -            | G    |
| GENTAK OPHTH OINT   | -            | G    |
| gentamicin ophth soln (GARAMYCIN equiv)   | -            | G    |
| levofloxacin ophth soln (QUIXIN equiv)  | -            | G    |
| LEVOFLOXACIN OPHTH SOLN 0.5%  | -            | G    |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)  | -            | G    |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN  | -            | G    |
| ofloxacin ophth soln (OCUFLOX equiv)  | -            | G    |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)  | -            | G    |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv)  | -            | G    |
| tobramycin ophth soln (TOBREX equiv)  | -            | G    |
| TRIFLURIDINE OPHTH SOLN   | -            | G    |
| BESIVANCE OPHTH SUSP  | -            | NC   |
| ERYTHROMYCIN OPHTH OINT   | -            | NC   |
| LEVOFLOXACIN OPHTH SOLN   | -            | NC   |
| MOXEZA OPHTH SOLN 0.5%  | -            | NC   |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN  | -            | NC   |

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

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|--|--------------|------|
| <b>OPHTHALMIC AGENTS Cont.</b>   |              |      |
| MOXIFLOXACIN SOLN  | -            | NC   |
| VANCOMYCIN SOLN  | -            | NC   |
| VIGAMOX OPHTH SOLN   | -            | NC   |
| <b>OPHTHALMIC IMMUNOMODULATORS</b>   |              |      |
| CEQUA OPHTH SOLN (Restricted to Ophthalmology or Optometry Specialist; Step Therapy requires trial of cyclosporine ophth emulsion) | QL-RS-ST     | B    |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)  | PA-QL        | G    |
| CYCLOSPORINE OPHTH EMULSION 0.1%   | -            | NC   |
| RESTASIS MULTI-DOSE  | -            | NC   |
| RESTASIS OPHTH EMULSION  | -            | NC   |
| VEVYE OPHTH SOLN   | -            | NC   |
| <b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>   |              |      |
| XIIDRA OPHTH SOLN  | -            | NC   |
| <b>OPHTHALMIC KINASE INHIBITORS</b>  |              |      |
| RHOPRESSA OPHTH SOLN   | -            | NC   |
| ROCKLATAN OPHTH SOLN   | -            | NC   |
| <b>OPHTHALMIC LOCAL ANESTHETICS</b>  |              |      |
| proparacaine ophth soln (ALCAINE equiv)  | -            | G    |
| IHEEZO GEL   | -            | NC   |
| <b>OPHTHALMIC NERVE GROWTH FACTORS</b>   |              |      |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)                                | LD-PA-QL     | B    |
| <b>OPHTHALMIC PHOTOENHANCERS</b>   |              |      |
| PHOTREXA OP KIT  | -            | NC   |
| PHOTREXA VISCOUS OPHTH SOLN  | -            | NC   |
| <b>OPHTHALMIC STEROIDS</b>   |              |      |
| ALREX OPHTH SUSP   | -            | B    |
| ALREX OPHTH SUSP 0.2%  | -            | B    |
| BLEPHAMIDE OPHTH SOLN  | -            | B    |
| BLEPHAMIDE S.O.P. OPHTH OINT   | -            | B    |
| FLAREX OPHTH SUSP  | -            | B    |
| FML FORTE OPHTH SUSP   | -            | B    |
| FML S.O.P. OPHTH OINT  | -            | B    |
| LOTEMAX OPHTH GEL  | -            | B    |
| LOTEMAX OPHTH OINT   | -            | B    |
| MAXIDEX OPHTH SOLN   | -            | B    |
| PRED FORTE OPHTH SUSP  | -            | B    |
| PRED MILD OPHTH SOLN   | -            | B    |
| PRED-G OPHTH SOLN  | -            | B    |
| TOBRADEX OPHTH OINT  | -            | B    |
| TOBRADEX ST OPHTH SUSP   | -            | B    |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))   | QL           | B    |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)  | -            | G    |
| difluprednate ophth emulsion (DUREZOL equiv)   | -            | G    |
| fluorometholone ophth soln (FML LIQUIFILM equiv)   | -            | G    |
| loteprednol etabonate ophth gel (LOTEMAX equiv)  | -            | G    |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>OPHTHALMIC AGENTS Cont.</b>  |              |      |
| loteprednol ophth susp (LOTEMAX equiv)  | -            | G    |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)  | -            | G    |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)  | -            | G    |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN  | -            | G    |
| PREDNISOLONE OPHTH SUSP   | -            | G    |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN  | -            | G    |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)  | -            | G    |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv)  | -            | G    |
| DEXTENZA OPHTH INSERT   | -            | NC   |
| EYSUVIS OPHTH SUSP  | -            | NC   |
| INVELTYS OPHTH SUSP   | -            | NC   |
| KLARITY-B DROPS   | -            | NC   |
| KLARITY-L DROPS   | -            | NC   |
| LOTEMAX SM GEL 0.38%  | -            | NC   |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN  | -            | NC   |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP  | -            | NC   |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN  | -            | NC   |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP  | -            | NC   |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN  | -            | NC   |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP  | -            | NC   |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP   | -            | NC   |
| <b>OPHTHALMIC SURGICAL AIDS</b>   |              |      |
| DUOVISC KIT   | -            | NC   |
| <b>OPHTHALMICS - MISC.</b>  |              |      |
| ACUVAIL OPHTH SOLN  | -            | B    |
| ALOCRILOPHTH SOLN   | -            | B    |
| ALOMIDE OPHTH SOLN  | -            | B    |
| AZOPT OPHTH SUSP  | -            | B    |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)  | LD-QL-RS     | B    |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS     | B    |
| ILEVRO OPHTH SUSP   | -            | B    |
| NEVANAC OPHTH SUSP  | -            | B    |
| PROLENSA OPHTH SOLN   | -            | B    |
| ketotifen ophth soln (ZADITOR equiv)  | OTC          | EXC  |
| UPNEEQ SOLN   | -            | EXC  |
| azelastine ophth soln (OPTIVAR equiv)   | -            | G    |
| brinzolamide ophth susp (AZOPT equiv)   | -            | G    |
| bromfenac ophth soln (BROMDAY equiv)  | -            | G    |
| cromolyn ophth soln (CROLOM equiv)  | -            | G    |
| CROMOLYN SODIUM OPHTH SOLN  | -            | G    |
| diclofenac sodium ophth soln (VOLTAREN equiv)   | -            | G    |
| dorzolamide ophth soln (TRUSOPT equiv)  | -            | G    |
| epinastine ophth soln (ELESTAT equiv)   | -            | G    |
| ketorolac ophth soln (ACULAR (LS) equiv)  | -            | G    |
| olopatadine ophth soln 0.1% (PATANOL equiv)   | -            | G    |

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|-------------|---|------------|--|-------------|-------------------------|
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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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|---|--------------|------|
| <b>OPHTHALMIC AGENTS Cont.</b>  |              |      |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%) | QL-ST        | G    |
| bepotastine ophth soln (BEPREVE equiv)  | -            | NC   |
| bromfenac sodium ophth soln 0.07% (PROLENSA equiv)  | -            | NC   |
| bromfenac sodium ophth soln 0.075% (BROMSITE equiv)   | -            | NC   |
| BROMSITE DROP 0.075%  | -            | NC   |
| EMADINE OPHTH SOLN  | -            | NC   |
| FLURBIPROFEN OPHTH SOLN   | -            | NC   |
| LASTACFT OPHTH SOLN   | -            | NC   |
| MIEBO OPHTH SOLN  | -            | NC   |
| PAZEO OPHTH SOLN 0.7%   | -            | NC   |
| ZADITOR OPHTH SOLN  | OTC          | NC   |
| ZERVIATE OPHTH SOLN   | -            | NC   |
| <b>PROSTAGLANDINS - OPHTHALMIC</b>  |              |      |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)  | QL           | G    |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 5ml/30 days; Step Therapy requires trial of latanoprost)                      | QL-ST        | G    |
| bimatoprost ophth soln  | -            | NC   |
| IYUZEH OPHTH DROPS  | -            | NC   |
| LUMIGAN OPHTH SOLN  | -            | NC   |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)   | -            | NC   |
| VYZULTA SOLN  | -            | NC   |
| XELPROS OPHTH EMULSION  | -            | NC   |
| ZIOPTAN OPHTH SOLN  | -            | NC   |
| <b>OTIC AGENTS</b>  |              |      |
| <b>OTIC AGENTS - MISCELLANEOUS</b>  |              |      |
| acetic acid otic soln (VOSOL equiv)   | -            | G    |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN  | -            | G    |
| <b>OTIC ANTI-INFECTIVES</b>   |              |      |
| CIPROFLOXACIN OTIC SOLN   | -            | B    |
| ofloxacin otic soln (FLOXIN equiv)  | -            | G    |
| <b>OTIC COMBINATIONS</b>  |              |      |
| CIPRO HC OTIC SUSP (Step Therapy requires trial of CIPRODEX)  | ST           | B    |
| COLY-MYCIN S OTIC SUSP  | -            | B    |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)  | -            | G    |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)   | -            | G    |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)   | -            | G    |
| antipyrine/benzocaine otic soln (AURALGAN equiv)  | -            | NC   |
| CORTANE-B OTIC SOLN   | -            | NC   |
| CORTIC-ND DROPS   | -            | NC   |
| otomax-HC otic soln (CORTANE-B equiv)   | -            | NC   |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN  | -            | NC   |
| <b>OTIC STEROIDS</b>  |              |      |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv)   | -            | G    |
| fluocinolone otic oil (DERMOTIC equiv)  | -            | G    |

**OXYTOCICS**

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| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

**OXYTOCICS Cont.**

**ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING**

|         |   |    |
|---------|---|----|
| MPM PAK | - | NC |
|---------|---|----|

**OXYTOCICS**

|   |    |   |
|---|----|---|
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | G |
|---|----|---|

**PASSIVE IMMUNIZING AGENTS**

**IMMUNE SERUMS**

|   |        |    |
|---|--------|----|
| CARIMUNE INJ                              | MSP-PA | B  |
| FLEBOGAMMA/GAMMAPLEX/OCTAGAM/PRIVIGEN INJ | MSP-PA | B  |
| GAMASTAN S/D INJ                          | MSP-PA | B  |
| GAMUNEX INJ                               | MSP-PA | B  |
| HIZENTRA INJ                              | MSP-PA | B  |
| CUVITRU INJ                               | -      | NC |

**PASSIVE IMMUNIZING AGENTS - COMBINATIONS**

|            |        |   |
|------------|--------|---|
| HYQVIA INJ | MSP-PA | B |
|------------|--------|---|

**PASSIVE IMMUNIZING AND TREATMENT AGENTS**

**IMMUNE SERUMS**

|   |        |    |
|---|--------|----|
| HIZENTRA INJ  | MSP-PA | B  |
| XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA  | B  |
| CUTAQUIG INJ  | -      | NC |

**MONOCLONAL ANTIBODIES**

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

**PENICILLINS**

**AMINOPENICILLINS**

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

**NATURAL PENICILLINS**

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

**PENICILLIN COMBINATIONS**

|   |   |   |
|---|---|---|
| AMOXICILLIN/CLAVULANATE ER TAB                    | - | B |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | G |
| amoxicillin/clavulanate tab (AUGMENTIN equiv)     | - | G |

**PENICILLINASE-RESISTANT PENICILLINS**

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

**PHARMACEUTICAL ADJUVANTS**

**LIQUID VEHICLES**

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

**SEMI SOLID VEHICLES**

|                                   |   |   |
|-----------------------------------|---|---|
| POLYETHYLENE GLYCOL 8000 GRANULES | - | B |
|-----------------------------------|---|---|

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

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>PHARMACEUTICAL ADJUVANTS Cont.</b>   |              |      |
| VERSAPENN AL GEL ANHYDROU   | -            | NC   |
| <b>PROGESTINS</b>   |              |      |
| <b>PROGESTINS</b>   |              |      |
| medroxyprogesterone tab (PROVERA equiv)   | -            | G    |
| megestrol ES susp (MEGACE ES equiv)   | -            | G    |
| norethindrone tab (AYGESTIN equiv)  | -            | G    |
| progesterone cap (PROMETRIUM equiv)   | -            | G    |
| progesterone oil inj  | -            | G    |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>  |              |      |
| <b>AGENTS FOR CHEMICAL DEPENDENCY</b>   |              |      |
| LUCEMYRA TAB (QL= 96 tabs/7 days)   | PA-QL        | B    |
| acamprosate calcium DR tab (CAMPRAL equiv)  | -            | G    |
| disulfiram tab (ANTABUSE equiv)   | -            | G    |
| <b>ANTI-CATAPLECTIC AGENTS</b>  |              |      |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688) | LD-PA-QL     | B    |
| LUMRYZ PACK   | -            | NC   |
| XYREM SOLN  | -            | NC   |
| XYWAV SOLN  | -            | NC   |
| <b>ANTIDEMENTIA AGENTS</b>  |              |      |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)   | QL           | G    |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)  | QL           | G    |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)  | QL           | G    |
| galantamine ER cap (RAZADYNE ER equiv)  | -            | G    |
| GALANTAMINE SOLN  | -            | G    |
| galantamine tab (RAZADYNE equiv)  | -            | G    |
| memantine soln (NAMENDA equiv)  | -            | G    |
| memantine tab (NAMENDA equiv)   | -            | G    |
| rivastigmine cap (EXELON equiv)   | -            | G    |
| rivastigmine patch (EXELON equiv)   | -            | G    |
| ADLARITY PATCH  | -            | NC   |
| memantine ER cap (NAMENDA XR equiv)   | -            | NC   |
| NAMENDA XR CAP  | -            | NC   |
| NAMENDA XR TITRATION PACK   | -            | NC   |
| NAMZARIC CAP  | -            | NC   |
| NAMZARIC STARTER PACK   | -            | NC   |
| <b>COMBINATION PSYCHOTHERAPEUTICS</b>   |              |      |
| olanzapine/fluoxetine cap (SYMBYAX equiv)   | -            | G    |
| PERPHENAZINE/ AMITRIPTYLINE TAB   | -            | G    |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB  | -            | NC   |
| DULOXICAINE PACK  | -            | NC   |
| LYBALVI TAB   | -            | NC   |
| <b>FIBROMYALGIA AGENTS</b>  |              |      |
| SAVELLA PAK   | -            | B    |
| SAVELLA TAB (QL= 2 tabs/day)  | QL           | B    |
| <b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>  |              |      |

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| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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|---|--------------|------|
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>                                    |              |      |
| ADDYI TAB   | -            | NC   |
| VYLEESI INJ   | -            | NC   |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>   |              |      |
| AUSTEDO TAB (QL= 4 tabs/day)  | LMSP-PA-QL   | B    |
| AUSTEDO XR TAB (QL= 2 tabs/day)   | LMSP-PA-QL   | B    |
| AUSTEDO XR TAB 6MG (QL= 3 tabs/day)   | LMSP-PA-QL   | B    |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)   | LMSP-PA-QL   | B    |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)              | LD-PA-QL     | B    |
| INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL     | B    |
| tetrabenazine tab (XENAZINE equiv)  | LMSP         | G    |
| AUSTEDO TITRATION PACK  | -            | NC   |
| XENAZINE TAB  | -            | NC   |
| <b>MULTIPLE SCLEROSIS AGENTS</b>  |              |      |
| AVONEX INJ  | LMSP-PA      | B    |
| EXTAVIA INJ   | LMSP-PA      | B    |
| KESIMPTA INJ  | LMSP-PA      | B    |
| MAVENCLAD THERAPY PAK (Only available through Walgreens 888-347-3416)                             | LD           | B    |
| MAYZENT TAB   | LMSP-PA      | B    |
| MAYZENT TAB STARTER PACK  | LMSP-PA      | B    |
| PLEGRIDY INJ  | LMSP-PA      | B    |
| PLEGRIDY PEN INJ  | LMSP-PA      | B    |
| REBIF INJ   | LMSP-PA      | B    |
| TYSABRI INJ   | MSP-PA       | B    |
| ZEPOSIA CAP (QL= 1 cap/day)   | LMSP-PA-QL   | B    |
| ZEPOSIA STARTER PACK (QL= 1 cap/day)  | LMSP-PA-QL   | B    |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)          | LMSP-QL-RS   | G    |
| dimethyl fumarate DR cap (TECFIDERA equiv)  | LMSP         | G    |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)                                  | LMSP         | G    |
| ingolimod hcl cap 0.5mg (GILENYA equiv)   | LMSP         | G    |
| glatiramer inj (COPAXONE equiv)   | LMSP-PA      | G    |
| teriflunomide tab (AUBAGIO equiv)   | LMSP         | G    |
| AUBAGIO TAB   | -            | NC   |
| BAFIERTAM CAP   | -            | NC   |
| BETASERON INJ   | -            | NC   |
| GILENYA CAP 0.25MG  | -            | NC   |
| GILENYA CAP 0.5MG   | -            | NC   |
| PONVORY TAB   | -            | NC   |
| PONVORY TAB STARTER PACK  | -            | NC   |
| TASCENSO ODT TAB  | -            | NC   |
| TECFIDERA CAP   | -            | NC   |
| TECFIDERA STARTER PACK  | -            | NC   |
| VUMERITY CAP  | -            | NC   |
| ZINBRYTA INJ  | -            | NC   |
| <b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>  |              |      |
| GRALISE TAB   | -            | NC   |
| <b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>                                       |              |      |

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|      |   |     |  |      |                         |
|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|---|--------------|------|
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>                                |              |      |
| gabapentin (once-daily) tab (GRALISE equiv)   | -            | NC   |
| GRALISE STARTER PACK  | -            | NC   |
| GRALISE TAB   | -            | NC   |
| LIDOTIN PAK   | -            | NC   |
| pregabalin ER tab (LYRICA CR equiv)   | -            | NC   |
| <b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>  |              |      |
| FLUOXETINE CAP (PMDD)   | -            | NC   |
| SARAFEM TAB   | -            | NC   |
| <b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>   |              |      |
| NUDEXTA CAP (QL= 2 caps/day)  | PA-QL        | B    |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>                                      |              |      |
| PIMOZIDE TAB  | -            | B    |
| ERGOLOID MESYLATES TAB  | -            | NC   |
| <b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>   |              |      |
| HORIZANT TAB  | -            | NC   |
| <b>SMOKING DETERRENTS</b>   |              |      |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)                                | QL-SMKG      | \$0  |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)                                | OTC-QL-SMKG  | \$0  |
| NICOTINE KIT  | OTC-QL-SMKG  | \$0  |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)                               | OTC-QL-SMKG  | \$0  |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)                               | OTC-QL-SMKG  | \$0  |
| NICOTROL INHALER (Limited to 180 days/plan year)  | QL-SMKG      | \$0  |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year)  | QL-SMKG      | \$0  |
| VARENICLINE TAB (Limited to 180 days/plan year)   | QL-SMKG      | \$0  |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)                  | QL-SMKG      | \$0  |
| varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year) | QL-SMKG      | \$0  |
| <b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>   |              |      |
| TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)                  | LD-PA-QL     | B    |
| WAINUA INJ  | -            | NC   |
| <b>VASOMOTOR SYMPTOM AGENTS</b>   |              |      |
| BRISDELLE CAP   | -            | NC   |
| paroxetine cap (BRISDELLE equiv)  | -            | NC   |
| <b>RESPIRATORY AGENTS - MISC.</b>   |              |      |
| <b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>   |              |      |
| ARALAST/PROLASTIN/ZEMAIRA INJ   | MSP-PA       | B    |
| GLASSIA INJ   | MSP-PA       | B    |
| <b>CYSTIC FIBROSIS AGENTS</b>   |              |      |
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)               | LD-PA-QL     | B    |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)                  | LD-PA-QL     | B    |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)    | LD-PA-QL     | B    |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)                   | LD-PA-QL     | B    |
| PULMOZYME INH SOLN  | LMSP         | B    |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)                   | LD-PA-QL     | B    |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)             | LD-PA-QL     | B    |
| TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)      | LD-PA-QL     | B    |

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| <b>RESPIRATORY AGENTS - MISC. Cont.</b>  |              |      |
| BRONCHITOL CAP   | -            | NC   |
| <b>PULMONARY FIBROSIS AGENTS</b>   |              |      |
| OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-SF  | B    |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)   | LMSP-PA-QL   | G    |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)   | LMSP-PA-QL   | G    |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)   | LMSP-PA-QL   | G    |
| ESBRIET CAP  | -            | NC   |
| ESBRIET TAB 267MG  | -            | NC   |
| ESBRIET TAB 801MG  | -            | NC   |
| PIRFENIDONE TAB  | -            | NC   |
| <b>SULFONAMIDES</b>  |              |      |
| <b>SULFONAMIDES</b>  |              |      |
| sulfadiazine tab   | -            | G    |
| SULFADIAZINE TAB   | -            | NC   |
| <b>TETRACYCLINES</b>   |              |      |
| <b>AMINOMETHYLCYCLINES</b>   |              |      |
| NUZYRA TAB   | -            | NC   |
| <b>TETRACYCLINES</b>   |              |      |
| VIBRAMYCIN SYRUP   | -            | B    |
| doxycycline hyclate cap (VIBRAMYCIN equiv)   | -            | G    |
| doxycycline hyclate tab (VIBRATAB equiv)   | -            | G    |
| doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv)  | -            | G    |
| doxycycline monohydrate tab (ADOXA equiv)  | -            | G    |
| doxycycline susp (VIBRAMYCIN equiv)  | -            | G    |
| minocycline cap (MINOCIN equiv)  | -            | G    |
| minocycline tab (DYNACIN equiv) (Step therapy requires trial of minocycline caps)                | ST           | G    |
| tetracycline cap   | -            | G    |
| ACTICLATE TAB 75MG, 150MG  | -            | NC   |
| ADOXA CAP 150MG  | -            | NC   |
| demeclocycline tab (DECLOMYCIN equiv)  | -            | NC   |
| DORYX MPC TAB  | -            | NC   |
| doxycycline hyclate DR tab (DORYX equiv)   | -            | NC   |
| doxycycline hyclate tab (TARGADOX equiv)   | -            | NC   |
| doxycycline hyclate tab 75mg, 150mg  | -            | NC   |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)  | -            | NC   |
| doxycycline monohydrate cap 150mg (MONODOX equiv)  | -            | NC   |
| doxycycline monohydrate cap 75mg (MONODOX equiv)   | -            | NC   |
| doxycycline monohydrate tab 150mg (ADOXA equiv)  | -            | NC   |
| doxycycline monohydrate tab 75mg (ADOXA equiv)   | -            | NC   |
| MINOCYCLINE ER CAP   | -            | NC   |
| minocycline ER tab (SOLODYN equiv)   | -            | NC   |
| MINOLIRA TAB   | -            | NC   |
| MONODOX CAP 75MG   | -            | NC   |
| SEYSARA TAB  | -            | NC   |
| TETRACYCLINE TAB   | -            | NC   |

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|--|--------------|------|
| <b>THYROID AGENTS</b>                                |              |      |
| <b>ANTITHYROID AGENTS</b>                            |              |      |
| methimazole tab (TAPAZOLE equiv)                     | -            | G    |
| propylthiouracil tab                                 | -            | G    |
| SODIUM IODIDE I-131 SOLN                             | -            | NC   |
| <b>THYROID HORMONES</b>                              |              |      |
| THYROLAR TAB   | -            | B    |
| ARMOUR THYROID TAB, NATURE THROID TAB                | -            | G    |
| levothyroxine tab (SYNTHROID equiv)                  | -            | G    |
| liothyronine tab (CYTOMEL equiv)                     | -            | G    |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | -            | G    |
| ERMEZA SOLN 150 MCG/5ML                              | -            | NC   |
| LEVOTHYROXINE INJ                                    | -            | NC   |
| LEVOTHYROXINE INJ 100MCG/ML                          | -            | NC   |
| SYNTHROID TAB  | -            | NC   |
| THYQUIDITY SOLN                                      | -            | NC   |
| TIROSINT CAP   | -            | NC   |
| TIROSINT-SOL   | -            | NC   |

**TOXOIDS**

|   |     |     |
|---|-----|-----|
| <b>TOXOID COMBINATIONS</b>                |     |     |
| ADACEL/BOOSTRIX INJ                       | VAC | \$0 |
| DAPTACEL INJ, INFANRIX INJ                | VAC | \$0 |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ | VAC | \$0 |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ        | VAC | \$0 |
| KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE | VAC | \$0 |
| PEDIARIX INJ                              | VAC | \$0 |
| PENTACEL INJ                              | VAC | \$0 |
| TETANUS-DIPHTHERIA TOXOID INJ             | VAC | \$0 |
| VAXELIS INJ                               | VAC | \$0 |

**ULCER DRUGS**

|   |   |   |
|---|---|---|
| <b>ANTISPASMODICS</b>                         |   |   |
| BELLADONNA ALKALOID/OPIUM SUPP                | - | B |
| PROPANTHELINE TAB                             | - | B |
| SYMAX DUOTAB                                  | - | B |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | G |
| dicyclomine cap (BENTYL equiv)                | - | G |
| dicyclomine soln (BENTYL equiv)               | - | G |
| dicyclomine tab (BENTYL equiv)                | - | G |
| glycopyrrolate tab (ROBINUL equiv)            | - | G |
| hyoscyamine sulfate CR tab (LEVBID equiv)     | - | G |
| hyoscyamine sulfate elixir (LEVSIN equiv)     | - | G |
| hyoscyamine sulfate ODT (ANASPAZ equiv)       | - | G |
| hyoscyamine sulfate SL tab (LEVSIN equiv)     | - | G |
| hyoscyamine sulfate soln (LEVSIN equiv)       | - | G |
| hyoscyamine tab (LEVSIN equiv)                | - | G |
| methscopolamine tab (PAMINE equiv)            | - | G |

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

**ULCER DRUGS Cont.**

|                                       |   |    |
|---------------------------------------|---|----|
| b-donna tab (DONNATAL equiv)          | - | NC |
| DONNATAL TAB                          | - | NC |
| GLYCATE TAB, GLYCOPYRROLATE TAB       | - | NC |
| pb-belladonna elixir (DONNATAL equiv) | - | NC |

**H-2 ANTAGONISTS**

|  |    |    |
|--|----|----|
| NIZATIDINE SOLN (Members age 9 or older require Prior Authorization) | PA | B  |
| cimetidine soln (CIMETIDINE equiv)                                   | -  | G  |
| cimetidine tab (TAGAMET equiv) (Rx Only)                             | -  | G  |
| famotidine susp (PEPCID equiv)                                       | -  | G  |
| famotidine tab (PEPCID equiv) (Rx Only)                              | -  | G  |
| nizatidine cap (AXID equiv)  | -  | G  |
| ranitidine cap (ZANTAC equiv)  | -  | NC |
| ranitidine syrup (ZANTAC equiv)                                      | -  | NC |
| ranitidine tab (Rx Only) (ZANTAC equiv)                              | -  | NC |
| ZANTAC EFFER TAB   | -  | NC |

**MISC. ANTI-ULCER**

|                                 |   |   |
|---------------------------------|---|---|
| sucralfate tab (CARAFATE equiv) | - | G |
|---------------------------------|---|---|

**PROTON PUMP INHIBITORS**

|   |     |     |
|---|-----|-----|
| FIRST OMEPRAZOLE SUSP                       | PA  | B   |
| LANSOPRAZOLE SUSP                           | PA  | B   |
| PREVACID OTC CAP                            | OTC | EXC |
| esomeprazole cap (NEXIUM equiv) (Rx Only)   | PA  | G   |
| lansoprazole cap (PREVACID equiv) (Rx Only) | -   | G   |
| omeprazole DR cap (PRILOSEC equiv)          | -   | G   |
| pantoprazole EC tab (PROTONIX equiv)        | -   | G   |
| rabeprazole EC tab (ACIPHEX equiv)          | PA  | G   |
| ACIPHEX SPRINKLE CAP                        | -   | NC  |
| NEXIUM GRANULE PACK                         | -   | NC  |
| PRILOSEC CAP                                | -   | NC  |
| PRILOSEC OTC DR TAB                         | OTC | NC  |

**ULCER DRUGS - PROSTAGLANDINS**

|                                 |   |   |
|---------------------------------|---|---|
| misoprostol tab (CYTOTEC equiv) | - | G |
|---------------------------------|---|---|

**ULCER THERAPY COMBINATIONS**

|   |     |     |
|---|-----|-----|
| ZEGERID CAP OTC   | OTC | EXC |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv)         | -   | NC  |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | -   | NC  |
| ZEGERID POWDER PACK                                       | -   | NC  |

**ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

**ANTISPASMODICS**

|  |   |    |
|--|---|----|
| glycopyrrolate oral soln (CUVPOSA equiv) | - | G  |
| DARTISLA ODT TAB                         | - | NC |
| GLYCATE TAB                              | - | NC |
| HYOSCYAMINE INJ                          | - | NC |

**H-2 ANTAGONISTS**

|                 |   |   |
|-----------------|---|---|
| CIMETIDINE SOLN | - | G |
|-----------------|---|---|

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|   |  |                                    |
|---|--|------------------------------------|
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| <b>NC/3P</b> = Not Covered, Third Party Reviewer          |  |                                    |
| <b>EXC</b> Plan Exclusion                                 | <b>INF</b> Infertility   | <b>LD</b> Limited Distribution     |
| <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program | <b>MSP</b> Mandatory Specialty Pharmacy Program                    | <b>OTC</b> Over-the-Counter        |
| <b>PA</b> Prior Authorization                             | <b>QL</b> Quantity Limit   | <b>RDX</b> Restricted to Diagnosis |
| <b>RS</b> Restricted to Specialist                        | <b>SF</b> Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> Smoking Cessation      |
| <b>ST</b> Step Therapy                                    | <b>VAC</b> Vaccine Program   | <b>¢</b> RxCENTS                   |

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| DrugName  | Special Code | Tier |
|---|--------------|------|
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.</b>    |              |      |
| NIZATIDINE CAP  | -            | G    |
| PEPCID SUSP   | -            | NC   |
| <b>MISC. ANTI-ULCER</b>                                     |              |      |
| sucralfate susp (CARAFATE equiv)                            | PA           | G    |
| <b>PROTON PUMP INHIBITORS</b>                               |              |      |
| esomeprazole magnesium DR tab (NEXIUM equiv)                | OTC          | EXC  |
| NEXIUM 24HR TAB   | OTC          | EXC  |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv)           | OTC          | EXC  |
| omeprazole tab  | OTC          | EXC  |
| PRILOSEC OTC DR TAB   | OTC          | EXC  |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG    | -            | NC   |
| DEXILANT DR CAP   | -            | NC   |
| dexlansoprazole DR cap (DEXILANT equiv)                     | -            | NC   |
| esomeprazole DR granule pack (NEXIUM equiv)                 | -            | NC   |
| FIRST PANTOPRAZOLE SUSP                                     | -            | NC   |
| lansoprazole odt (PREVACID SOLUTAB equiv)                   | -            | NC   |
| pantoprazole sodium packet (PROTONIX equiv)                 | -            | NC   |
| PREVACID CAP  | -            | NC   |
| <b>ULCER THERAPY COMBINATIONS</b>                           |              |      |
| bismuth/metro/tetra cap (PYLERA equiv)                      | -            | NC   |
| HELIDAC PACK  | -            | NC   |
| KONVOMEK SUSP   | -            | NC   |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | -            | NC   |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT                 | -            | NC   |
| PYLERA CAP  | -            | NC   |
| TALICIA CAP   | -            | NC   |
| VOQUEZNA DUAL PAK   | -            | NC   |
| VOQUEZNA TRIP PAK   | -            | NC   |

**URINARY ANTI-INFECTIVES**

**URINARY ANTI-INFECTIVE COMBINATIONS**

|               |   |    |
|---------------|---|----|
| PROSED DS TAB | - | NC |
|---------------|---|----|

**URINARY ANTISPASMODICS**

**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)**

|   |   |   |
|---|---|---|
| tropium chloride SR cap (SANCTURA XR equiv) | - | G |
|---|---|---|

**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

|                                       |     |     |
|---------------------------------------|-----|-----|
| OXYTROL PATCH (OTC)                   | OTC | EXC |
| oxybutynin ER tab (DITROPAN XL equiv) | -   | G   |
| oxybutynin syrup                      | -   | G   |
| oxybutynin tab (DITROPAN equiv)       | -   | G   |
| solifenacin tab (VESICARE equiv)      | -   | G   |
| tolterodine SR cap (DETROL LA equiv)  | -   | G   |
| tolterodine tab (DETROL equiv)        | -   | G   |
| tropium tab (SANCTURA equiv)          | -   | G   |
| darifenacin SR tab (ENABLEX equiv)    | -   | NC  |
| DETROL LA CAP                         | -   | NC  |

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|      |   |                         |  |                          |
|------|---|-------------------------|--|--------------------------|
| EXC  | NC = Not Covered                              | generic = small letters | LD   | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer     | INF                     | Infertility  | Limited Distribution     |
| PA   | Plan Exclusion                                | MSP                     | Mandatory Specialty Pharmacy Program                     | OTC                      |
| RS   | Lumicera Mandatory Specialty Pharmacy Program | QL                      | Quantity Limit   | Over-the-Counter         |
| ST   | Prior Authorization                           | SF                      | Limited to two 15 day fills per month for first 3 months | RDX                      |
|      | Restricted to Specialist                      | VAC                     | Vaccine Program  | SMKG                     |
|      | Step Therapy                                  |                         |  | ¢                        |
|      |   |                         |  | RxCENTS                  |

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|---|--------------|------|
| <b>URINARY ANTISPASMODICS Cont.</b>                           |              |      |
| fesoterodine fumarate ER tab (TOVIAZ equiv)                   | -            | NC   |
| GELNIQUE  | -            | NC   |
| OXYBUTYNIN TAB  | -            | NC   |
| TOVIAZ TAB  | -            | NC   |
| VESICARE LS SUSP  | -            | NC   |
| VESICARE TAB  | -            | NC   |
| <b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>    |              |      |
| GEMTESA TAB   | -            | NC   |
| MYRBETRIQ SUSP  | -            | NC   |
| MYRBETRIQ TAB   | -            | NC   |
| <b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>          |              |      |
| bethanechol tab (URECHOLINE equiv)                            | -            | G    |
| <b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)</b> |              |      |
| flavoxate tab (URISPAS equiv)                                 | -            | G    |

**VACCINES**

| <b>BACTERIAL VACCINES</b>  |        |     |
|--|--------|-----|
| ACTHIB INJ, HIBERIX INJ  | VAC    | \$0 |
| BEXSERO INJ  | VAC    | \$0 |
| MENACTRA INJ   | VAC    | \$0 |
| MENQUADFI INJ  | VAC    | \$0 |
| MENVEO INJ   | VAC    | \$0 |
| PEDVAXHIB INJ  | VAC    | \$0 |
| PENBRAYA INJ   | VAC    | \$0 |
| PNEUMOVAX INJ  | VAC    | \$0 |
| PREVNAR 13 INJ   | VAC    | \$0 |
| PREVNAR 20 INJ (Covered for members age 19 years or older)             | VAC    | \$0 |
| TRUMENBA INJ   | VAC    | \$0 |
| VAXNEUVANCE INJ  | VAC    | \$0 |
| BCG INJ  | VAC    | EXC |
| <b>VIRAL VACCINES</b>  |        |     |
| ABRYSCO INJ  | VAC    | \$0 |
| AFLURIA INJ (QL= 1 inj/28 days)  | QL-VAC | \$0 |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)                           | QL-VAC | \$0 |
| AREXVY INJ   | VAC    | \$0 |
| COMIRNATY INJ (QL= 1 dose/17 days)                                     | QL-VAC | \$0 |
| COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)                         | QL-VAC | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)       | QL-VAC | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)        | QL-VAC | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)  | QL-VAC | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)  | QL-VAC | \$0 |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill) | QL-VAC | \$0 |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)                    | QL-VAC | \$0 |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)                    | QL-VAC | \$0 |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)               | QL-VAC | \$0 |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)             | QL-VAC | \$0 |

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|------|---|-----|--|------|-------------------------|
| EXC  | NC = Not Covered<br>NC/3P = Not Covered, Third Party Reviewer<br>Plan Exclusion | INF | Infertility  | LD   | Limited Distribution    |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program                                   | MSP | Mandatory Specialty Pharmacy Program                     | OTC  | Over-the-Counter        |
| PA   | Prior Authorization   | QL  | Quantity Limit   | RDX  | Restricted to Diagnosis |
| RS   | Restricted to Specialist  | SF  | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation       |
| ST   | Step Therapy  | VAC | Vaccine Program  | ¢    | RxCENTS                 |

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|--|---------------------|-------------|
| <b>VACCINES Cont.</b>                                    |                     |             |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL-VAC              | \$0         |
| DENG VAXIA SUSP  | VAC                 | \$0         |
| ENGERIX-B/RECOMBIVAX-HB INJ                              | VAC                 | \$0         |
| FLUAD INJ (QL= 1 inj/28 days)                            | QL-VAC              | \$0         |
| FLUAD QUAD INJ (QL= 1 inj/28 days)                       | QL-VAC              | \$0         |
| FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)                  | QL-VAC              | \$0         |
| FLUCELVAX QUAD INJ (QL= 1 inj/28 days)                   | QL-VAC              | \$0         |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)  | QL-VAC              | \$0         |
| FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)      | QL-VAC              | \$0         |
| FLUZONE HD PF INJ (QL= 1 inj/28 days)                    | QL-VAC              | \$0         |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)             | QL-VAC              | \$0         |
| FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)             | QL-VAC              | \$0         |
| GARDASIL 9 INJ   | VAC                 | \$0         |
| HAVRIX INJ, VAQTA INJ                                    | VAC                 | \$0         |
| HEPLISAV-B INJ   | VAC                 | \$0         |
| IPOLE INJ  | VAC                 | \$0         |
| M-M-R II INJ   | VAC                 | \$0         |
| PREHEVBRIO SUSP  | VAC                 | \$0         |
| PRIORIX INJ  | VAC                 | \$0         |
| PROQUAD INJ  | VAC                 | \$0         |
| ROTARIX SUSP   | VAC                 | \$0         |
| ROTATEQ INJ  | VAC                 | \$0         |
| SHINGRIX INJ (Covered for members age 19 years or older) | VAC                 | \$0         |
| SPIKEVAX INJ (QL= 1 dose/24 days)                        | QL-VAC              | \$0         |
| SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)            | QL-VAC              | \$0         |
| TWINRIX INJ  | VAC                 | \$0         |
| VARIVAX INJ  | VAC                 | \$0         |
| IMOVAX INJ   | VAC                 | EXC         |
| RABAVERT INJ   | VAC                 | EXC         |
| IXCHIQ INJ   | -                   | NC          |

**VAGINAL AND RELATED PRODUCTS**

**VAGINAL ANTI-INFECTIVES**

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

**VAGINAL CONTRACEPTIVE - PH MODULATORS**

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

**VAGINAL PRODUCTS**

**MISCELLANEOUS VAGINAL PRODUCTS**

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

**SPERMICIDES**

|                    |     |     |
|--------------------|-----|-----|
| CONTRACEPTIVE FOAM | OTC | \$0 |
| CONTRACEPTIVE GEL  | OTC | \$0 |
| CONTRACEPTIVE SUPP | OTC | \$0 |
| TODAY SPONGE       | OTC | \$0 |

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|-------------|--|--------------------------------|-------------|---------------------------------|
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| <b>LMSP</b> | <b>NC/3P</b> = Not Covered, Third Party Reviewer | <b>INF</b>                     | <b>OTC</b>  | Limited Distribution            |
| <b>PA</b>   | Plan Exclusion                                   | <b>MSP</b>                     | <b>RDX</b>  | Over-the-Counter                |
| <b>RS</b>   | Lumicera Mandatory Specialty Pharmacy Program    | <b>QL</b>                      | <b>SMKG</b> | Restricted to Diagnosis         |
| <b>ST</b>   | Prior Authorization                              | <b>SF</b>                      | <b>¢</b>    | Smoking Cessation               |
|             | Restricted to Specialist                         | <b>VAC</b>                     |             | RxCENTS                         |
|             | Step Therapy                                     |                                |             |                                 |

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

**VAGINAL PRODUCTS Cont.**

**VAGINAL ANTI-INFECTIVES**

|  |    |    |
|--|----|----|
| clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill) | QL | G  |
| metronidazole vaginal gel (METROGEL equiv)                 | -  | G  |
| terconazole cream (TERAZOL equiv)                          | -  | G  |
| TERCONAZOLE CREAM 0.8%                                     | -  | G  |
| terconazole supp (TERAZOL equiv)                           | -  | G  |
| CLEOCIN VAGINAL SUPP                                       | -  | NC |

**VAGINAL ESTROGENS**

|  |    |    |
|--|----|----|
| ESTRING (3 copays per Rx)  | -  | B  |
| FEMRING (3 copays per Rx)  | -  | B  |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill) | QL | G  |
| ESTRACE VAGINAL CREAM  | -  | NC |
| estradiol cream (ESTRACE equiv)  | -  | NC |
| IMVEXXY SUPP   | -  | NC |
| PREMARIN VAGINAL CREAM   | -  | NC |

**VAGINAL PROGESTINS**

|                   |    |   |
|-------------------|----|---|
| CRINONE GEL       | PA | B |
| ENDOMETRIN INSERT | PA | B |
| PROGESTERONE SUPP | PA | B |

**VASOPRESSORS**

**ANAPHYLAXIS THERAPY AGENTS**

|  |    |    |
|--|----|----|
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | G  |
| ADRENALICK INJ, EPINEPHRINE INJ  | -  | NC |
| AUVI-Q INJ   | -  | NC |
| EPIPEN (JR) INJ  | -  | NC |

**NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS**

|                                |   |    |
|--------------------------------|---|----|
| droxidopa cap (NORTHERA equiv) | - | NC |
| NORTHERA CAP                   | - | NC |

**VASOPRESSORS**

|                                  |   |   |
|----------------------------------|---|---|
| midodrine tab (PROAMATINE equiv) | - | G |
|----------------------------------|---|---|

**VITAMINS**

**OIL SOLUBLE VITAMINS**

|                                   |     |    |
|-----------------------------------|-----|----|
| phytonadione tab (MEPHYTON equiv) | -   | G  |
| vitamin D cap (RX strength only)  | -   | G  |
| ERGOAL CAP                        | -   | NC |
| vitamin D cap 1000unit            | OTC | NC |
| vitamin D cap 400unit             | OTC | NC |
| VITAMIN D TAB 2000IU              | OTC | NC |
| VITAMIN D TAB 400UNIT             | OTC | NC |

**WATER SOLUBLE VITAMINS**

|                                  |     |     |
|----------------------------------|-----|-----|
| POTABA POWDER PACKET             | -   | B   |
| niacin cap                       | OTC | EXC |
| niacin CR tab (SLO-NIACIN equiv) | OTC | EXC |
| niacin tab                       | OTC | EXC |
| NIACIN TR TAB                    | OTC | EXC |

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

\*\* OTC drugs are not a covered benefit.

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

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**SISC - Book of Business Drug List**  
**Category/Class**  
**Last Updated\* 4/1/2024**

| <b>DrugName</b>       | <b>Special Code</b> | <b>Tier</b> |
|-----------------------|---------------------|-------------|
| <b>VITAMINS Cont.</b> |                     |             |
| niacinamide tab       | OTC                 | EXC         |
| PYRIDOXINE INJ        | -                   | G           |

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|             |   |            |  |             |                         |
|-------------|---|------------|--|-------------|-------------------------|
| <b>EXC</b>  | <b>NC</b> = Not Covered<br><b>NC/3P</b> = Not Covered, Third Party Reviewer<br>Plan Exclusion | <b>INF</b> | Infertility  | <b>LD</b>   | Limited Distribution    |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program   | <b>MSP</b> | Mandatory Specialty Pharmacy Program                     | <b>OTC</b>  | Over-the-Counter        |
| <b>PA</b>   | Prior Authorization   | <b>QL</b>  | Quantity Limit   | <b>RDX</b>  | Restricted to Diagnosis |
| <b>RS</b>   | Restricted to Specialist  | <b>SF</b>  | Limited to two 15 day fills per month for first 3 months | <b>SMKG</b> | Smoking Cessation       |
| <b>ST</b>   | Step Therapy  | <b>VAC</b> | Vaccine Program  | <b>¢</b>    | RxCENTS                 |

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**Prior Authorization Drug List**  
**Last Updated\* 4/1/2024**

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| <b>Drug Name</b>                    | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|-------------------------------------|--|
| ABSTRAL SL TAB                      | B  |
| ACCU-CHEK AVIVA PLUS METER          | B  |
| ACCU-CHEK AVIVA PLUS TEST STRIP     | B  |
| ACCU-CHEK GUIDE CARE METER          | B  |
| ACCU-CHEK GUIDE ME KIT              | B  |
| ACCU-CHEK GUIDE TEST STRIP          | B  |
| ACCU-CHEK NANO METER                | B  |
| ACCU-CHEK SMARTVIEW TEST STRIP      | B  |
| ACCU-CHEK TEST STRIP                | B  |
| ACTEMRA ACTPEN INJ                  | B  |
| ACTEMRA IV INJ                      | B  |
| ACTEMRA SC INJ                      | B  |
| ACTHAR GEL INJ                      | B  |
| ACTIMMUNE INJ                       | B  |
| ADAGEN INJ                          | B  |
| ADALIMUMAB-ADAZ INJ                 | B  |
| ADALIMUMAB-ADAZ PFS INJ             | B  |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT   | B  |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | B  |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML | B  |
| ADBRY INJ                           | B  |
| ADEMPAS TAB                         | B  |
| ADVATE INJ                          | B  |
| AIMOVIG INJ                         | B  |
| AJOVY INJ                           | B  |
| ALDURAZYME INJ                      | B  |
| ALECENSA CAP                        | B  |
| ALINIA SUSP                         | B  |
| ALKINDI SPRINKLE CAP 0.5MG          | B  |
| ALKINDI SPRINKLE CAP 1MG            | B  |
| ALPHANATE/HEMOFIL/KOATE INJ         | B  |
| ALPHANINE SD/MONONINE INJ           | B  |
| ALUNBRIG TAB 30MG                   | B  |
| ALUNBRIG TAB 90MG, 180MG            | B  |
| ambrisentan tab                     | G  |
| ANDRODERM PATCH                     | B  |
| ARALAST/PROLASTIN/ZEMAIRA INJ       | B  |
| ARIKAYCE SUSP                       | B  |
| armodafanil tab                     | G  |
| ARZERRA INJ                         | B  |
| ATORVALIQ SUSP                      | B  |
| AUSTEDO TAB                         | B  |

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| <b>Drug Name</b>                      | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---------------------------------------|--|
| AUSTEDO XR TAB                        | B  |
| AUSTEDO XR TAB 6MG                    | B  |
| AUSTEDO XR TAB TITRATION KIT          | B  |
| AVASTIN INJ                           | B  |
| AVONEX INJ                            | B  |
| AVSOLA INJ                            | B  |
| AYVAKIT TAB                           | B  |
| BACLOFEN ORAL SOLN 10 MG/5ML          | B  |
| BACLOFEN ORAL SOLN 5 MG/5ML           | B  |
| BACLOFEN SUSP                         | B  |
| BALVERSA TAB 3MG                      | B  |
| BALVERSA TAB 4MG                      | B  |
| BALVERSA TAB 5MG                      | B  |
| BANZEL SUSP                           | B  |
| BARACLUDE SOLN                        | B  |
| BEBULIN/PROFILNINE INJ                | B  |
| BENEFIX INJ                           | B  |
| BENEFIX/RIXUBIS INJ                   | B  |
| BENLYSTA AUTO-INJECTOR                | B  |
| BENLYSTA INJ                          | B  |
| BERINERT INJ                          | B  |
| bexarotene cap                        | G  |
| bexarotene gel                        | G  |
| bortezomib inj                        | B  |
| bosentan tab                          | G  |
| BOSULIF CAP                           | B  |
| BOSULIF TAB                           | B  |
| BOTOX INJ                             | B  |
| BRAFTOVI CAP 75MG                     | B  |
| BRUKINSA CAP                          | B  |
| budesonide ER tab                     | G  |
| butalbital/acetaminophen tab 50-325mg | G  |
| butalbital/acetaminophen/caffeine tab | G  |
| butalbital/aspirin/caffeine cap       | G  |
| BYLVAY CAP 1200MCG                    | B  |
| BYLVAY CAP 400MCG                     | B  |
| BYLVAY SPRINKLE CAP 200MCG            | B  |
| BYLVAY SPRINKLE CAP 600MCG            | B  |
| CABLIVI INJ KIT                       | B  |
| CABOMETYX TAB                         | B  |
| CALQUENCE CAP                         | B  |
| CALQUENCE TAB                         | B  |

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| <b>Drug Name</b>                       | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|--|--|
| CAMZYOS CAP                            | B  |
| CAPRELSA 100MG TAB                     | B  |
| CAPRELSA 300MG TAB                     | B  |
| carglumic acid tab                     | G  |
| CARIMUNE INJ                           | B  |
| CAROSPIR SUSP                          | B  |
| CAYSTON INH SOLN                       | B  |
| CEREZYME INJ                           | B  |
| CHOLBAM CAP                            | B  |
| CIBINQO TAB                            | B  |
| CIMZIA INJ                             | B  |
| CIMZIA STARTER INJ KIT                 | B  |
| CINRYZE INJ                            | B  |
| clobazam susp                          | G  |
| clobazam tab                           | G  |
| clobetasol foam                        | G  |
| clobetasol lotion                      | G  |
| COMETRIQ KIT                           | B  |
| COPIKTRA CAP                           | B  |
| CORLANOR SOLN                          | B  |
| CORLANOR TAB                           | B  |
| COTELLIC TAB                           | B  |
| CRINONE GEL                            | B  |
| cyclosporine ophth emulsion            | G  |
| CYSTADANE POWDER                       | B  |
| DAYBUE SOLN                            | B  |
| deferiprone tab                        | G  |
| DESCOVY TAB                            | \$0  |
| DIABETIC METER                         | B  |
| DIACOMIT CAP                           | B  |
| DIACOMIT POWDER PACK                   | B  |
| diclofenac gel                         | G  |
| dihydroergotamine mesylate nasal spray | G  |
| DOPTELET TAB                           | B  |
| dronabinol cap                         | G  |
| DUPIXENT INJ                           | B  |
| DUPIXENT PEN INJ                       | B  |
| DUROLANE INJ                           | B  |
| DYSPORT INJ                            | B  |
| ELAPRASE INJ                           | B  |
| EMGALITY INJ                           | B  |
| EMGALITY INJ 100MG/ML                  | B  |

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| <b>Drug Name</b>                          | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---|--|
| EMPAVELI INJ                              | B  |
| enalapril maleate oral soln               | G  |
| ENBREL INJ 25MG                           | B  |
| ENBREL INJ 50MG                           | B  |
| ENBREL MINI INJ                           | B  |
| ENBREL SURECLICK INJ 50MG                 | B  |
| ENDARI POWDER PACK                        | B  |
| ENDOMETRIN INSERT                         | B  |
| ENSPRYNG INJ                              | B  |
| EPIDIOLEX SOLN                            | B  |
| EPRONTIA SOLN                             | B  |
| ERIVEDGE CAP                              | B  |
| ERLEADA TAB                               | B  |
| ERLEADA TAB 240MG                         | B  |
| erlotinib tab                             | G  |
| erlotinib tab 25mg                        | G  |
| esomeprazole cap                          | G  |
| everolimus tab                            | G  |
| everolimus tab (ZORTRESS equiv)           | G  |
| everolimus tab for oral susp              | G  |
| EVRYSDI SOLN                              | B  |
| EXTAVIA INJ                               | B  |
| EZALLOR SPRINKLE CAP                      | B  |
| FABRAZYME INJ                             | B  |
| FASENRA PEN INJ                           | B  |
| FEIBA INJ                                 | B  |
| fentanyl citrate lollipop                 | G  |
| FENTORA TAB, FENTANYL BUCCAL TAB          | B  |
| FERRIPROX SOLN                            | B  |
| FILSPARI TAB                              | B  |
| FINTEPLA SOLN                             | B  |
| FIRDAPSE TAB                              | B  |
| FIRST OMEPRAZOLE SUSP                     | B  |
| FLEBOGAMMA/GAMMAPLEX/OCTAGAM/PRIVIGEN INJ | B  |
| FLEQSUVY SUSP                             | B  |
| FLOLIPID SUSP                             | B  |
| FOTIVDA CAP                               | B  |
| GALAFOLD CAP                              | B  |
| GAMASTAN S/D INJ                          | B  |
| GAMUNEX INJ                               | B  |
| GAVRETO CAP                               | B  |
| gefitinib tab                             | G  |

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| <b>Drug Name</b>                               | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|--|--|
| GENOTROPIN INJ                                 | B  |
| GILOTRIF TAB                                   | B  |
| GLASSIA INJ                                    | B  |
| glatiramer inj                                 | G  |
| GLOPERBA SOLN                                  | B  |
| HADLIMA INJ                                    | B  |
| HADLIMA INJ 40MG/0.8ML                         | B  |
| HADLIMA PUSH INJ                               | B  |
| HADLIMA PUSH INJ 40MG/0.8ML                    | B  |
| HAEGARDA INJ                                   | B  |
| HELIXATE/KOGENATE INJ                          | B  |
| HEMLIBRA INJ                                   | B  |
| HERCEPTIN INJ                                  | B  |
| HIZENTRA INJ                                   | B  |
| HUMATE-P/WILATE INJ                            | B  |
| HUMIRA INJ 10MG                                | B  |
| HUMIRA INJ 20MG                                | B  |
| HUMIRA INJ 40MG                                | B  |
| HUMIRA INJ 80MG                                | B  |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | B  |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK       | B  |
| HUMIRA INJ PEDIATRIC UC STARTER PACK           | B  |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK      | B  |
| HUMIRA PEN INJ 40MG                            | B  |
| HYCAMTIN CAP                                   | B  |
| HYFTOR GEL                                     | B  |
| HYQVIA INJ                                     | B  |
| icatibant inj                                  | G  |
| ICLUSIG TAB                                    | B  |
| IDHIFA TAB                                     | B  |
| IMBRUVICA CAP 140MG                            | B  |
| IMBRUVICA CAP 70MG                             | B  |
| IMBRUVICA SUSP                                 | B  |
| IMBRUVICA TAB 420MG, 560MG                     | B  |
| IMCIVREE INJ                                   | B  |
| INBRIJA INH POWDER                             | B  |
| INGREZZA CAP                                   | B  |
| INGREZZA PACK 40-80MG                          | B  |
| INLYTA TAB                                     | B  |
| INQOVI TAB                                     | B  |
| ISTURISA TAB 10MG                              | B  |
| ISTURISA TAB 1MG                               | B  |

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| <b>Drug Name</b>                     | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|--------------------------------------|--|
| ISTURISA TAB 5MG                     | B  |
| itraconazole soln                    | G  |
| ivermectin tab                       | G  |
| JAKAFI TAB                           | B  |
| JAYPIRCA TAB                         | B  |
| JOENJA TAB                           | B  |
| JYLAMVO SOLN, XATMEP SOLN            | B  |
| JYNARQUE PAK                         | B  |
| JYNARQUE TAB                         | B  |
| KALYDECO PAK                         | B  |
| KALYDECO TAB                         | B  |
| KATERZIA SUSP                        | B  |
| KERENDIA TAB                         | B  |
| KESIMPTA INJ                         | B  |
| KEVZARA INJ                          | B  |
| KINERET INJ                          | B  |
| KISQALI PAK                          | B  |
| KISQALI TAB                          | B  |
| KOSELUGO CAP                         | B  |
| KOSELUGO CAP 10MG                    | B  |
| KRAZATI TAB                          | B  |
| LANSOPRAZOLE SUSP                    | B  |
| lapatinib ditosylate tab             | G  |
| LAZANDA NASAL SPRAY                  | B  |
| LEDIPASVIR/SOFOSBUVIR TAB            | B  |
| LENVIMA CAP                          | B  |
| LIKMEZ SUSP                          | B  |
| LINZESS CAP                          | B  |
| lisdexamfetamine dimesylate chew tab | G  |
| LITFULO CAP                          | B  |
| LIVMARLI SOLN                        | B  |
| LIVTENCITY TAB                       | B  |
| LOKELMA PAK                          | B  |
| LONSURF TAB                          | B  |
| LORBRENA TAB 25MG                    | B  |
| lubiprostone cap                     | G  |
| LUCEMYRA TAB                         | B  |
| LUCENTIS INJ                         | B  |
| LUMAKRAS TAB                         | B  |
| LUMAKRAS TAB 320MG                   | B  |
| LUMIZYME/MYOZYME INJ                 | B  |
| LUPKYNIS CAP                         | B  |

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| <b>Drug Name</b>         | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|--------------------------|--|
| LYNPARZA TAB             | B  |
| LYTGOBI THERAPY PACK     | B  |
| LYVISPAH GRANULE PACKET  | B  |
| MACUGEN INJ              | B  |
| MAVYRET PAK              | B  |
| MAVYRET TAB              | B  |
| MAYZENT TAB              | B  |
| MAYZENT TAB STARTER PACK | B  |
| MEKINIST SOLN            | B  |
| MEKINIST TAB 0.5MG       | B  |
| MEKINIST TAB 2MG         | B  |
| MEKTOVI TAB              | B  |
| mifepristone tab         | G  |
| miglustat cap            | G  |
| modafinil tab            | G  |
| MONOCLATE-P INJ          | B  |
| MOTEGRITY TAB            | B  |
| MOVANTIK TAB             | B  |
| MOZOBIL INJ              | B  |
| MYFEMBREE TAB            | B  |
| NAGLAZYME INJ            | B  |
| NATPARA INJ              | B  |
| NERLYNX TAB              | B  |
| NEUPRO PATCH             | B  |
| NEXLETOL TAB             | B  |
| NINLARO CAP              | B  |
| nitazoxanide tab         | G  |
| NIZATIDINE SOLN          | B  |
| NORLIQVA ORAL SOLN       | B  |
| NOVOSEVEN INJ            | B  |
| NPLATE INJ               | B  |
| NUBEQA TAB               | B  |
| NUCALA INJ               | B  |
| NUEDEXTA CAP             | B  |
| OCALIVA TAB              | B  |
| ODOMZO CAP               | B  |
| OFEV CAP                 | B  |
| OLUMIANT TAB             | B  |
| OMNITROPE INJ            | B  |
| ONGENTYS CAP             | B  |
| OPSUMIT TAB              | B  |
| OPZELURA CREAM           | B  |

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| <b>Drug Name</b>            | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|-----------------------------|--|
| ORENCIA CLICK INJ           | B  |
| ORENCIA SC INJ 125MG/ML     | B  |
| ORENCIA SC INJ 50MG/0.4ML   | B  |
| ORENCIA SC INJ 87.5MG/0.7ML | B  |
| ORGOVYX TAB                 | B  |
| ORIAHNN CAP                 | B  |
| ORILISSA TAB 150MG          | B  |
| ORILISSA TAB 200MG          | B  |
| ORKAMBI GRANULES PACKET     | B  |
| ORKAMBI TAB                 | B  |
| ORSERDU TAB                 | B  |
| ORSERDU TAB 345MG           | B  |
| OTEZLA STARTER PACK         | B  |
| OTEZLA TAB                  | B  |
| OXBRYTA TAB                 | B  |
| OXBRYTA TAB FOR ORAL SUSP   | B  |
| OXERVATE OPHTH SOLN         | B  |
| PALFORZIA POWDER PACK       | B  |
| PALFORZIA SPRINKLE CAP      | B  |
| PALYNZIQ INJ                | B  |
| pazopanib tab               | G  |
| PEG-PREP KIT                | B  |
| PEMAZYRE TAB                | B  |
| PIQRAY TAB                  | B  |
| pirfenidone cap             | G  |
| pirfenidone tab 267mg       | G  |
| pirfenidone tab 801mg       | G  |
| PLEGRIDY INJ                | B  |
| PLEGRIDY PEN INJ            | B  |
| plerixafor subcutaneous inj | B  |
| POMALYST CAP                | B  |
| posaconazole DR tab         | G  |
| posaconazole susp           | G  |
| PREVYMIS TAB                | B  |
| PROGESTERONE SUPP           | B  |
| PROMACTA POWDER             | B  |
| PROMACTA TAB 12.5MG, 25MG   | B  |
| PROMACTA TAB 50MG           | B  |
| PROMACTA TAB 75MG           | B  |
| PURIXAN SUSP                | B  |
| pyrimethamine tab           | G  |
| PYRUKYND TAB                | B  |

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**SISC - Book of Business Drug List cont.  
Prior Authorization Drug List  
Last Updated\* 4/1/2024**

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| <b>Drug Name</b>                          | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---|--|
| PYRUKYND TAPER PACK                       | B  |
| QBRELIS SOLN                              | B  |
| QINLOCK TAB                               | B  |
| rabeprazole EC tab                        | G  |
| RADICAVA ORS STARTER KIT                  | B  |
| RADICAVA ORS SUSP                         | B  |
| ramelteon tab                             | G  |
| REBIF INJ                                 | B  |
| RECOMBINATE INJ                           | B  |
| RELYVRIO PAK                              | B  |
| RENFLEXIS INJ                             | B  |
| REPATHA INJ                               | B  |
| REPATHA PUSHTRONEX INJ                    | B  |
| RETEVMO CAP                               | B  |
| REYVOW TAB                                | B  |
| REZLIDHIA CAP                             | B  |
| REZUROCK TAB                              | B  |
| RIASTAP INJ                               | B  |
| RINVOQ ER TAB                             | B  |
| RITUXAN INJ                               | B  |
| roflumilast tab                           | G  |
| ROZLYTREK CAP                             | B  |
| ROZLYTREK PAK                             | B  |
| RUBRACA TAB                               | B  |
| RUCONEST INJ                              | B  |
| rufinamide susp                           | G  |
| rufinamide tab                            | G  |
| RYDAPT CAP                                | B  |
| sapropterin dihydrochloride powder packet | G  |
| sapropterin dihydrochloride soluble tab   | G  |
| SIGNIFOR INJ                              | B  |
| sildenafil susp                           | G  |
| sildenafil tab 20mg                       | G  |
| SIMPONI AUTO-INJECTOR 100MG               | B  |
| SIMPONI INJ 100MG                         | B  |
| SKYCLARYS CAP                             | B  |
| SKYRIZI INJ 150MG/ML                      | B  |
| SKYRIZI INJ 180 MG/1.2ML                  | B  |
| SKYRIZI INJ 360MG/2.4ML                   | B  |
| SKYRIZI INJ 75MG/0.83ML                   | B  |
| SKYTROFA INJ                              | B  |
| SODIUM OXYBATE SOLN                       | B  |

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**SISC - Book of Business Drug List cont.  
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| <b>Drug Name</b>                | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---------------------------------|--|
| SOFOSBUVIR/VELPATASVIR TAB      | B  |
| SOHONOS CAP 1.5MG               | B  |
| SOHONOS CAP 10MG                | B  |
| SOHONOS CAP 1MG                 | B  |
| SOHONOS CAP 2.5MG               | B  |
| SOHONOS CAP 5MG                 | B  |
| SOMAVERT INJ                    | B  |
| sorafenib tosylate tab          | G  |
| SOTYLIZE SOLN 5MG/ML            | B  |
| spironolactone susp             | G  |
| SPORANOX SOLN                   | B  |
| SPRIX NASAL SPRAY               | B  |
| SPRYCEL TAB                     | B  |
| STELARA INJ                     | B  |
| STIVARGA TAB                    | B  |
| STRENSIQ INJ                    | B  |
| sucralfate susp                 | G  |
| sunitinib malate cap            | G  |
| SUNOSI TAB                      | B  |
| SUPPRELIN LA INJ                | B  |
| SYMDEKO TAB                     | B  |
| SYMLINPEN INJ                   | B  |
| SYMPROIC TAB                    | B  |
| TABRECTA TAB                    | B  |
| tadalafil tab (PAH)             | G  |
| TADLIQ SUSP                     | B  |
| TAFINLAR CAP                    | B  |
| TAFINLAR TAB                    | B  |
| TAGRISSO TAB                    | B  |
| TAKHZYRO INJ                    | B  |
| TAKHZYRO INJ 150MG/ML           | B  |
| TALTZ INJ                       | B  |
| TALZENNA CAP 0.25MG             | B  |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | B  |
| TASIGNA CAP                     | B  |
| TAVNEOS CAP                     | B  |
| tazarotene cream 0.1%           | G  |
| TAZORAC CREAM 0.05%             | B  |
| TAZVERIK TAB                    | B  |
| TEGSEDI INJ                     | B  |
| temsirrolimus inj               | B  |
| TEPMETKO TAB                    | B  |

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**SISC - Book of Business Drug List cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 4/1/2024**

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| <b>Drug Name</b>                            | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|---|--|
| TEST STRIP (all other test strips)          | B  |
| testosterone gel pump 1.62%                 | G  |
| testosterone soln                           | G  |
| TEZSPIRE INJ                                | B  |
| TIBSOVO TAB                                 | B  |
| tiopronin tab                               | G  |
| TOBI PODHALER                               | B  |
| TORISEL INJ                                 | B  |
| TRACLEER TAB 32MG                           | B  |
| TREMFYA INJ                                 | B  |
| treprostinil inj 10mg/ml                    | B  |
| treprostinil inj 1mg/ml                     | B  |
| treprostinil inj 2.5mg/ml                   | B  |
| treprostinil inj 5mg/ml                     | B  |
| tretinoin cream                             | G  |
| tretinoin gel                               | G  |
| tretinoin gel 0.08%                         | G  |
| trientine cap                               | G  |
| TRIKAFTA TAB                                | B  |
| TRIKAFTA THERAPY PACK                       | B  |
| TRINTELLIX TAB                              | B  |
| TRULANCE TAB                                | B  |
| TUKYSA TAB                                  | B  |
| TURALIO CAP                                 | B  |
| TYSABRI INJ                                 | B  |
| TYVASO DPI POWDER                           | B  |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG  | B  |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | B  |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG    | B  |
| TYVASO INH SOLN 0.6 MG/ML                   | B  |
| UBRELVY TAB                                 | B  |
| UPTRAVI TAB                                 | B  |
| VALCHLOR GEL                                | B  |
| VANFLYTA TAB                                | B  |
| VANFLYTA TAB 26.5MG                         | B  |
| VASCEPA CAP                                 | G  |
| VELTASSA POWDER                             | B  |
| VEMLIDY TAB                                 | B  |
| VENCLEXTA STARTER PACK                      | B  |
| VENCLEXTA TAB                               | B  |
| VENTAVIS INH SOLN                           | B  |
| VEOZAH TAB                                  | B  |

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**SISC - Book of Business Drug List cont.  
 Prior Authorization Drug List  
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| <b>Drug Name</b>        | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|-------------------------|--|
| VERZENIO TAB            | B  |
| vigabatrin powder pack  | G  |
| vigabatrin tab          | G  |
| vigadrone powder pack   | G  |
| VIJOICE TAB             | B  |
| VIJOICE TAB 250MG       | B  |
| VITRAKVI CAP 100MG      | B  |
| VITRAKVI CAP 25MG       | B  |
| VITRAKVI SOLN           | B  |
| VIZIMPRO TAB            | B  |
| VONJO CAP               | B  |
| VOSEVI TAB              | B  |
| VOWST CAP               | B  |
| VOXZOGO INJ             | B  |
| VPRIV INJ               | B  |
| VYNDAMAX CAP            | B  |
| VYNDAQEL CAP            | B  |
| WAKIX TAB               | B  |
| WELIREG TAB             | B  |
| XADAGO TAB              | B  |
| XALKORI CAP             | B  |
| XALKORI SPRINKLE CAP    | B  |
| XELJANZ SOLN            | B  |
| XELJANZ TAB             | B  |
| XELJANZ XR TAB          | B  |
| XEMBIFY INJ             | B  |
| XEOMIN INJ              | B  |
| XIAFLEX INJ             | B  |
| XIFAXAN TAB 200MG       | B  |
| XIFAXAN TAB 550MG       | B  |
| XOLAIR INJ              | B  |
| XOLAIR SYRINGE          | B  |
| XOLAIR SYRINGE 150MG/ML | B  |
| XOSPATA TAB             | B  |
| XPHOZAH TAB             | B  |
| XPOVIO PAK              | B  |
| XYNTHA INJ              | B  |
| ZAVZPRET NASAL SPRAY    | B  |
| ZEJULA CAP              | B  |
| ZEJULA TAB              | B  |
| ZELBORAF TAB            | B  |
| ZEPOSIA CAP             | B  |

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**SISC - Book of Business Drug List cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 4/1/2024**

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| <b>Drug Name</b>     | <b>Tier # for Drug Copay (if prior auth is approved)</b> |
|----------------------|--|
| ZEPOSIA STARTER PACK | B  |
| ZOKINVY CAP          | B  |
| ZOLINZA CAP          | B  |
| zolmitriptan ODT     | G  |
| zolmitriptan tab     | G  |
| ZONISADE SUSP        | B  |
| ZORYVE CREAM         | B  |
| ZTALMY SUSP          | B  |
| ZYDELIG TAB          | B  |
| ZYKADIA CAP          | B  |
| ZYKADIA TAB          | B  |

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**SISC - Book of Business Drug List**  
**Last Updated\* 4/1/2024**  
**RxCents (Cost Savings Enabled by Tablet Splitting)**

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

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

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

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

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

**RxCents Program Medications**

febuxostat tab  
rasagiline tab

JANUVIA TAB  
TRINTELLIX TAB

nebivolol hcl tab

OCALIVA TAB

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**SISC - Book of Business Drug List  
Last Updated\* 4/1/2024  
Over-the-Counter (OTC)**

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

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

|                                 |                                       |                                      |                                  |
|---------------------------------|---------------------------------------|--------------------------------------|----------------------------------|
| ACCU-CHEK AVIVA PLUS<br>METER   | ACCU-CHEK AVIVA PLUS<br>TEST STRIP    | ACCU-CHEK GUIDE CARE<br>METER        | ACCU-CHEK GUIDE ME KIT           |
| ACCU-CHEK GUIDE TEST<br>STRIP   | ACCU-CHEK NANO METER                  | ACCU-CHEK SMARTVIEW<br>TEST STRIP    | ACCU-CHEK TEST STRIP             |
| AEROCHAMBER                     | aspirin chew tab 81mg                 | aspirin ec tab 81mg                  | B-D INSULIN SYRINGE              |
| B-D PEN NEEDLE                  | CALIBRATION LIQUID                    | CARETOUCH MIS                        | CLINISTIX TEST STRIP             |
| CONTRACEPTIVE FOAM              | CONTRACEPTIVE GEL                     | CONTRACEPTIVE SUPP                   | DIABETIC METER                   |
| FEMALE CONDOMS                  | folic acid tab 400mcg                 | folic acid tab 800mcg                | GUAIFENESIN/CODEINE<br>SYRUP     |
| HUMULIN MIX INJ                 | HUMULIN MIX PEN INJ                   | HUMULIN N INJ                        | HUMULIN N PEN INJ                |
| HUMULIN R INJ                   | KETO-DIASTIX TEST STRIF               | KETOSTIX                             | LANCET KIT                       |
| LANCETS                         | levonorgestrel tab                    | MALE CONDOMS                         | naloxone hcl nasal spray         |
| NARCAN NASAL SPRAY              | nicotine gum                          | NICOTINE KIT                         | nicotine lozenge                 |
| nicotine patch                  | NOVOFINE PEN NEEDLE                   | NOVOTWIST PEN NEEDLE                 | NOVOTWIST/NOVOFINE<br>PEN NEEDLE |
| ONETOUCH DELICA<br>LANCETS      | ONETOUCH DELICA PLUS<br>LANCETS       | ONETOUCH DELICA<br>ULTRASOFT LANCETS | ONETOUCH KIT                     |
| ONETOUCH METER                  | ONETOUCH TEST STRIP                   | ONETOUCH VERIO FLEX<br>METER         | ONETOUCH VERIO METER             |
| ONETOUCH VERIO<br>REFLECT METER | ONETOUCH VERIO TEST<br>STRIP          | PEAK FLOW METER                      | PLAN B TAB                       |
| RIVIVE SPRAY                    | TEST STRIP (all other test<br>strips) | TODAY SPONGE                         |                                  |

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**SISC - Book of Business Drug List**  
**Last Updated\* 4/1/2024**  
**Mandatory Specialty Pharmacy (MSP)**

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

**Mandatory Specialty Pharmacy (MSP) Medications**

|                                  |                               |                                     |                                     |
|----------------------------------|-------------------------------|-------------------------------------|-------------------------------------|
| abiraterone tab 250mg            | ACTEMRA ACTPEN INJ            | ACTEMRA IV INJ                      | ACTEMRA SC INJ                      |
| ACTHAR GEL INJ                   | ACTIMMUNE INJ                 | ADAGEN INJ                          | ADALIMUMAB-ADAZ INJ                 |
| ADALIMUMAB-ADAZ PFS INJ          | ADALIMUMAB-FKJP               | ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML |
| ADBRY INJ                        | AUTO-INJECTOR KIT             | ADVATE INJ                          | ALDURAZYME INJ                      |
| ALECENSA CAP                     | ADEMPAS TAB                   | ALPHANATE/HEMOFIL/KOATE INJ         | ALPHANINE SD/MONONINE INJ           |
| ALUNBRIG TAB 30MG                | ALUNBRIG TAB 90MG, 180MG      | ambrisentan tab                     | ARALAST/PROLASTIN/ZEM               |
| ARIKAYCE SUSP                    | ARZERRA INJ                   | AUSTEDO TAB                         | AIRA INJ                            |
| AUSTEDO XR TAB 6MG               | AUSTEDO XR TAB TITRATION KIT  | AVASTIN INJ                         | AUSTEDO XR TAB                      |
| AVSOLA INJ                       | AYVAKIT TAB                   | azacitidine inj                     | AVONEX INJ                          |
| BALVERSA TAB 4MG                 | BALVERSA TAB 5MG              | BEBULIN/PROFILNINE INJ              | BALVERSA TAB 3MG                    |
| BENEFIX/RIXUBIS INJ              | BENLYSTA AUTO-INJECTOI        | BENLYSTA INJ                        | BENEFIX INJ                         |
| betaine powder for oral solution | bexarotene cap                | bexarotene gel                      | BERINERT INJ                        |
| bosentan tab                     | BOSULIF CAP                   | BOSULIF TAB                         | BORTEZOMIB INJ                      |
| BRAFTOVI CAP 75MG                | BRIXADI SOLN 128MG/0.36ML     | BRIXADI SOLN 16MG/0.32ML            | BOTOX INJ                           |
| BRIXADI SOLN 32MG/0.64ML         | BRIXADI SOLN 64MG/0.18ML      | BRIXADI SOLN 8MG/0.16ML             | BRIXADI SOLN 24MG/0.48ML            |
| BRUKINSA CAP                     | BYLVAY CAP 1200MCG            | BYLVAY CAP 400MCG                   | BRIXADI SOLN 96MG/0.27ML            |
| BYLVAY SPRINKLE CAP 600MCG       | CABLIVI INJ KIT               | CABOMETYX TAB                       | BYLVAY SPRINKLE CAP 200MCG          |
| CALQUENCE CAP                    | CALQUENCE TAB                 | CAMZYOS CAP                         | CALCITRIOL INJ                      |
| CAPRELSA 100MG TAB               | CAPRELSA 300MG TAB            | carglumic acid tab                  | capecitabine tab                    |
| CAYSTON INH SOLN                 | CEREZYME INJ                  | cetorelix acetate for inj kit       | CARIMUNE INJ                        |
| CHOLBAM CAP                      | CIBINQO TAB                   | CIMZIA INJ                          | CETROTIDE KIT                       |
| CINRYZE INJ                      | colistimethate inj            | COMETRIQ KIT                        | CIMZIA STARTER INJ KIT              |
| COTELLIC TAB                     | CYSTADANE POWDER              | CYSTADROPS SOLN                     | COPIKTRA CAP                        |
| CYSTARAN OPHTH SOLN              | dalfampridine ER tab          | DAYBUE SOLN                         | CYSTAGON CAP                        |
| deferasirox tab                  | deferasirox tab for oral susp | deferiprone tab                     | deferasirox granules packet         |
| DIACOMIT POWDER PACK             | dimethyl fumarate DR cap      | dimethyl fumarate DR starter pack   | DIACOMIT CAP                        |
| DUPIXENT INJ                     | DUPIXENT PEN INJ              | DUROLANE INJ                        | DOPTELET TAB                        |
| ELAPRASE INJ                     | EMPAVELI INJ                  | ENBREL INJ 25MG                     | DYSPORT INJ                         |
|                                  |                               |                                     | ENBREL INJ 50MG                     |

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|  |   |  |  |
|--|---|--|--|
| ENBREL MINI INJ  | ENBREL SURECLICK INJ<br>50MG  | ENDARI POWDER PACK   | ENSPRYNG INJ   |
| EPIDIOLEX SOLN<br>erlotinib tab<br>everolimus tab for oral susp<br>FASENRA PEN INJ<br>fingolimod hcl cap 0.5mg<br>FLEBOGAMMA/GAMMAPL<br>EX/OCTAGAM/PRIVIGEN<br>INJ<br>FUZEON INJ<br>ganciclovir inj<br>GENOTROPIN INJ<br>HADLIMA INJ | ERIVEDGE CAP<br>erlotinib tab 25mg<br>EVRYSDI SOLN<br>FEIBA INJ<br>FINTEPLA SOLN<br>FOTIVDA CAP                                       | ERLEADA TAB<br>ETOPOSIDE CAP<br>EXTAVIA INJ<br>FERRIPROX SOLN<br>FIRDAPSE TAB<br>FULPHILA INJ  | ERLEADA TAB 240MG<br>everolimus tab<br>FABRAZYME INJ<br>FILSPARI TAB<br>FIRMAGON INJ<br>FUROSCIX KIT   |
| HAEGARDA INJ<br>HIZENTRA INJ<br>HUMIRA INJ 40MG  | GALAFOLD CAP<br>ganirelix ac inj<br>GILOTRIF TAB<br>HADLIMA INJ 40MG/0.8ML  | GAMASTAN S/D INJ<br>GAVRETO CAP<br>GLASSIA INJ<br>HADLIMA PUSH INJ   | GAMUNEX INJ<br>gefitinib tab<br>glatiramer inj<br>HADLIMA PUSH INJ<br>40MG/0.8ML<br>HERCEPTIN INJ<br>HUMIRA INJ 20MG<br>HUMIRA INJ PEDIATRIC<br>CROHNS STARTER PACK                  |
| HUMIRA INJ PEDIATRIC UC<br>STARTER PACK  | HELIXATE/KOGENATE INJ<br>HUMATE-P/WILATE INJ<br>HUMIRA INJ 80MG   | HEMLIBRA INJ<br>HUMIRA INJ 10MG<br>HUMIRA INJ<br>CROHNS/UC/HIDRADENITI<br>STARTER PACK<br>HUMIRA PEN INJ 40MG                                | HYCANTIN CAP   |
| HYFTOR GEL<br>IDHIFA TAB<br>IMBRUVICA SUSP   | HUMIRA INJ<br>PSORIASIS/UVEITIS<br>STARTER PACK<br>HYQVIA INJ<br>imatinib tab<br>IMBRUVICA TAB 420MG,<br>560MG                        | icatibant inj<br>IMBRUVICA CAP 140MG<br>IMCIVREE INJ   | ICLUSIG TAB<br>IMBRUVICA CAP 70MG<br>INCRELEX INJ  |
| INGREZZA CAP<br>INTRON-A INJ<br>JAKAFI TAB<br>JYNARQUE TAB<br>KEVZARA INJ<br>KOSELUGO CAP<br>LEDIPASVIR/SOFOSBUVIR<br>TAB<br>LIVMARLI SOLN<br>LUCENTIS INJ<br>LUPKYNIS CAP<br>LYSODREN TAB   | INGREZZA PACK 40-80MG<br>ISTURISA TAB 10MG<br>JAYPIRCA TAB<br>KALYDECO PAK<br>KINERET INJ<br>KOSELUGO CAP 10MG<br>lenalidomide cap    | INLYTA TAB<br>ISTURISA TAB 1MG<br>JOENJA TAB<br>KALYDECO TAB<br>KISQALI PAK<br>KRAZATI TAB<br>LENVIMA CAP                                    | INQOVI TAB<br>ISTURISA TAB 5MG<br>JYNARQUE PAK<br>KESIMPTA INJ<br>KISQALI TAB<br>lapatinib ditosylate tab<br>LITFULO CAP   |
| MAVYRET PAK  | LIVTENCITY TAB<br>LUMAKRAS TAB<br>LUPRON DEPOT PED INJ<br>LYTGOBI THERAPY PACK  | LONSURF TAB<br>LUMAKRAS TAB 320MG<br>LUPRON DEPOT-PED INJ<br>MACUGEN INJ   | LORBRENA TAB 25MG<br>LUMIZYME/MYOZYME INJ<br>LYNPARZA TAB<br>MAVENCLAD THERAPY<br>PAK<br>MAYZENT TAB STARTER<br>PACK   |
| MEKINIST SOLN<br>MESNEX TAB<br>MOZOBIL INJ<br>NERLYNX TAB<br>NOVOSEVEN INJ<br>NYVEPRIA INJ<br>ODOMZO CAP<br>OPSUMIT TAB  | MAVYRET TAB   | MAYZENT TAB  | MAYZENT TAB STARTER<br>PACK<br>MEKTOVI TAB<br>MONOCLATE-P INJ<br>NATPARA INJ<br>NIVESTYM INJ<br>NUCALA INJ<br>OCTREOTIDE INJ 100MCG<br>OMNITROPE INJ<br>ORENCIA SC INJ<br>50MG/0.4ML |
|  | MEKINIST TAB 0.5MG<br>mifepristone tab<br>MYLERAN TAB<br>nilutamide tab<br>NPLATE INJ<br>OCALIVA TAB<br>OFEV CAP<br>ORENCIA CLICK INJ | MEKINIST TAB 2MG<br>miglustat cap<br>NAGLAZYME INJ<br>NINLARO CAP<br>NUBEQA TAB<br>octreotide inj<br>OLUMIANT TAB<br>ORENCIA SC INJ 125MG/MI |  |

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|  |   |   |  |
|--|---|---|--|
| ORENCIA SC INJ<br>87.5MG/0.7ML<br>ORSERDU TAB<br>OVIDREL INJ   | ORGOVYX TAB<br><br>ORSERDU TAB 345MG<br>OXBRYTA TAB   | ORKAMBI GRANULES<br>PACKET<br>OTEZLA STARTER PACK<br>OXBRYTA TAB FOR ORAL<br>SUSP<br>PALYNZIQ INJ   | ORKAMBI TAB<br><br>OTEZLA TAB<br>OXERVATE OPHTH SOLN<br><br>pazopanib tab  |
| PALFORZIA POWDER<br>PACK<br>PEGASYS INJ  | PALFORZIA SPRINKLE CAF<br><br>PEG-INTRON INJ  | PEMAZYRE TAB  | PHEBURANE ORAL<br>PELLETS<br>pirfenidone tab 801mg<br>POMALYST CAP<br>PROMACTA TAB 12.5MG,<br>25MG<br>pyrimethamine tab<br>RADICAVA ORS STARTER<br>KIT<br>RECOMBINATE INJ<br>RETEVMO CAP<br>RIASTAP INJ<br>RITUXAN INJ<br>RUCONEST INJ<br>SIGNIFOR INJ |
| PIQRAY TAB<br>PLEGRIDY INJ<br>PREVMIS TAB  | pirfenidone cap<br>PLEGRIDY PEN INJ<br>PROLIA INJ   | pirfenidone tab 267mg<br>plerixafor subcutaneous inj<br>PROMACTA POWDER   |  |
| PROMACTA TAB 50MG<br>PYRUKYND TAB  | PROMACTA TAB 75MG<br>PYRUKYND TAPER PACK  | PULMOZYME INH SOLN<br>QINLOCK TAB   |  |
| RADICAVA ORS SUSP<br>RELYVRIO PAK<br>REVLIMID CAP<br>RIBAVIRIN CAP<br>ROZLYTREK CAP<br>RYDAPT CAP                  | REBETOL SOLN<br>RENFLEXIS INJ<br>REZLIDHIA CAP<br>RIBAVIRIN TAB<br>ROZLYTREK PAK<br>sapropterin dihydrochloride<br>powder packet<br>SIMPONI INJ 100MG                               | REBIF INJ<br>RETACRIT INJ<br>REZUROCK TAB<br>RINVOQ ER TAB<br>RUBRACA TAB<br>sapropterin dihydrochloride<br>soluble tab<br>SKYCLARYS CAP  | SKYRIZI INJ 150MG/ML   |
| SIMPONI AUTO-INJECTOR<br>100MG<br>SKYRIZI INJ 180 MG/1.2ML<br>SODIUM OXYBATE SOLN                                  | SKYRIZI INJ 360MG/2.4ML<br>SOFOSBUVIR/VELPATASVI<br>R TAB<br>SOHONOS CAP 2.5MG<br>SPRYCEL TAB<br>sunitinib malate cap<br>tadalafil tab (PAH)<br>TAGRISSO TAB<br>TALZENNA CAP 0.25MG | SKYRIZI INJ 75MG/0.83ML<br>SOHONOS CAP 1.5MG<br><br>SOHONOS CAP 5MG<br>STELARA INJ<br>SUPPRELIN LA INJ<br>TADLIQ SUSP<br>TAKHZYRO INJ<br>TALZENNA CAP 0.5MG,<br>0.75MG, 1MG<br>TEGSEDI INJ<br>teriflunomide tab | SKYTROFA INJ<br>SOHONOS CAP 10MG<br><br>SOMAVERT INJ<br>STIVARGA TAB<br>SYMDEKO TAB<br>TAFINLAR CAP<br>TAKHZYRO INJ 150MG/ML<br>TASIGNA CAP  |
| SOHONOS CAP 1MG<br>sorafenib tosylate tab<br>STRENSIQ INJ<br>TABRECTA TAB<br>TAFINLAR TAB<br>TALTZ INJ             | TAVNEOS CAP<br>temsirolimus inj   |   | temozolomide cap<br>TERIPARATIDE INJ<br>620MCG/2.48ML<br>TIBSOVO TAB<br>TORISEL INJ<br>treprostinil inj 1mg/ml<br>trientine cap<br>TURALIO CAP<br>TYVASO DPI POWDER<br>MAINTENANCE KIT<br>32-48MCG<br>UPTRAVI TAB                                      |
| tetrabenazine tab<br>tiopronin tab<br>TRACLEER TAB 32MG<br>treprostinil inj 2.5mg/ml<br>TRIKAFTA TAB<br>TYMLOS INJ | TEZSPIRE INJ<br>TOBI PODHALER<br>TREMIFYA INJ<br>treprostinil inj 5mg/ml<br>TRIKAFTA THERAPY PACK<br>TYSABRI INJ  | THALOMID CAP<br>tobramycin neb soln<br>treprostinil inj 10mg/ml<br>tretinoin cap<br>TUKYSA TAB<br>TYVASO DPI POWDER   |  |
| TYVASO DPI POWDER<br>TITRATION KIT 16-32-48MC<br>VALCHLOR GEL  | TYVASO DPI POWDER<br>TITRATION KIT 16-32MCG<br>VANFLYTA TAB   | TYVASO INH SOLN 0.6<br>MG/ML<br>VANFLYTA TAB 26.5MG   |  |
| VENCLEXTA TAB  | VENTAVIS INH SOLN   | VERZENIO TAB  | VENCLEXTA STARTER<br>PACK<br>vigabatrin powder pack  |

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vigabatrin tab  
VITRAKVI CAP 100MG  
VIZIMPRO TAB  
VOXZOGO INJ  
WAKIX TAB  
XDEMVY DROP  
XEMBIFY INJ  
XOLAIR INJ

vigadrone powder pack  
VITRAKVI CAP 25MG  
VONJO CAP  
VPRIV INJ  
WELIREG TAB  
XELJANZ SOLN  
XEOMIN INJ  
XOLAIR SYRINGE

XPOVIO PAK  
ZEJULA TAB  
ZOKINVY CAP  
ZYDELIG TAB

XYNTHA INJ  
ZELBORAF TAB  
ZOLADEX INJ  
ZYKADIA CAP

VIJOICE TAB  
VITRAKVI SOLN  
VOSEVI TAB  
VYNDAMAX CAP  
XALKORI CAP  
XELJANZ TAB  
XGEVA INJ  
XOLAIR SYRINGE  
150MG/ML  
ZARXIO INJ  
ZEPOSIA CAP  
ZOLINZA CAP  
ZYKADIA TAB

VIJOICE TAB 250MG  
VIVITROL INJ  
VOWST CAP  
VYNDAQEL CAP  
XALKORI SPRINKLE CAP  
XELJANZ XR TAB  
XIAFLEX INJ  
XOSPATA TAB  
  
ZEJULA CAP  
ZEPOSIA STARTER PACK  
ZTALMY SUSP

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**SISC - Book of Business Drug List**  
**Last Updated\* 4/1/2024**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

| <b>Drug Name</b>                 | <b>Step Therapy Requirements</b>   |
|----------------------------------|--|
| arformoterol tartrate neb soln   | Step Therapy requires trial of PERFOROMIST   |
| asenapine maleate SL tab         | QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER  |
| ASTEPRO NASAL SPRAY              | Step therapy requires trial of azelastine nasal spray 0.1%   |
| AURYXIA TAB                      | Step Therapy requires trial of RENVELA and FOSRENOL  |
| azelastine nasal spray 0.15%     | Step therapy requires trial of azelastine nasal spray 0.1%   |
| BYETTA INJ                       | Step Therapy requires trial of VICTOZA or BYDUREON; Diagnosis Restricted – Type 2 Diabetes (E11)                 |
| CAVERJECT INJ                    | QL= 6 inj/30 days; Step therapy requires trial of sildenafil   |
| CEQUA OPHTH SOLN                 | Restricted to Ophthalmology or Optometry Specialist; Step Therapy requires trial of cyclosporine ophth emulsion  |
| ciclopirox shampoo               | Step Therapy requires trial of ketoconazole shampoo  |
| CIPRO HC OTIC SUSP               | Step Therapy requires trial of CIPRODEX  |
| DEXCOM G6 RECEIVER               | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin       |
| DEXCOM G6 SENSOR                 | QL= 3 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin     |
| DEXCOM G6 TRANSMITTER            | QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 RECEIVER               | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin       |
| DEXCOM G7 SENSOR                 | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin     |
| DICLOFENAC PATCH, FLECTOR PATCH  | QL= 30 patches/fill; Step Therapy requires trial of celecoxib  |
| DIFICID SUSP                     | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN             |
| DIFICID TAB                      | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN            |
| EDEX INJ                         | QL= 6 inj/30 days; Step therapy requires trial of sildenafil   |
| erythromycin DR cap              | Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg                        |
| ERYTHROMYCIN EC CAP              | Step Therapy requires trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg                        |
| erythromycin ethylsuccinate susp | Step Therapy requires trial of azithromycin or clarithromycin  |
| erythromycin tab                 | Step Therapy require trial of azithromycin, clarithromycin, or doxycycline hyclate 100mg                         |
| FANAPT TAB                       | QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER  |
| FANAPT TITRATION PACK            | QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER                                    |
| febuxostat tab                   | Step Therapy requires trial of allopurinol   |
| fluvoxamine ER cap               | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine       |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

| <b>Drug Name</b>                         | <b>Step Therapy Requirements</b>   |
|--|--|
| FREESTYLE LIBRE 2 RECEIVER               | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin   |
| FREESTYLE LIBRE 2 SENSOR                 | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin   |
| FREESTYLE LIBRE 3 READER                 | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin   |
| FREESTYLE LIBRE 3 SENSOR                 | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin   |
| FREESTYLE LIBRE RECEIVER                 | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin   |
| FREESTYLE LIBRE SENSOR (14-DAY)          | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin   |
| LEVALBUTEROL INHALER, XOPENEX HF INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA  |
| MECLOFENAMATE CAP                        | Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen   |
| METHITEST TAB                            | Step Therapy requires trial of ANDROGEL or ANDRODERM   |
| metronidazole gel 1%                     | Step Therapy requires trial of metronidazole gel 0.75%   |
| minocycline tab                          | Step therapy requires trial of minocycline caps  |
| MUSE SUPP                                | QL= 6 supp/30 days; Step therapy requires trial of sildenafil  |
| NEVIRAPINE ER TAB                        | Step Therapy requires trial of nevirapine  |
| olopatadine ophth soln 0.2%              | QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%  |
| paliperidone ER tab                      | Step Therapy requires trial of ABILIFY or quetiapine ER  |
| risedronate DR tab                       | Step Therapy requires trial of alendronate   |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT     | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL) |
| TEKTURNA HCT TAB                         | Step Therapy requires trial of valsartan/hctz  |
| travoprost ophth soln                    | QL= 5ml/30 days; Step Therapy requires trial of latanoprost  |
| TYRVAYA NASAL SPRAY                      | QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist; Step Therapy Requires trial of cyclosporine ophth emulsion                                   |
| zolmitriptan nasal spray                 | QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray   |
| ZOLMITRIPTAN SPRAY                       | QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray   |
| ZOMIG SPRAY                              | QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray   |

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**SISC - Book of Business Drug List  
Smoking Cessation Agents  
Last Updated\* 4/1/2024**

| <b>Drug Name</b>  | <b>Tier # for Drug Copay</b> |
|---|------------------------------|
| bupropion SR tab( Limited to 180 days/plan year)                      | \$0                          |
| nicotine gum( Limited to 180 days/plan year)                          | \$0                          |
| NICOTINE KIT  | \$0                          |
| nicotine lozenge( Limited to 180 days/plan year)                      | \$0                          |
| nicotine patch( Limited to 180 days/plan year)                        | \$0                          |
| NICOTROL INHALER( Limited to 180 days/plan year)                      | \$0                          |
| NICOTROL NASAL SPRAY( Limited to 180 days/plan year)                  | \$0                          |
| VARENICLINE TAB( Limited to 180 days/plan year)                       | \$0                          |
| varenicline tartrate tab( Limited to 180 days/plan year)              | \$0                          |
| varenicline tartrate tab starter pack( Limited to 180 days/plan year) | \$0                          |

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**SISC - Book of Business Drug List  
Infertility Drug List  
Last Updated\* 4/1/2024**

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

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**SISC - Book of Business Drug List**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                    | <b>Quantity Limit</b>   |
|-------------------------------------|---|
| abiraterone tab 250mg               | QL= 4 tabs/day  |
| ABSTRAL SL TAB                      | QL= 120 tabs/30 days  |
| ACTEMRA ACTPEN INJ                  | QL= 2 inj/28 days   |
| ACTEMRA SC INJ                      | QL= 2 inj/28 days   |
| ACTHAR GEL INJ                      | QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| ADALIMUMAB-ADAZ INJ                 | QL= 2 inj/28 days   |
| ADALIMUMAB-ADAZ PFS INJ             | QL= 2 inj/28 days   |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT   | QL= 2 inj/28 days   |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | QL= 2 inj/28 days   |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML | QL= 2 inj/28 days   |
| ADBRY INJ                           | QL= 4 inj/28 days   |
| ADEMPAS TAB                         | QL= 3 tabs/day; Only available through Accredo 800-803-2523                             |
| AFLURIA INJ                         | QL= 1 inj/28 days   |
| AFLURIA INJ, FLUZONE INJ            | QL= 1 inj/28 days   |
| AIMOVIJ INJ                         | QL= 1 pack/28 days  |
| AJOVY INJ                           | QL= 1 pack/28 days  |
| AKYNZEO CAP                         | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist                         |
| albuterol HFA inhaler               | QL= 2 inhalers/30 days  |
| ALECENSA CAP                        | QL= 8 caps/day  |
| ALINIA SUSP                         | QL= 60ml/3 days   |
| ALKINDI SPRINKLE CAP 0.5MG          | QL= 3 caps/day; Members age 9 or older require Prior Authorization                      |
| ALKINDI SPRINKLE CAP 1MG            | QL= 3 caps/day; Members age 9 or older require Prior Authorization                      |
| ALUNBRIG TAB 30MG                   | QL= 4 tabs/day; Only available through Biologics 800-850-4306                           |
| ALUNBRIG TAB 90MG, 180MG            | QL= 1 tab/day; Only available through Biologics 800-850-4306                            |
| ambrisentan tab                     | QL= 1 tab/day; Only available through Lumicera 855-847-3553                             |
| ANDRODERM PATCH                     | QL= 1 patch/day   |
| ANZEMET TAB                         | QL= 9 tabs/fill   |
| aprepitant cap                      | QL= 3 caps/fill   |
| aprepitant pak                      | QL= 3 caps/fill   |
| ARIKAYCE SUSP                       | QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046                      |
| armodafanil tab                     | QL= 1 tab/day   |
| asenapine maleate SL tab            | QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER                 |
| AUSTEDO TAB                         | QL= 4 tabs/day  |
| AUSTEDO XR TAB                      | QL= 2 tabs/day  |
| AUSTEDO XR TAB 6MG                  | QL= 3 tabs/day  |
| AUSTEDO XR TAB TITRATION KIT        | QL= 1 pack/28 days  |
| AYVAKIT TAB                         | QL= 1 tab/day; Only available through Biologics 800-850-4306                            |
| BACTROBAN NASAL OINT                | QL= 10 tubes/fill   |
| BALVERSA TAB 3MG                    | QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767                       |
| BALVERSA TAB 4MG                    | QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767                       |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                      | <b>Quantity Limit</b>   |
|---------------------------------------|---|
| BALVERSA TAB 5MG                      | QL= 1 tab/day; Only available through CVS Specialty 800-237-2767  |
| BAQSIMI NASAL POWDER                  | QL= 2 inhalations/fill  |
| BAXDELA TAB                           | QL= 2 tabs/day; Restricted to Infectious Disease Specialist   |
| BENLYSTA AUTO-INJECTOR                | QL= 4 inj/28 day  |
| BENLYSTA INJ                          | QL= 4 inj/28 day  |
| bosentan tab                          | QL= 2 tabs/day; Only available through Lumicera 855-847-3553  |
| BRAFTOVI CAP 75MG                     | QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118   |
| BRUKINSA CAP                          | QL= 4 caps/day; Only available through Lumicera 855-847-3553  |
| budesonide ER tab                     | QL=1 tab/day  |
| buprenorphine patch                   | QL= 4 patches/28 days   |
| bupropion SR tab                      | Limited to 180 days/plan year   |
| butalbital/acetaminophen tab 50-325mg | QL= 60 tabs/30 days   |
| butalbital/acetaminophen/caffeine tab | QL= 60 tabs/30 days   |
| butalbital/aspirin/caffeine cap       | QL= 60 tabs/30 days   |
| butorphanol nasal spray               | QL= 1 bottle/fill, 2 fills/30 days  |
| BYDUREON BCISE AUTO INJ               | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)   |
| BYDUREON INJ                          | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)   |
| BYDUREON PEN INJ                      | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)   |
| BYLVAY CAP 1200MCG                    | QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479   |
| BYLVAY CAP 400MCG                     | QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479  |
| BYLVAY SPRINKLE CAP 200MCG            | QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479   |
| BYLVAY SPRINKLE CAP 600MCG            | QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479   |
| CABLIVI INJ KIT                       | QL= 1 vial/day; Only available through Biologics 800-850-4306   |
| CABOMETYX TAB                         | QL= 1 tab/day   |
| CALQUENCE CAP                         | QL= 2 caps/day; Only available through Biologics 800-850-4306   |
| CALQUENCE TAB                         | QL= 2 tabs/day; Only available through Biologics 800-850-4306   |
| CAMZYOS CAP                           | QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416                            |
| CAPRELSA 100MG TAB                    | QL= 2 tabs/day; Only available through Biologics 800-850-4306   |
| CAPRELSA 300MG TAB                    | QL= 1 tab/day; Only available through Biologics 800-850-4306  |
| carisoprodol tab                      | QL= 90 tabs/90 days   |
| CAVERJECT INJ                         | QL= 6 inj/30 days; Step therapy requires trial of sildenafil  |
| CEQUA OPTH SOLN                       | Restricted to Ophthalmology or Optometry Specialist; Step Therapy requires trial of cyclosporine ophth emulsion |
| CIBINQO TAB                           | QL= 1 tab/day   |
| CIMZIA INJ                            | QL= 2 inj/28 days   |
| CIMZIA STARTER INJ KIT                | QL= 1 kit/plan year   |
| CINRYZE INJ                           | QL= 16 vials/28 days; Only available through Accredo 800-803-2523   |
| clindamycin vaginal cream             | QL=1 tube/fill  |
| CLINDESSE VAGINAL CREAM               | QL= 1 applicator/fill   |
| COMIRNATY INJ                         | QL= 1 dose/17 days  |
| COMIRNATY INJ 30MCG/0.3ML             | QL= 1 dose/17 days  |
| COPIKTRA CAP                          | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118   |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                                      | <b>Quantity Limit</b>  |
|---|--|
| COTELLIC TAB  | QL= 3 tabs/day   |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA)       | QL= 1 inj/fill   |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER)        | QL= 1 inj/fill   |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)  | QL= 1 inj/fill   |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER)  | QL= 1 inj/fill   |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) | QL= 1 inj/fill   |
| COVID-19 VACCINE INJ (JANSSEN)                        | QL= 1 dose/45 days   |
| COVID-19 VACCINE INJ (NOVAVAX)                        | QL= 1 dose/17 days   |
| COVID-19 VACCINE INJ 5-11Y (PFIZER)                   | QL= 1 dose/17 days   |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA)                 | QL= 1 dose/24 days   |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER)                   | QL= 1 dose/17 days   |
| cyclosporine ophth emulsion                           | QL= 60 vials/30 days   |
| CYSTADROPS SOLN                                       | QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTARAN OPHTH SOLN                                   | QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416    |
| dalfampridine ER tab                                  | QL= 2 tabs/day; Restricted to Neurology Specialist   |
| DAYBUE SOLN   | QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007   |
| DEPO-PROVERA SC INJ 104MG                             | QL= 1 inj/90 days  |
| DEXCOM G6 RECEIVER                                    | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin                   |
| DEXCOM G6 SENSOR                                      | QL= 3 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin                 |
| DEXCOM G6 TRANSMITTER                                 | QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin             |
| DEXCOM G7 RECEIVER                                    | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin                   |
| DEXCOM G7 SENSOR                                      | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin                 |
| DIASTAT ACDL GEL                                      | QL= 2 packs/fill   |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL               | QL= 2 packs/fill   |
| DIAZEPAM GEL  | QL= 2 packs/fill   |
| diazepam rectal gel                                   | QL= 2 packs/fill   |
| diclofenac gel  | QL= 300gm/30 days  |
| diclofenac gel 1%                                     | QL= 5 tubes/fill   |
| DICLOFENAC PATCH, FLECTOR PATCH                       | QL= 30 patches/fill; Step Therapy requires trial of celecoxib  |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                           | <b>Quantity Limit</b>   |
|--|---|
| DIFICID SUSP                               | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN  |
| DIFICID TAB                                | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN |
| dihydroergotamine mesylate nasal spray     | QL= 8 sprays/fill, 2 fills/30 days  |
| donepezil ODT                              | QL= 1 tab/day   |
| donepezil tab                              | QL= 2 tabs/day  |
| donepezil tab 23mg                         | QL= 1 tab/day   |
| DOPTELET TAB                               | QL= 2 tabs/day; Only available through Accredo 800-803-2523   |
| DUPIXENT INJ                               | QL= 2 inj/28 days   |
| DUPIXENT PEN INJ                           | QL= 2 inj/28 days   |
| econazole cream                            | QL= 30gm/30 days  |
| EDEX INJ                                   | QL= 6 inj/30 days; Step therapy requires trial of sildenafil  |
| EMGALITY INJ                               | QL= 1 inj/28 days   |
| EMGALITY INJ 100MG/ML                      | QL= 3 inj/fill, 6 fills/year  |
| EMPAVELI INJ                               | QL= 160ml/28 days; Only available through PantheRx 855-726-8479   |
| ENBREL INJ 25MG                            | QL= 8 inj/28 days   |
| ENBREL INJ 50MG                            | QL= 4 inj/28 days   |
| ENBREL MINI INJ                            | QL= 4 inj/28 days   |
| ENBREL SURECLICK INJ 50MG                  | QL= 4 inj/28 days   |
| ENDARI POWDER PACK                         | QL= 6 packets/day   |
| ENSPRYNG INJ                               | QL= 1 inj/28 days   |
| entecavir tab                              | QL= 1 tab/day   |
| ENTRESTO TAB                               | QL= 2 tabs/day  |
| epinephrine pen inj 0.15mg, 0.3mg          | QL= 2 inj/fill  |
| ERLEADA TAB                                | QL= 4 tabs/day  |
| ERLEADA TAB 240MG                          | QL= 1 tab/day   |
| erlotinib tab                              | QL= 1 tab/day   |
| erlotinib tab 25mg                         | QL= 3 tabs/day  |
| estradiol vaginal tab, yuvafem vaginal tab | QL= 8 tabs/28 days, 18 tabs on first fill   |
| estradiol valerate inj                     | QL= 5ml/fill  |
| eszopiclone tab                            | QL= 1 tab/day   |
| everolimus tab                             | QL= 1 tab/day   |
| everolimus tab for oral susp               | QL= 1 tab/day   |
| EVRYSDI SOLN                               | QL= 6.67ml/day; Only available through Accredo 800-803-2523   |
| FANAPT TAB                                 | QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER                                 |
| FANAPT TITRATION PACK                      | QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER                           |
| FARXIGA TAB                                | QL= 1 tab/day   |
| FASENRA PEN INJ                            | QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416                |
| FEMALE CONDOMS                             | QL= 12 condoms/fill   |
| fentanyl citrate lollipop                  | QL= 120 lozenges/30 days  |
| FENTORA TAB, FENTANYL BUCCAL TAB           | QL= 120 tabs/30 days  |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                   | <b>Quantity Limit</b>   |
|------------------------------------|---|
| FILSPARI TAB                       | QL= 1 tab/day; Only available through Accredo 800-803-2523  |
| FINTEPLA SOLN                      | QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007  |
| FLUAD INJ                          | QL= 1 inj/28 days   |
| FLUAD QUAD INJ                     | QL= 1 inj/28 days   |
| FLUBLOK QUAD PF INJ                | QL= 1 inj/28 days   |
| FLUCELVAX QUAD INJ                 | QL= 1 inj/28 days   |
| FLULAVAL QUAD INJ, FLUZONE QUAD IN | QL= 1 inj/28 days   |
| FLUMIST QUADRIVALENT NASAL SUSP    | QL= 1 inj/28 days   |
| FLUZONE HD PF INJ                  | QL= 1 inj/28 days   |
| FLUZONE HIGH DOSE PF INJ           | QL= 1 inj/28 days   |
| FLUZONE/FLUARIX QUAD INJ           | QL= 1 inj/28 days   |
| FOTIVDA CAP                        | QL= 21 caps/28 days; Only available through Biologics 800-850-4306  |
| FREESTYLE LIBRE 2 RECEIVER         | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin          |
| FREESTYLE LIBRE 2 SENSOR           | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin        |
| FREESTYLE LIBRE 3 READER           | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin          |
| FREESTYLE LIBRE 3 SENSOR           | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin        |
| FREESTYLE LIBRE RECEIVER           | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin          |
| FREESTYLE LIBRE SENSOR (14-DAY)    | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin        |
| FUROSCIX KIT                       | QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679                                    |
| gabapentin cap 100mg               | QL= 9 caps/day  |
| gabapentin cap 300mg               | QL= 6 caps/day  |
| gabapentin cap 400mg               | QL= 4 caps/day  |
| gabapentin soln                    | QL= 72 mls/day  |
| gabapentin tab 600mg               | QL= 6 tabs/day  |
| gabapentin tab 800mg               | QL= 4.5 tabs/day  |
| GALAFOLD CAP                       | QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416                          |
| GAVILYTE-C SOLN                    | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| GAVRETO CAP                        | QL= 4 caps/day; Only available through Lumicera 855-847-3553  |
| gefitinib tab                      | QL= 1 tab/day; Only available through Lumicera 855-847-3553   |
| GILOTRIF TAB                       | QL= 1 tab/day; Only available through Accredo 800-803-2523  |
| GLUCAGEN HYPOKIT INJ               | QL= 2 inj/fill  |
| GLUCAGON EMR INJ                   | QL= 2 inj/fill  |
| GLUCAGON INJ KIT                   | QL= 2 inj/fill  |
| GLUCAGON KIT                       | QL= 2 inj/fill  |
| GLYXAMBI TAB                       | QL= 1 tab/day   |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                                    | <b>Quantity Limit</b>   |
|---|---|
| GOLYTELY SOLN                                       | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| granisetron tab                                     | QL= 9 tabs/fill   |
| GRANISOL SOLN                                       | QL= 60ml/fill   |
| guaifenesin/codeine syrup                           | QL= 240ml/fill  |
| GVOKE INJ   | QL= 2 inj/fill  |
| GVOKE INJ KIT                                       | QL= 2 inj/fill  |
| GVOKE PFS INJ                                       | QL= 2 inj/fill  |
| HADLIMA INJ   | QL= 2 inj/28 days   |
| HADLIMA INJ 40MG/0.8ML                              | QL= 2 inj/28 days   |
| HADLIMA PUSH INJ                                    | QL= 2 inj/28 days   |
| HADLIMA PUSH INJ 40MG/0.8ML                         | QL= 2 inj/28 days   |
| HUMIRA INJ 10MG                                     | QL= 2 syringes/28 days  |
| HUMIRA INJ 20MG                                     | QL= 2 syringes/28 days  |
| HUMIRA INJ 40MG                                     | QL= 2 syringes/28 days  |
| HUMIRA INJ 80MG                                     | QL= 2 syringes/28 days  |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK      | QL= 1 pack/fill, 1 fill/plan year   |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK            | QL= 1 pack/fill, 1 fill/plan year   |
| HUMIRA INJ PEDIATRIC UC STARTER PACK                | QL= 1 pack/fill, 1 fill/plan year   |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK           | QL= 1 pack/fill, 1 fill/plan year   |
| HUMIRA PEN INJ 40MG                                 | QL= 2 pens/28 days  |
| HYD POL/CPM SUSP                                    | QL= 120ml/fill; 2 fills/30 days   |
| HYDROCODONE BITARTRATE ER CAP                       | QL= 2 caps/day  |
| hydrocodone bitartrate er tab                       | QL= 1 tab/day   |
| hydrocodone/chlorpheniramine CR susp                | QL= 120ml/fill; 2 fills/30 days   |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | QL= 120ml/fill, 2 fills/month   |
| HYFTOR GEL  | QL= 10 grams/30 days; Only available through Walgreens 888-347-3416   |
| ibandronate tab 150mg                               | QL= 1 tab/30 days   |
| ICLUSIG TAB   | QL= 1 tab/day; Only available through AcariaHealth 800-511-5144   |
| IDHIFA TAB  | QL= 1 tab/day   |
| IMBRUVICA CAP 140MG                                 | QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118   |
| IMBRUVICA CAP 70MG                                  | QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118  |
| IMBRUVICA SUSP                                      | QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118  |
| IMBRUVICA TAB 420MG, 560MG                          | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118  |
| IMCIVREE INJ  | QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479   |
| IMITREX INJ   | QL= 4 inj/fill, 2 fills/30 days   |
| INBRIJA INH POWDER                                  | QL= 10 caps/day   |
| INGREZZA CAP  | QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479   |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                         | <b>Quantity Limit</b>   |
|--|---|
| INGREZZA PACK 40-80MG                    | QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479                                     |
| INLYTA TAB                               | QL= 8 tabs/day  |
| INQOVI TAB                               | QL= 5 tabs/28 days  |
| ISTURISA TAB 10MG                        | QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007                                  |
| ISTURISA TAB 1MG                         | QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007                                  |
| ISTURISA TAB 5MG                         | QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007                                  |
| JAKAFI TAB                               | QL= 2 tabs/day  |
| JANUMET TAB                              | QL= 2 tabs/day  |
| JANUMET XR TAB                           | QL= 2 tabs/day  |
| JANUVIA TAB                              | QL= 1 tab/day   |
| JARDIANCE TAB                            | QL= 1 tab/day   |
| JAYPIRCA TAB                             | QL= 2 tabs/day  |
| JENTADUETO TAB                           | QL= 2 tabs/day  |
| JENTADUETO XR TAB                        | QL= 2 tabs/day  |
| JOENJA TAB                               | QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479  |
| JYNARQUE PAK                             | QL= 2 tabs/day; Only available through Walgreens 888-347-3416   |
| JYNARQUE TAB                             | QL= 2 tabs/day; Only available through Walgreens 888-347-3416   |
| KALYDECO PAK                             | QL= 2 packets/day; Only available through Walgreens 888-347-3416  |
| KALYDECO TAB                             | QL= 2 tabs/day; Only available through Walgreens 888-347-3416   |
| KERENDIA TAB                             | QL= 1 tab/day   |
| ketorolac inj 15mg/ml                    | QL= 20ml/5 days   |
| ketorolac inj 30mg/ml                    | QL= 20ml/5 days   |
| ketorolac inj 60mg/2ml                   | QL= 20ml/5 days   |
| ketorolac tab                            | QL= 20 tabs/5 days  |
| KEVZARA INJ                              | QL= 2 inj/28 days   |
| KINERET INJ                              | QL= 1 inj/day; Only available through Biologics 800-850-4306  |
| KISQALI PAK                              | QL= 91 tabs/28 days   |
| KISQALI TAB                              | QL= 63 tabs/28 days   |
| KOSELUGO CAP                             | QL= 4 caps/day; Only available through Onco360 877-662-6633   |
| KOSELUGO CAP 10MG                        | QL= 8 caps/day; Only available through Onco360 877-662-6633   |
| KRAZATI TAB                              | QL= 6 tabs/day; Only available through Biologics 800-850-4306   |
| LAGEVRIO CAP (EUA)                       | QL= 40 caps/fill  |
| LAGEVRIO CAP 200MG                       | QL= 40 caps/fill  |
| latanoprost ophth soln                   | QL= 2.5ml/30 days   |
| LAZANDA NASAL SPRAY                      | QL= 15 bottles/30 days  |
| LEDIPASVIR/SOFOSBUVIR TAB                | QL= 1 tab/day   |
| lenalidomide cap                         | QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416 |
| LENVIMA CAP                              | QL= 3 caps/day; Only available through Optum 877-445-6874   |
| LEVALBUTEROL INHALER, XOPENEX HF INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA                             |
| lidocaine oint                           | QL= 36gm/fill   |
| lidocaine patch 5%                       | QL= 3 patches/day   |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                     | <b>Quantity Limit</b>   |
|--------------------------------------|---|
| LINZESS CAP                          | QL= 1 cap/day   |
| lisdexamfetamine dimesylate cap      | QL= 1 cap/day   |
| lisdexamfetamine dimesylate chew tab | QL= 1 tab/day; Members age 9 or older require Prior Authorization                               |
| LITFULO CAP                          | QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695                       |
| LIVMARLI SOLN                        | QL= 90ml/30 days; Only available through Eversana 866-849-4481                                  |
| LIVTENCITY TAB                       | QL= 4 tabs/day; Only available through Biologics 800-850-4306                                   |
| LORBRENA TAB 25MG                    | QL= 3 tabs/day  |
| lubiprostone cap                     | QL= 2 caps/day  |
| LUCEMYRA TAB                         | QL= 96 tabs/7 days  |
| LUMAKRAS TAB                         | QL= 8 tabs/day; Only available through Biologics 800-850-4306                                   |
| LUMAKRAS TAB 320MG                   | QL= 3 tabs/day; Only available through Biologics 800-850-4306                                   |
| LUPKYNIS CAP                         | QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479 |
| LYNPARZA TAB                         | QL= 4 tabs/day; Only available through Biologics 800-850-4306                                   |
| LYTGOBI THERAPY PACK                 | QL= 5 tabs/day; Only available through Onco360 877-662-6633                                     |
| malathion lotion                     | QL= 2 bottles/fill  |
| MALE CONDOMS                         | QL= 12 condoms/fill   |
| MAVYRET PAK                          | QL= 5 packs/day   |
| MAVYRET TAB                          | QL= 3 tabs/day  |
| medroxyprogesterone inj              | QL= 1 inj/90 days   |
| MEKINIST TAB 0.5MG                   | QL= 3 tabs/day  |
| MEKINIST TAB 2MG                     | QL= 1 tab/day   |
| MEKTOVI TAB                          | QL= 6 tabs/day  |
| methylergonovine tab                 | QL= 28 tabs/fill, 1 fill/365 days   |
| mifepristone tab                     | QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)          |
| modafinil tab                        | QL= 2 tabs/day  |
| MOTEGRITY TAB                        | QL= 1 tab/day   |
| MOUNJARO INJ                         | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)                                 |
| MUSE SUPP                            | QL= 6 supp/30 days; Step therapy requires trial of sildenafil                                   |
| MYFEMBREE TAB                        | QL= 1 tab/day   |
| NALOXONE PREFILLED INJ               | QL= 2 inj/fill  |
| naratriptan tab                      | QL= 9 tabs/fill, 2 fills/30 days  |
| NATACYN OPHTH SUSP                   | QL= 15ml/fill   |
| NATROBA SUSP                         | QL= 1 bottle/fill   |
| NAYZILAM SPRAY                       | QL= 2 packs/fill; Restricted to Neurology Specialist  |
| NERLYNX TAB                          | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118                           |
| NEXLETOL TAB                         | QL= 1 tab/day   |
| nicotine gum                         | Limited to 180 days/plan year   |
| NICOTINE KIT                         |   |
| nicotine lozenge                     | Limited to 180 days/plan year   |
| nicotine patch                       | Limited to 180 days/plan year   |
| NICOTROL INHALER                     | Limited to 180 days/plan year   |

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**SISC - Book of Business Drug List Cont.**  
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**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>            | <b>Quantity Limit</b>  |
|-----------------------------|--|
| NICOTROL NASAL SPRAY        | Limited to 180 days/plan year  |
| nitazoxanide tab            | QL= 6 tabs/3 days  |
| NUBEQA TAB                  | QL= 4 tabs/day   |
| NUCALA INJ                  | QL= 1 inj/28 days  |
| NUCYNTA ER TAB              | QL= 2 tabs/day   |
| NUDEXTA CAP                 | QL= 2 caps/day   |
| NULYTELY SOLN               | Covered at \$0 for members 45-75 years, all other members covered at generic copay<br>Limited to 2 fills/calendar year |
| OCALIVA TAB                 | QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens<br>888-347-3416                                |
| OFEV CAP                    | QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens<br>888-347-3416                               |
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%  |
| OLUMIANT TAB                | QL= 1 tab/day  |
| OMNIPOD 5 G7 KIT INTRO      | QL= 1 kit/year   |
| OMNIPOD 5 G7 MIS PODS       | QL= 10 pods/30 days  |
| OMNIPOD 5 INTRO KIT         | QL= 1 kit/year   |
| OMNIPOD 5 PACK PODS         | QL= 10 pods/month  |
| OMNIPOD DASH INTRO KIT      | QL= 1 kit/year   |
| OMNIPOD DASH PODS           | QL= 10 pods/month  |
| OMNIPOD GO KIT              | QL= 10 pods/month  |
| OMNIPOD STARTER KIT         | QL= 1 kit/year   |
| ONGENTYS CAP                | QL= 1 tab/day, 30 tabs per fill  |
| OPSUMIT TAB                 | QL= 1 tab/day; Only available through Accredo 800-803-2523   |
| OPZELURA CREAM              | QL= 4 tubes/30 days for the first two months; then QL= 12 tubes/year thereafter  |
| ORENCIA CLICK INJ           | QL= 4 inj/28 days  |
| ORENCIA SC INJ 125MG/ML     | QL= 4 inj/28 days  |
| ORENCIA SC INJ 50MG/0.4ML   | QL= 4 inj/28 days  |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days  |
| ORGOVYX TAB                 | QL= 30 tabs/28 days; Only available through Biologics 800-850-4306   |
| ORIAHNN CAP                 | QL= 2 caps/day   |
| ORILISSA TAB 150MG          | QL= 1 tab/day  |
| ORILISSA TAB 200MG          | QL= 2 tabs/day   |
| ORKAMBI GRANULES PACKET     | QL= 2 packets/day; Only available through Walgreens 888-347-3416   |
| ORKAMBI TAB                 | QL= 4 tabs/day; Only available through Walgreens 888-347-3416  |
| ORSERDU TAB                 | QL= 3 tabs/day; Only available through Onco360 877-662-6633  |
| ORSERDU TAB 345MG           | QL= 1 tab/day; Only available through Onco360 877-662-6633   |
| oseltamivir cap             | QL= 10 caps/fill, 1 fill/calendar year   |
| oseltamivir cap 30mg        | QL= 20 caps/fill, 1 fill/calendar year   |
| oseltamivir susp            | QL= 250ml/fill, 1 fill per calendar year   |
| OTEZLA STARTER PACK         | QL= 1 pack/28 days   |
| OTEZLA TAB                  | QL= 2 tabs/day   |
| OXBRYTA TAB                 | QL= 3 tabs/day; Only available through Accredo 800-803-2523  |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                        | <b>Quantity Limit</b>   |
|---|---|
| OXBRYTA TAB FOR ORAL SUSP               | QL= 5 tabs/day; Only available through Accredo 800-803-2523   |
| OXERVATE OPTH SOLN                      | QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523                                       |
| OXYCODONE ER TAB                        | QL= 2 tabs/day  |
| OZEMPIC INJ                             | QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)  |
| PALYNZIQ INJ                            | QL= 1 inj/day; Only available through Accredo 800-803-2523  |
| PAXLOVID TAB 150-100MG                  | QL= 20 tabs/fill  |
| PAXLOVID TAB 300-100MG                  | QL= 30 tabs/fill  |
| pazopanib tab                           | QL= 4 tabs/day  |
| peg 3350 soln (100 gram Moviprep equiv) | QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay                           |
| peg 3350/electrolytes soln              | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| PEMAZYRE TAB                            | QL= 1 tab/day; Only available through Biologics 800-850-4306  |
| PHEXXI GEL                              | QL= 1 box/fill  |
| PICATO GEL                              | QL= 1 box/fill  |
| pirfenidone cap                         | QL= 9 caps/day  |
| pirfenidone tab 267mg                   | QL= 9 tabs/day  |
| pirfenidone tab 801mg                   | QL= 3 tabs/day  |
| POMALYST CAP                            | QL= 21 caps/28 days   |
| posaconazole DR tab                     | QL= 93 tabs/30 days   |
| posaconazole susp                       | QL= 525ml/26 days   |
| POTIGA TAB                              | QL= 3 tabs/day  |
| pregabalin cap                          | QL= 3 caps/day  |
| pregabalin cap 225mg                    | QL= 2 caps/day  |
| pregabalin cap 300mg                    | QL= 2 caps/day  |
| pregabalin soln                         | QL= 30ml/day  |
| PRETOMANID TAB                          | QL= 1 tab/day; Restricted to Infectious Disease Specialist  |
| PREVYMIS TAB                            | QL= 1 tab/day; Limit 200 tabs/365 days  |
| PROLIA INJ                              | QL= 1 fill/6 months   |
| PROMACTA POWDER                         | QL= 1 packet/day  |
| PROMACTA TAB 12.5MG, 25MG               | QL= 1 tab/day   |
| PROMACTA TAB 50MG                       | QL= 2 tabs/day  |
| PROMACTA TAB 75MG                       | QL= 2 tabs/day  |
| pyrimethamine tab                       | QL= 3 tabs/day; Only available through Walgreens 888-347-3416   |
| PYRUKYND TAB                            | QL= 2 tabs/day; Only available through Biologics 800-850-4306   |
| PYRUKYND TAPER PACK                     | QL= 1 tab/day; Only available through Biologics 800-850-4306  |
| QINLOCK TAB                             | QL= 3 tabs/day; Only available through Biologics 800-850-4306   |
| RADICAVA ORS STARTER KIT                | QL= 70ml/365 days; Only available through Accredo 800-803-2523  |
| RADICAVA ORS SUSP                       | QL= 50mL/28 days; Only available through Accredo 800-803-2523   |
| ramelteon tab                           | QL= 1 tab/day   |
| REGANEX GEL                             | QL= 30gm/fill   |
| RELENZA DISKHALER                       | QL= 1 inhaler/calendar year   |
| RELYVRIO PAK                            | QL= 2 packets/day; Only available through Accredo 800-803-2523  |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                | <b>Quantity Limit</b>   |
|---------------------------------|---|
| REPATHA INJ                     | QL= 2 inj/28 days   |
| REPATHA PUSHTRONEX INJ          | QL= 1 inj/28 days   |
| RETEVMO CAP                     | QL= 4 caps/day  |
| REVLIMID CAP                    | QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist |
| REYVOW TAB                      | QL= 8 tabs/30 days, 6 fills/year  |
| REZLIDHIA CAP                   | QL= 2 caps/day; Only available through Biologics 800-850-4306   |
| REZUROCK TAB                    | QL= 1 tab/day; Only available through Lumicera 855-847-3553   |
| RINVOQ ER TAB                   | QL= 1 tab/day   |
| rizatriptan ODT                 | QL= 12 tabs/fill, 3 fills/60 days   |
| rizatriptan tab                 | QL= 12 tabs/fill, 3 fills/60 days   |
| ROZLYTREK CAP                   | QL= 3 caps/day  |
| ROZLYTREK PAK                   | QL= 6 packs/day   |
| RUBRACA TAB                     | QL= 4 tabs/day; Only available through Optum 877-445-6874   |
| RYBELSUS TAB                    | QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)  |
| RYDAPT CAP                      | QL= 56 caps/28 days   |
| SANCUSO PATCH                   | QL= 4 patches/fill  |
| SANTYL OINT                     | QL= 90gm/30 days  |
| SAVELLA TAB                     | QL= 2 tabs/day  |
| SIGNIFOR INJ                    | QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007                                 |
| sildenafil tab                  | QL=6 tabs/30 days   |
| SIMPONI AUTO-INJECTOR 100MG     | QL=1 inj/28 days  |
| SIMPONI INJ 100MG               | QL=1 inj/28 days  |
| SIVEXTRO TAB                    | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist  |
| SKYCLARYS CAP                   | QL= 3 caps/day; Only available through Biologics 800-850-4306   |
| SKYRIZI INJ 150MG/ML            | QL= 1 inj/84 days   |
| SKYRIZI INJ 180 MG/1.2ML        | QL= 1 inj/56 days   |
| SKYRIZI INJ 360MG/2.4ML         | QL= 1 inj/56 days   |
| SKYRIZI INJ 75MG/0.83ML         | QL= 2 inj/84 days   |
| SODIUM OXYBATE SOLN             | QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688                             |
| sodium/magnesium/potassium soln | QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay            |
| SOFOSBUVIR/VELPATASVIR TAB      | QL= 1 tab/day   |
| SOHONOS CAP 1.5MG               | QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828  |
| SOHONOS CAP 10MG                | QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828  |
| SOHONOS CAP 1MG                 | QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828  |
| SOHONOS CAP 2.5MG               | QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828  |
| SOHONOS CAP 5MG                 | QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828  |
| SOLIQUA INJ                     | QL= 15ml/25 days  |
| SOLU-CORTEF INJ                 | QL= 1 vial/fill   |
| SOLU-CORTEF INJ 100MG           | QL= 2 vials/fill  |
| SPIKEVAX INJ                    | QL= 1 dose/24 days  |
| SPIKEVAX INJ 50MCG/0.5ML        | QL= 1 dose/24 days  |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                         | <b>Quantity Limit</b>  |
|--|--|
| SPINOSAD SUSP                            | QL= 1 bottle/fill  |
| SPIRIVA RESPIMAT INHALER<br>1.25MCG/ACT  | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL) |
| STELARA INJ                              | QL= 1 inj/84 days  |
| STIVARGA TAB                             | QL= 4 tabs/day   |
| STRIVERDI RESPIMAT INHALER               | QL= 1 inhaler/30 days  |
| SUFLAVE SOLN                             | QL= 2 fills/calendar year  |
| SUMATRIPTAN INJ                          | QL= 4 inj/fill, 2 fills/30 days  |
| SUMATRIPTAN INJ 6MG/0.5ML                | QL= 4 inj/fill, 2 fills/30 days  |
| sumatriptan nasal spray                  | QL= 6 sprays/fill, 2 fills/30 days   |
| sumatriptan tab                          | QL= 9 tabs/fill, 2 fills/30 days   |
| sumatriptan vial inj                     | QL= 5 inj/fill, 2 fills/30 days  |
| SUNOSI TAB                               | QL= 1 tab/day  |
| SYMDEKO TAB                              | QL= 2 tabs/day; Only available through Walgreens 888-347-3416  |
| SYNJARDY TAB                             | QL= 2 tabs/day   |
| SYNJARDY XR TAB 10-1000MG,<br>25-1000MG  | QL= 1 tab/day  |
| SYNJARDY XR TAB 5-1000MG,<br>12.5-1000MG | QL= 2 tabs/day   |
| TABRECTA TAB                             | QL= 4 tabs/day   |
| tadalafil tab 2.5mg, 5mg                 | QL= 1 tab/day  |
| TAGRISO TAB                              | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118   |
| TAKHZYRO INJ                             | QL= 2 inj/28 days; Only available through Accredo 800-803-2523   |
| TAKHZYRO INJ 150MG/ML                    | QL= 2 inj/28 days; Only available through Accredo 800-803-2523   |
| TALTZ INJ                                | QL= 1 inj/28 days  |
| TALZENNA CAP 0.25MG                      | QL= 3 caps/day   |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG          | QL= 1 cap/day  |
| TAVNEOS CAP                              | QL= 6 caps/day; Only available through PantheRx 855-726-8479   |
| TAZVERIK TAB                             | QL= 8 tabs/day; Only available through Onco360 877-662-6633  |
| TEGSEDI INJ                              | QL= 4 inj/28 days; Only available through Accredo 800-803-2523   |
| TEPMETKO TAB                             | QL= 2 tabs/day; Only available through Biologics 800-850-4306  |
| TESTOSTERONE ENANTHATE INJ<br>200MG/ML   | QL= 5ml/fill   |
| testosterone gel pump 1.62%              | QL= 2 bottles/30 days  |
| testosterone soln                        | QL= 2 bottles/30 days  |
| TEZSPIRE INJ                             | QL= 1 pen/28 days  |
| TIBSOVO TAB                              | QL= 2 tabs/day; Only available through Biologics 800-850-4306  |
| TRACLEER TAB 32MG                        | QL= 4 tabs/day; Only available through Accredo 800-803-2523  |
| TRADJENTA TAB                            | QL= 1 tab/day  |
| travoprost ophth soln                    | QL= 5ml/30 days; Step Therapy requires trial of latanoprost  |
| TREMFYA INJ                              | QL= 1 inj/56 days  |
| tretinoin cream                          | QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization   |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                                | <b>Quantity Limit</b>  |
|---|--|
| tretinoin gel                                   | QL= 15gm/fill. Acne Only – members age 35 or older require Prior Authorization   |
| tretinoin gel 0.08%                             | QL= 50gm/fill  |
| TRIJARDY XR TAB 10-5-1000MG,<br>25-5-1000MG     | QL= 1 tab/day  |
| TRIJARDY XR TAB 5-25-1000MG,<br>12.5-2.5-1000MG | QL= 2 tabs/day   |
| TRIKAFTA TAB                                    | QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416   |
| TRIKAFTA THERAPY PACK                           | QL= 2 packets/day; Only available through Walgreens 888-347-3416   |
| TRINTELLIX TAB                                  | QL= 1 tab/day  |
| TRULANCE TAB                                    | QL= 1 tab/day  |
| TRULICITY INJ                                   | QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)   |
| TUKYSA TAB                                      | QL= 4 tabs/day; Only available through Biologics 800-850-4306  |
| TURALIO CAP                                     | QL= 4 caps/day; Only available through Biologics 800-850-4306  |
| TYRVAYA NASAL SPRAY                             | QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist; Step Therapy Requires trial of cyclosporine oph emulsion |
| TYVASO DPI POWDER                               | QL= 4 cartridges/day; Only available through Accredo 800-803-2523  |
| TYVASO DPI POWDER MAINTENANCE<br>KIT 32-48MCG   | QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523  |
| TYVASO DPI POWDER TITRATION KIT<br>16-32-48MCG  | QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523  |
| TYVASO DPI POWDER TITRATION KIT<br>16-32MCG     | QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523  |
| TYVASO INH SOLN 0.6 MG/ML                       | QL= 1 ampule/day; Only available through Accredo 800-803-2523  |
| UBRELVY TAB                                     | QL= 10 tabs/30 days, 6 fills/year  |
| UPTRAVI TAB                                     | QL= 2 tabs/day; Only available through Accredo 800-803-2523  |
| VALCHLOR GEL                                    | QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874  |
| VALTOCO NASAL SPRAY                             | QL= 2 packs/fill; Restricted to Neurology Specialist   |
| vancomycin cap                                  | QL= 56 caps/fill   |
| VANFLYTA TAB                                    | QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics<br>800-850-4306  |
| VANFLYTA TAB 26.5MG                             | QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics<br>800-850-4306   |
| VARENICLINE TAB                                 | Limited to 180 days/plan year  |
| varenicline tartrate tab                        | Limited to 180 days/plan year  |
| varenicline tartrate tab starter pack           | Limited to 180 days/plan year  |
| VARUBI TAB                                      | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist  |
| VASCEPA CAP                                     | QL= 4 caps/day   |
| VENTAVIS INH SOLN                               | QL= 9 ampules/day; Only available through Accredo 800-803-2523   |
| VENTOLIN HFA INHALER                            | QL= 2 inhalers/30 days   |
| VEOZAH TAB                                      | QL= 1 tab/day  |
| VERQUVO TAB                                     | QL= 1 tab/day; Restricted to Cardiology Specialist   |
| VERZENIO TAB                                    | QL= 2 tabs/day   |
| V-GO INJ KIT                                    | QL= 1 kit/day  |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>                           | <b>Quantity Limit</b>   |
|--|---|
| VICTOZA INJ                                | QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)   |
| VIJOICE TAB                                | QL= 1 tab/day   |
| VIJOICE TAB 250MG                          | QL= 2 tabs/day  |
| VITRAKVI CAP 100MG                         | QL= 2 caps/day; Only available through Accredo 800-803-2523   |
| VITRAKVI CAP 25MG                          | QL= 6 caps/day; Only available through Accredo 800-803-2523   |
| VITRAKVI SOLN                              | QL= 10ml/day; Only available through Accredo 800-803-2523   |
| VIZIMPRO TAB                               | QL= 1 tab/day   |
| VONJO CAP                                  | QL= 4 caps/day; Only available through Biologics 800-850-4306   |
| VOSEVI TAB                                 | QL= 1 tab/day   |
| VOWST CAP                                  | QL= 12 caps/fill; Only available through Orsini 800-410-8575  |
| VOXZOGO INJ                                | QL= 1 vial/day; Only available through Accredo 888-773-7376   |
| VYNDAMAX CAP                               | QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416  |
| VYNDAQEL CAP                               | QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416   |
| WAKIX TAB                                  | QL= 2 tabs/day; Only available through Accredo 800-803-2523   |
| WELIREG TAB                                | QL= 3 tabs/day; Only available through Biologics 800-850-4306   |
| XACIATO GEL                                | QL= 1 applicator/fill   |
| XADAGO TAB                                 | QL= 1 tab/day   |
| XALKORI CAP                                | QL= 2 caps/day  |
| XALKORI SPRINKLE CAP                       | QL= 4 caps/day  |
| XCOPRI PAK 100-150MG                       | QL= 2 tabs/day  |
| XCOPRI PAK 150-200MG                       | QL= 2 tabs/day  |
| XCOPRI PAK 50-200MG                        | QL= 2 tabs/day  |
| XCOPRI TAB 150MG, 200MG                    | QL= 2 tabs/day  |
| XCOPRI TAB 50MG, 100MG                     | QL= 1 tab/day   |
| XCOPRI TITRATION PAK 12.5-25MG             | QL= 1 tab/day   |
| XCOPRI TITRATION PAK 150-200MG             | QL= 1 tab/day   |
| XCOPRI TITRATION PAK 50-100MG              | QL= 1 tab/day   |
| XDEMVY DROP                                | QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist |
| XELJANZ SOLN                               | QL= 10ml/day  |
| XELJANZ TAB                                | QL= 2 tabs/day  |
| XELJANZ XR TAB                             | QL= 1 tab/day   |
| XENLETA TAB                                | QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist   |
| XIFAXAN TAB 200MG                          | QL= 9 tabs/3 days   |
| XIFAXAN TAB 550MG                          | QL= 2 tabs/day  |
| XIGDUO XR TAB                              | QL= 2 tabs/day  |
| XIGDUO XR TAB 10-1000MG                    | QL= 1 tab/day   |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG         | QL= 2 tabs/day  |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | QL= 1 tab/day   |

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 4/1/2024**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

| <b>Drug Name</b>         | <b>Quantity Limit</b>  |
|--------------------------|--|
| XOLAIR SYRINGE           | QL= 2 inj/28 days  |
| XOLAIR SYRINGE 150MG/ML  | QL= 2 inj/28 days  |
| XOSPATA TAB              | QL= 3 tabs/day; Only available through Biologics 800-850-4306                              |
| XPHOZAH TAB              | QL= 2 tabs/day   |
| XPOVIO PAK               | QL= 32 tabs/28 days; Only available through Biologics 800-850-4306                         |
| XTAMPZA ER CAP           | QL= 120 caps/30 days   |
| XULTOPHY INJ             | QL= 15ml/30 days   |
| zaleplon cap             | QL= 1 cap/day  |
| ZAVZPRET NASAL SPRAY     | QL= 6 units/fill; 60 units/365 days  |
| ZEGALOGUE INJ            | QL= 2 inj/fill   |
| ZEJULA CAP               | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118                      |
| ZEJULA TAB               | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118                       |
| ZELBORAF TAB             | QL= 8 tabs/day   |
| ZEPOSIA CAP              | QL= 1 cap/day  |
| ZEPOSIA STARTER PACK     | QL= 1 cap/day  |
| ZOKINVY CAP              | QL= 4 caps/day; Only available through CVS Specialty 800-237-2767                          |
| zolmitriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray |
| zolmitriptan ODT         | QL= 9 tabs/fill, 2 fills/30 days   |
| ZOLMITRIPTAN SPRAY       | QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray |
| zolmitriptan tab         | QL= 9 tabs/fill, 2 fills/30 days   |
| zolpidem tab             | QL= 1 tab/day  |
| ZOMIG SPRAY              | QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray |
| ZORYVE CREAM             | QL= 60 grams/30 days   |
| ZTALMY SUSP              | QL= 1100ml/30 days; Only available through Orsini 800-410-8575                             |
| ZYKADIA CAP              | QL= 3 caps/day   |
| ZYKADIA TAB              | QL= 3 tabs/day   |
| ZYLET OPHTH SUSP         | QL= 5ml/fill (10ml bottle is Not Covered)  |

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