ArrayRx

High Performance Formulary

An evidence-based pharmacy formulary that works for you

For medications not listed, Moda Health provides an online drug price check tool for members. You can access this resource by logging in to your myModa account at modahealth.com and choosing the Pharmacy tab.

What is the High Performance Formulary?

The High Performance Formulary is a pharmacy program that offers a choice of medications that are safe and effective treatments. The program provides value to Moda Health members by saving them money on prescription medications.

How does the program work?

This program uses a tiered copay/coinsurance system. Members and their doctors can choose between the value tier, select tier, and preferred tier. Each tier has a different copay/coinsurance amount and what you pay depends on your plan. Refer to your Member Handbook or call Moda Health for plan details or specific medication tier information.

Who makes decisions about medications on the prescription drug list?

The list is developed and maintained by a group of doctors and pharmacists called the Pharmacy and Therapeutics Committee. These doctors and pharmacists are not employed by Moda, but may see patients who have Moda coverage. The Committee makes decisions based on information about a medication's safety, effectiveness and associated clinical outcomes.

For more information about our Preferred Drug Program, please visit modahealth.com/pebb or call us toll-free at 844-776-1594.

How to read your prescription drug list

Refer to the chart below for a list of prescription medications covered under the High Performance Formulary. Medications that are new to the market are subject to a review period. Please contact us if you are taking a medication that is new to the market.

Please see your plan documents for specific coverage level for anti-cancer, infertility, immunizations, diabetic supplies and insulins.

Medication Tier Key		Medication Restrictions Key	
CAPITAL LETTERS	Brand name medications	**AMSP**	**Ardon Mandatory Specialty Pharmacy Program –** You must access these specialty medications through the exclusive Ardon Health Specialty pharmacy. All specialty medications require a prior authorization before they can be dispensed. To enroll with Ardon Health Specialty Pharmacy, call toll-free at 855-425-4085.
small letters	Generic medications	**LMSP**	**Lumicera Mandatory Specialty Pharmacy Program –** You must access these specialty medications through the exclusive Lumicera Specialty pharmacy. All specialty medications require a prior authorization before they can be dispensed. To enroll with Lumicera Specialty Pharmacy, call toll-free at 855-847-3553.
Preventive	**Preventive** medications are covered under the Affordable Care Act and considered preventative medications. They may be covered at no cost to you. Certain restrictions may apply.	**SF**	**Split Fill –** These medications are limited to two 15 day fills per month for the first 3 months of therapy.
Value	**Value tier** medications means those medications that include commonly prescribed products used to treat chronic medical conditions, and that are considered safe, effective and costeffective to alternative medications.	**ST**	**Step therapy –** You must try one or more "first line" medications before you can get this step therapy medication.
Generic	**Generic tier** medications include generic medications that are safe, effective and represent the most cost-effective option within their therapeutic category, as well as certain brand medications that have been identified as favorable from a clinical and cost-effective perspective.	**PA**	**Prior authorization required –** Your healthcare provider must work directly with Moda Health to obtain approval before we can process payment for a specific medication.
Brand	**Brand tier** includes brand name medications that have been reviewed by Moda Health and found to be clinically effective at a favorable cost when compared with other medications in the same category.	**QL**	**Quantity limits –** Some medications have limits to how much you can get per prescription or refill.
Generic Specialty	**Generic Specialty tier** medications include generic specialty medications that are safe, effective and represent the most cost-effective option within their therapeutic category.	**SMKG**	**Smoking Cessation –** Smoking cessation medications are in the preventive tier and covered at no cost to you. Certain restrictions may apply.
Brand Specialty	**Brand Specialty tier** medications are specialty medications have been reviewed by Moda Health and found to be clinically effective at a favorable cost when compared with other medications in the same category.	**VAC**	**Vaccine Program –** Certain immunizations and related administration fees are covered at no cost to you if received at in-network retail pharmacies.
OTC	**Over-the-Counter –** Medications may be purchased without a professional provider's prescription. Moda Health follows the federal designation of OTC medications to decide if an OTC medication is covered	**LD**	**Limited Distribution –** You must access these specialty medications through the exclusive specialty pharmacy indicated. All specialty medications require a prior authorization before they can be dispensed.

This list of medication authorizations changes periodically. To learn about a medication's prior effective date, request authorization or see if your medication needs it, please contact our Pharmacy Customer Service team.

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.

PEBB High Performance Formulary
Alphabetical Index
Last Updated 8/1/2026

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Generic	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Generic	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	AMSP	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy)	QL-VAC	Preventive	VACCINES
ACAM2000 INJ	-	Preventive	VACCINES
acamprosate calcium DR tab (CAMPRAL equiv)	-	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv) (Must fill 3-month supply)	-	Generic	ANTIDIABETICS
acebutolol cap (SECTRAL equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Generic	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Brand	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Generic	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Generic	DIURETICS
acetazolamide tab	-	Generic	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	Generic	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Generic	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	Generic	COUGH/COLD/ALLERGY
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Brand	COUGH/COLD/ALLERGY
ACULAR LS OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Generic	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	Generic	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	Generic	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Generic	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	Preventive	TOXOIDS
ADALIMU-ADAZ INJ 80/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY

NC =Not Covered

AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
PA	Prior Authorization	QL	Quantity Limit
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program		

generic =small letters

BRANDS =CAPITAL LETTERS

LD	Limited Distribution
OTC	Over-the-Counter
RDX	Restricted to Diagnosis
ST	Step Therapy

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

Drug Name	Special Code	Tier	Category
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 10MG/0.1ML (QL= 0.2ml/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Generic	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Generic	DERMATOLOGICALS
ADDYI TAB (QL= 30 tabs/30 days)	QL	Brand	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty	ANTIVIRALS
ADVATE INJ 1000 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 1500 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 2000 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 250 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 3000 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 4000 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 500 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
AEROCHAMBER (QL= 1 device/365 days)	QL	Brand	MEDICAL DEVICES AND SUPPLIES
AFLURIA INJ (QL= 0.5ml/fill)	QL-VAC	Preventive	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	Preventive	VACCINES
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days; Must fill 3-month supply)	PA-QL	Brand	MIGRAINE PRODUCTS
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Brand	MIGRAINE PRODUCTS
AJOVY INJ (QL= 1 inj/28 days; Must fill 3-month supply)	PA-QL	Brand	MIGRAINE PRODUCTS
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate inhal aero 108mcg/act (QL= 36g/30 days)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate inhal aero 108mcg/act (QL= 36g/30 days; Step therapy req trial of albuterol HFA (ProAir HFA or Proventil HFA equiv) [6.7g or 8.5g inhaler])	QL-ST	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
albuterol/ipratropium neb soln (DUONEB equiv)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	Generic	DERMATOLOGICALS
ALCLOMETASONE OINT	-	Generic	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Generic	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days; Must fill 3-month supply)	QL	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv) (Must fill 3-month supply)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG (Must fill 3-month supply)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
alfuzosin SR tab (UROXATRAL equiv) (Must fill 3-month supply)	-	Generic	GENITOURINARY AGENTS - MISCELLANEOUS
allopurinol tab (ZYLOPRIM equiv)	-	Generic	GOUT AGENTS
alosetron tab (LOTRONEX equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
ALPHANATE, HUMATE-P INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	Generic	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Generic	ANTIANXIETY AGENTS
ALPROLIX INJ (Only available through Accredo 888-773-7376)	LD-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALYFRTEK TAB 10-50-125MG (QL= 90 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Brand Specialty	RESPIRATORY AGENTS - MISC.
ALYFRTEK TAB 4-20-50MG (QL= 60 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Brand Specialty	RESPIRATORY AGENTS - MISC.
amantadine cap (SYMMETREL equiv)	-	Generic	ANTIPARKINSON AGENTS
amantadine soln	-	Generic	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine syrup (SYMMETREL equiv)	-	Generic	ANTIPARKINSON AGENTS
amantadine tab	-	Generic	ANTIPARKINSON AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE LOTION	-	Brand	DERMATOLOGICALS
amethyst tab (LYBREL equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	Generic	DIURETICS
AMILORIDE/HCTZ TAB	-	Generic	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Generic	DIURETICS
aminocaproic acid soln (AMICAR equiv)	AMSP	Generic Specialty	HEMOSTATICS
amiodarone tab (CORDARONE equiv) (Must fill 3-month supply)	-	Generic	ANTIARRHYTHMICS
amitriptyline tab (ELAVIL equiv) (Must fill 3-month supply)	-	Value	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv) (Must fill 3-month supply)	-	Value	CALCIUM CHANNEL BLOCKERS
amlodipine/benazepril cap (LOTREL equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES

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AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
amlodipine/valsartan tab (EXFORGE equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	Generic	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Generic	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Generic	DERMATOLOGICALS
amoxapine tab (QL= 4 tabs/day)	QL	Generic	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	Generic	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	Generic	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	Generic	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	Generic	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	Generic	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Generic	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Generic	PENICILLINS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ampicillin cap (AMPICILLIN equiv)	-	Generic	PENICILLINS
anagrelide cap (AGRYLIN equiv)	-	Generic	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANNOVERA RING (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Generic	OTIC AGENTS
APAP/CODEINE SOLN (QL= 90ml/day)	QL	Generic	ANALGESICS - OPIOID
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Generic Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Generic	ANTIEMETICS
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Generic	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Generic	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month)	QL	Generic	ANTIEMETICS
APTIVUS CAP (QL= 4 caps/day)	QL	Brand	ANTIVIRALS
APTIVUS SOLN (QL= 380ml/30 days)	QL	Brand	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
ARANELLE TAB (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
ARBLI SUSP (QL= 10 mL/day)	QL	Brand	ANTIHYPERTENSIVES
AREXVY INJ (QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy)	QL-VAC	Preventive	VACCINES
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA 675MG/2.4ML INJ	AMSP	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA INJ	AMSP	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days; Must fill 3-month supply)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
ASMANEX HFA INHALER (QL= 1 inhaler/30 days; Must fill 3-month supply)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days; Must fill 3-month supply)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for females only)	-	Preventive	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	Generic	ANALGESICS - OPIOID
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab; Must fill 3-month supply)	QL-ST	Brand	ANTIANGINAL AGENTS
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Generic	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Generic	ANTIVIRALS
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Generic	ANTIVIRALS
atenolol tab (TENORMIN equiv) (Must fill 3-month supply)	-	Value	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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

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

Drug Name	Special Code	Tier	Category
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive	ANTIHYPERLIPIDEMICS
atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	Generic	ANTIMALARIALS
ATRALIN GEL, RETIN-A GEL (QL= 360g/30 days)	QL	Brand	DERMATOLOGICALS
atropine ophth oint	-	Generic	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Generic	OPHTHALMIC AGENTS
ATROVENT HFA AERO (QL= 25.8g/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUVI-Q INJ (QL= 2 inj/fill)	QL	Brand	VASOPRESSORS
AVC VAGINAL CREAM	-	Brand	VAGINAL PRODUCTS
AVERI TAB (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
AVONEX INJ (QL= 1 kit/28 days)	AMSP-QL	Brand Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Brand Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
azathioprine tab (IMURAN equiv)	-	Generic	ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	Generic	DERMATOLOGICALS
azelastine ophth soln (OPTIVAR equiv)	-	Generic	OPHTHALMIC AGENTS
azithromycin susp (ZITHROMAX equiv)	-	Generic	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	Generic	MACROLIDES
BACIT/POLYMY OIN OP	-	Generic	OPHTHALMIC AGENTS
BACITRACIN OPHTH OINT	-	Brand	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Generic	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Generic	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Generic	OPHTHALMIC AGENTS
baclofen tab (BACLOFEN equiv)	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	Brand	MUSCULOSKELETAL THERAPY AGENTS
balsalazide cap (COLAZAL equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Brand	ANTIDIABETICS
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Brand Specialty	ANTIVIRALS
B-D INSULIN SYRINGE	--OTC	DIAB 1	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	DIAB 1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	DIAB 1	MEDICAL DEVICES AND SUPPLIES
BELLADONNA ALKALOID/OPIUM SUPP	-	Brand	ULCER DRUGS
benazepril tab (LOTENSIN equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
BENEFIX INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
BENZNIDAZOLE TAB	-	Brand	ANTHELMINTICS
BENZONATATE CAP (QL= 3 caps/day)	QL	Generic	COUGH/COLD/ALLERGY
benzonatate cap (TESSALON equiv)	QL--	Generic	COUGH/COLD/ALLERGY
benztropine tab	-	Generic	ANTIPARKINSON AGENTS
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
BETAMETH VALERATE LOTION	-	Generic	DERMATOLOGICALS
betamethasone augmented cream (DIPROLENE AF CREAM equiv) (QL= 200 gm/30 days)	QL	Generic	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv) (QL= 200 mL/3 days)	QL	Generic	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv) (QL= 200 gm/30 days)	QL	Generic	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv) (QL= 200 gm/30 days)	QL	Generic	DERMATOLOGICALS
betamethasone diproprionate lotion (DIPROSONE LOTION equiv) (QL= 200 mL/30 days)	QL	Generic	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv) (QL= 200 gm/30 days)	QL	Generic	DERMATOLOGICALS
betamethasone valerate cream	-	Generic	DERMATOLOGICALS
betamethasone valerate lotion	-	Generic	DERMATOLOGICALS
betamethasone valerate oint	-	Generic	DERMATOLOGICALS
betaxolol ophth soln (BETOPTIC-S equiv)	-	Generic	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	Generic	URINARY ANTISPASMODICS
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Generic Specialty	DERMATOLOGICALS
BEXSERO INJ	VAC	Preventive	VACCINES
bicalutamide tab (CASODEX equiv)	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIKTARVY TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Generic	OPHTHALMIC AGENTS
BIOTHRAX INJ	-	Preventive	VACCINES

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bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tabs/10 days)	QL	Generic	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
bisoprolol tab (ZEBETA equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv) (Must fill 3-month supply)	-	Value	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP (QL= 5 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bosutinib tab (BOSULIF equiv) (Only available through Onco360 877-662-6633)	LD-PA-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREZTRI AEROSPHERE INHALER (QL= 10.7g/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Generic	OPHTHALMIC AGENTS
brivaracetam oral soln 10mg/ml (BRIVIACT INJ equiv) (QL= 600mL/30 days)	QL	Generic	ANTICONVULSANTS
brivaracetam tab (BRIVIACT equiv) (QL= 2 tabs/day)	QL	Generic	ANTICONVULSANTS
BRIXADI SOLN	LMSP	Brand Specialty	ANALGESICS - OPIOID
bromocriptine cap (PARLODEL equiv)	-	Generic	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	Generic	ANTIPARKINSON AGENTS
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days; Must fill 3-month supply)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide SR cap (ENTOCORT EC equiv)	-	Generic	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	Generic	DIURETICS
buprenorphine hcl buccal film (BELBUCA equiv)	-	Generic	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv)	-	Generic	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	Generic	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Generic	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Generic	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	Generic	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	Generic	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	Generic	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	Generic	ANTIANXIETY AGENTS
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Generic	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	Generic	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 6 caps/day)	QL	Generic	ANALGESICS - OPIOID
butorphanol nasal spray (QL= 5ml/30 days)	QL	Generic	ANALGESICS - OPIOID
cabergoline tab (DOSTINEX equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caffeine citrate soln (CAFCIT equiv)	-	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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calcipotriene cream (DOVONEX CREAM equiv)	-	Generic	DERMATOLOGICALS
calcipotriene oint	-	Generic	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	Generic	DERMATOLOGICALS
CALCIPOTRIENE SOLN 0.005%	-	Generic	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (CALCITRIOL equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	Brand	MEDICAL DEVICES AND SUPPLIES
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz; Must fill 3-month supply)	ST	Generic	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz; Must fill 3-month supply)	ST	Generic	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Brand	COUGH/COLD/ALLERGY
CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug; Must fill 3-month supply)	ST	Brand	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	ST--	Generic	ANTIHYPERTENSIVES
CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older)	QL-VAC	Preventive	VACCINES
carbamazepine chew tab (TEGRETOL equiv)	-	Generic	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	Generic	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	Generic	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	Generic	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	Generic	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	Generic	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Generic	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	Generic	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	Generic	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic	ANTIPARKINSON AND RELATED THERAPY AGENTS

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Drug Name	Special Code	Tier	Category
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Generic	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Generic	ANTIHISTAMINES
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Generic	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
CARTEOLOL OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	Generic	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv) (Must fill 3-month supply)	-	Value	BETA BLOCKERS
CAVERJECT INJ (QL= 6 cartons/30 days)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Brand Specialty	ANTI-INFECTIVE AGENTS - MISC.
cefadroxil cap (DURICEF equiv)	-	Generic	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	Generic	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	Generic	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	Generic	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	Generic	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	Generic	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	Generic	CEPHALOSPORINS
CEFPODOXIME PROXETIL SUSP	-	Generic	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	Generic	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	Generic	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	Generic	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	Generic	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	-	Generic	ANALGESICS - ANTI-INFLAMMATORY
cephalexin cap (KEFLEX equiv)	-	Generic	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	Generic	CEPHALOSPORINS
cephalexin tab	-	Generic	CEPHALOSPORINS
CERDELGA CAP (Only available through Accredo 800-803-2523)	LD-PA	Brand Specialty	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	Preventive	VACCINES
CERVICAL CAP	-	Preventive	MEDICAL DEVICES AND SUPPLIES
cetrorelix acetate for inj kit (CETROTIDE equiv)	-	INF	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	-	INF	ENDOCRINE AND METABOLIC AGENTS - MISC.
cevimeline cap (EVOXAC equiv)	-	Generic	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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CHLORD/CLIDI CAP	-	Generic	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
chlordiazepoxide cap (LIBRIUM equiv)	-	Generic	ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Brand	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Generic	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	Generic	MOUTH/THROAT/DENTAL AGENTS
CHLOROQUINE TAB	-	Generic	ANTIMALARIALS
chloroquine tab (ARALEN equiv)	-	Generic	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	Generic	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	Generic	DIURETICS
chlorpromazine tab (THORAZINE equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab (Must fill 3-month supply)	-	Value	DIURETICS
chlorzoxazone tab (QL= 4 tabs/day)	QL	Generic	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
cholestyramine lite powder (QUESTRAN LITE equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
CIALIS TAB (QL= 6 tabs/30 days)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
ciclopirox cream (LOPROX CREAM equiv)	-	Generic	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	Generic	DERMATOLOGICALS
ciclopirox nail soln (PENLAC SOLN equiv)	-	Generic	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Generic	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	Generic	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	Generic	HEMATOLOGICAL AGENTS - MISC.
CIMDUO TAB	-	Brand	ANTIVIRALS
CIMZIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ 200MG/ML (QL= 2 units/28 days)	AMSP-PA-QL	Brand Specialty	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Generic	OTIC AGENTS
CIPRO SUSP	-	Generic	FLUOROQUINOLONES
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	Generic	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	Generic	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Generic	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Generic	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	Generic	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv) (Must fill 3-month supply)	-	Value	ANTIDEPRESSANTS
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 10 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 4 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 5 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 6 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 7 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 8 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 9 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CLARITHROMYC SUSP	-	Brand	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	Generic	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	Generic	MACROLIDES
clindamycin cap (CLEOCIN equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN GEL equiv)	-	Generic	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	Generic	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	Generic	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	Generic	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Generic	VAGINAL PRODUCTS
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Generic	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	Generic	ANTICONVULSANTS
clobetasol foam (OLUX equiv) (QL= 200 gm/30 days)	QL	Generic	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Generic	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Generic	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 200 gm/30 days)	QL	Generic	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Generic	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv) (QL= 200 mL/30 days)	QL	Generic	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Generic	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Generic	DERMATOLOGICALS
CLOMID TAB	-	INF	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomiphene citrate tab (CLOMID equiv)	-	INF	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	Generic	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	Generic	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	Generic	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
clonidine tab (CATAPRES equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days; Must fill 3-month supply)	QL	Generic	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75mg (PLAVIX equiv) (Must fill 3-month supply)	-	Generic	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	Generic	ANTIANXIETY AGENTS
clotrimazole cream 1%	-	Generic	DERMATOLOGICALS
clotrimazole soln 1%	-	Generic	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	Generic	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Generic	DERMATOLOGICALS
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	Generic	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Generic	DERMATOLOGICALS

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clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
codeine sulfate tab	-	Generic	ANALGESICS - OPIOID
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Brand	COUGH/COLD/ALLERGY
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Generic	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	Generic	GOUT AGENTS
cold/allergy elx children (QL= 2400ml/30 days)	QL	Generic	COUGH/COLD/ALLERGY
colesevelam tab (WELCHOL equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	Preventive	VACCINES
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive	VACCINES
CONCEPT DHA CAP	-	Brand	MULTIVITAMINS
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	DIAB 1	DIAGNOSTIC PRODUCTS
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1	DIAGNOSTIC PRODUCTS
CONTRACEPTIVE FILM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	Preventive	VAGINAL PRODUCTS
CORTISONE ACETATE TAB	-	Brand	CORTICOSTEROIDS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive	VACCINES

Drug Name	Special Code	Tier	Category
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	VAC	Preventive	VACCINES
CREON CAP	-	Brand	DIGESTIVE AIDS
CREXONT CAP 35-140MG (QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
CREXONT CAP 52.5-210MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
CREXONT CAP 70-280MG (QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
CREXONT CAP 87.5-350MG (QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
CRIXIVAN CAP	-	Brand	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	Generic	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
cryselle tab (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive	DIAGNOSTIC PRODUCTS
CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA	Brand Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
cyanocobalamin inj	-	Generic	HEMATOPOIETIC AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Generic	OPHTHALMIC AGENTS
cyclophosphamide cap	-	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine modified cap (NEORAL equiv)	-	Generic	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Generic	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Generic	OPHTHALMIC AGENTS
cyproheptadine syrup	-	Generic	ANTIHISTAMINES
cyproheptadine tab	-	Generic	ANTIHISTAMINES
CYSTADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007)	LD-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007)	LD-QL-ST	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Brand Specialty	GENITOURINARY AGENTS - MISCELLANEOUS

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Drug Name	Special Code	Tier	Category
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Brand Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Brand Specialty	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	Generic	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	Generic	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Generic	ANTICOAGULANTS
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Generic	ANDROGENS-ANABOLIC
dapagliflozin tab (FARXIGA equiv) (QL= 1 tab/day)	QL	Generic	ANTIDIABETICS
dapagliflozin-metformin er tab 10-1000mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Generic	ANTIDIABETICS
dapagliflozin-metformin er tab 10-500mg (XIGDUO XR equiv) (QL= 1 tab/day)	QL	Generic	ANTIDIABETICS
dapagliflozin-metformin er tab 5-1000mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Generic	ANTIDIABETICS
dapagliflozin-metformin er tab 5-500mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Generic	ANTIDIABETICS
dapsone tab	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
dasatinib tab (SPRYCEL equiv)	AMSP-PA-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferasirox granules packet (JADENU equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376)	LD-PA	Brand Specialty	CORTICOSTEROIDS
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Brand Specialty	CORTICOSTEROIDS
DELSTRIGO TAB	-	Brand	ANTIVIRALS
demeclocycline tab (DECLOMYCIN equiv)	-	Generic	TETRACYCLINES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Generic	DERMATOLOGICALS
DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	Generic	ANTIDEPRESSANTS
desmopressin acetate nasal spray (DDAVP equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.

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DESMOPRESSIN NASAL SPRAY	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonide cream	-	Generic	DERMATOLOGICALS
desonide lotion	-	Generic	DERMATOLOGICALS
desonide oint	-	Generic	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	Generic	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	Generic	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Generic	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	Brand	CORTICOSTEROIDS
dexamethasone elixir	-	Generic	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	Generic	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	Brand	CORTICOSTEROIDS
dexamethasone tab (DEXAMETHASONE equiv)	-	Generic	CORTICOSTEROIDS
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Brand	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Brand	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Brand	MEDICAL DEVICES AND SUPPLIES
dexmethylphenidate ER 10mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate ER 15mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate ER 20mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate ER 5mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Brand	CORTICOSTEROIDS
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DIABETIC PUMP	-	DIAB 1	MEDICAL DEVICES AND SUPPLIES
DIALYVITE TAB	-	Generic	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	Generic	MULTIVITAMINS
DIAPHRAGM	-	Preventive	MEDICAL DEVICES AND SUPPLIES
diazepam conc (VALIUM equiv)	-	Generic	ANTIANXIETY AGENTS

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diazepam oral soln 5mg/5ml (QL= 360ml/30 days)	QL	Generic	ANTIANXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill; Must fill 3-month supply)	QL	Value	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	Generic	ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	Generic	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Generic Specialty	DIURETICS
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Generic	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Generic	OPHTHALMIC AGENTS
diclofenac soln 1.5% (PENNSAID equiv)	-	Generic	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	Generic	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Generic	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Generic	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Generic	ULCER DRUGS
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Brand	ANTIVIRALS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Generic	ANTIVIRALS
DIFICID SUSP (QL= 136 mL/10 days)	QL	Brand	MACROLIDES
diflunisal tab (DOLOBID equiv)	-	Generic	ANALGESICS - NONNARCOTIC
digoxin tab (LANOXIN equiv) (Must fill 3-month supply)	-	Generic	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day; Must fill 3-month supply)	QL	Generic	CARDIOTONICS
DILANTIN CAP 30MG	-	Brand	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
diphenhydramine inj	-	Generic	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	Brand	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Generic	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	Generic	HEMATOLOGICAL AGENTS - MISC.
DISKETS TAB (QL= 1 tab/day)	QL	Brand	ANALGESICS - OPIOID
disopyramide cap (NORPACE equiv) (Must fill 3-month supply)	-	Generic	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	Brand	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	Generic	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	Generic	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	Generic	ANTICONVULSANTS
dofetilide cap (TIKOSYN equiv) (Must fill 3-month supply)	-	Generic	ANTIARRHYTHMICS
donepezil ODT (ARICEPT equiv)	-	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DOPTELET SPRINKLE CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOPOIETIC AGENTS
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOPOIETIC AGENTS
dorzolamide ophth soln (TRUSOPT equiv)	-	Generic	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Generic	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Generic	OPHTHALMIC AGENTS
DOVATO TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
doxazosin tab (CARDURA equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Generic	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	Generic	ANTIDEPRESSANTS
DOXEPIN HCL CONC	-	Generic	ANTIDEPRESSANTS
doxycycline hyclate cap (QL= 2 caps/day)	QL	Generic	TETRACYCLINES
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Generic	TETRACYCLINES
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Generic	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Generic	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	Generic	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	Generic	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Generic	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	Generic	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Generic	ANTIEMETICS
D-PENAMINE TAB	-	Brand	ASSORTED CLASSES
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Generic	ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
DROXIA CAP	-	Brand	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	AMSP	Generic Specialty	VASOPRESSORS
DRYSOL SOLN	-	Brand	DERMATOLOGICALS
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Generic	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Generic	ANTIDEPRESSANTS
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Generic	ANTIDEPRESSANTS
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
dutasteride cap (AVODART equiv) (Must fill 3-month supply)	-	Generic	GENITOURINARY AGENTS - MISCELLANEOUS
econazole cream (SPECTAZOLE equiv)	-	Generic	DERMATOLOGICALS
EDEX INJ (QL= three 2-pack containers/30 days or one 6-pack/30 days)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
EDURANT PED TAB (QL= 6 tabs/day)	AMSP-QL	Brand Specialty	ANTIVIRALS

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EFAVIRENZ CAP	-	Generic	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	Generic	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Generic	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Generic	ANTIVIRALS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB (QL= 1 tab/day)	QL	Generic	ANTIVIRALS
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days)	QL	Generic	MIGRAINE PRODUCTS
ELIGARD INJ	AMSP-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ, VABRINTY INJ	AMSP-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIQUIS SPRINKLE CAP (QL= 70 caps/30 days)	QL	Brand	ANTICOAGULANTS
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Brand	ANTICOAGULANTS
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Brand	ANTICOAGULANTS
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Brand	ANTICOAGULANTS
ELIQUIS TAB FOR ORAL SUSP (QL= 560 tabs/30 days)	QL	Brand	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	Preventive	CONTRACEPTIVES
ELMIRON CAP (QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine)	QL-ST	Brand	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 6 packets/day)	AMSP-PA-QL	Generic Specialty	HEMATOPOIETIC AGENTS
eltrombopag olamine tab (PROMACTA equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Generic Specialty	HEMATOPOIETIC AGENTS
eluryng vaginal ring (NUVARING equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
EMBECTA INSULIN SYRINGE	OTC	DIAB 1	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE	OTC	DIAB 1	MEDICAL DEVICES AND SUPPLIES
EMGALITY INJ (QL= 1 inj/28 days; Must fill 3-month supply)	PA-QL	Brand	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preventive	ANTIVIRALS
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv) (QL= 1 tab/day)	QL	Generic	ANTIVIRALS
EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
enalapril tab (VASOTEC equiv) (Must fill 3-month supply)	-	Value	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv) (Must fill 3-month supply)	-	Value	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBUMYST SOLN 0.5MG/0.1ML (QL= 1 box/fill, 1 fill/month; Step Therapy requires trial 1: furosemide, bumetanide, torsemide, ethacrynic acid, indapamide or metolazone)	QL-ST	Brand Specialty	DIURETICS
ENDOMETRIN INSERT	PA	Brand	VAGINAL PRODUCTS
ENDOMETRIN SUPP	PA	Brand	VAGINAL AND RELATED PRODUCTS
ENFLONSIA INJ (QL= 0.7 ml/fill; 2 fills/lifetime)	QL	Preventive	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive	VACCINES
enoxaparin inj (LOVENOX equiv)	-	Generic	ANTICOAGULANTS
enoxaparin inj 300mg (LOVENOX equiv)	-	Generic	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	Generic	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Generic	ANTIVIRALS
ENTRESTO CAP (QL= 8 caps/day; Must fill 3-month supply)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ (QL= 1.36ml/28 days)	AMSP-PA-QL	Brand Specialty	GASTROINTESTINAL AGENTS - MISC.
ENVARSUS XR TAB (Step therapy requires trial of tacrolimus IR capsules)	ST	Brand	ASSORTED CLASSES
EOHILIA SUS 2MG/10ML (Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Brand	CORTICOSTEROIDS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Brand Specialty	ANTICONVULSANTS
EPINEPHRINE INJ	-	Brand	VASOPRESSORS
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill; Must fill 3-month supply)	QL	Value	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill; Must fill 3-month supply)	QL	Value	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill; Must fill 3-month supply)	QL	Value	VASOPRESSORS
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Brand Specialty	ANTIVIRALS
eplerenone tab (INSPRA equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERY PAD	-	Generic	DERMATOLOGICALS

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ERYTHROMYCIN CAP DR	-	Brand	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	Generic	MACROLIDES
ERYTHROMYCIN EC CAP	-	Brand	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Generic	MACROLIDES
ERYTHROMYCIN GEL	-	Generic	DERMATOLOGICALS
erythromycin ophth oint	-	Generic	OPHTHALMIC AGENTS
erythromycin pad	-	Generic	DERMATOLOGICALS
erythromycin soln	-	Generic	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	Generic	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Generic	MACROLIDES
escitalopram soln (LEXAPRO equiv)	-	Generic	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv) (Must fill 3-month supply)	-	Value	ANTIDEPRESSANTS
eslicarbazepine acetate tab (APTIOM equiv) (QL= 60 tabs/30 days)	QL	Generic	ANTICONVULSANTS
estazolam tab (PROSOM equiv)	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Generic	ESTROGENS
estradiol cream (ESTRACE equiv)	-	Generic	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Generic	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Generic	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Generic	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Generic	VAGINAL PRODUCTS
estradiol valerate inj	-	Generic	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Generic	ESTROGENS
ESTRING (QL= 1 ring/90 days; 3 copays per Rx; Must fill 3-month supply)	QL	Brand	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ethambutol tab (MYAMBUTOL equiv)	-	Generic	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	Generic	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	Generic	ANTICONVULSANTS
ETOPOSIDE CAP	-	Brand	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide cap (VEPESID equiv)	-	Generic	ANTINEOPLASTICS
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Generic	ANTIVIRALS
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVOTAZ TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
exemestane tab (AROMASIN equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Brand Specialty	NEUROMUSCULAR AGENTS
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Generic	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day; Must fill 3-month supply)	QL	Generic	ANTIHYPERLIPIDEMICS
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Generic	ANTIVIRALS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Generic	GOUT AGENTS

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Drug Name	Special Code	Tier	Category
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Generic	ANTICONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Generic	ANTICONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Generic	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
FEMALE CONDOMS	OTC	Preventive	MEDICAL DEVICES AND SUPPLIES
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventive	CONTRACEPTIVES
fenofibrate cap 43mg, 130mg (ANTARA equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG (Must fill 3-month supply)	-	Brand	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
ferric citrate tab (QL= 12 tabs/day)	QL	Generic	GASTROINTESTINAL AGENTS - MISC.
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day)	QL	Generic	URINARY ANTISPASMODICS
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
FIASP INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln)	QL-ST	Generic	MACROLIDES
finasteride tab (PROSCAR equiv) (Must fill 3-month supply)	-	Generic	GENITOURINARY AGENTS - MISCELLANEOUS
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FLAREX OPHTH SUSP	-	Brand	OPHTHALMIC AGENTS
flecainide tab (TAMBOCOR equiv) (Must fill 3-month supply)	-	Generic	ANTIARRHYTHMICS
FLORIVA DROPS	-	Brand	MINERALS & ELECTROLYTES
FLUAD INJ	VAC	Preventive	VACCINES
FLUAD QUAD INJ	VAC	Preventive	VACCINES
FLUBLOK INJ	VAC	Preventive	VACCINES
FLUBLOK INJ (QL= 0.5ml/fill)	VAC-QL	Preventive	VACCINES
FLUBLOK QUAD PF INJ	VAC	Preventive	VACCINES
FLUCELVAX INJ (QL= 0.5ml/fill)	QL-VAC	Preventive	VACCINES
FLUCELVAX QUAD INJ	VAC	Preventive	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	Generic	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	Generic	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	Generic	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	Generic	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old)	QL-VAC	Preventive	VACCINES

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

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Drug Name	Special Code	Tier	Category
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive	VACCINES
fluocinolone acetonide oil	-	Generic	DERMATOLOGICALS
fluocinolone acetonide oint	-	Generic	DERMATOLOGICALS
fluocinolone acetonide soln	-	Generic	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	Generic	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	Generic	DERMATOLOGICALS
fluocinonide cream 0.1%	-	Generic	DERMATOLOGICALS
fluocinonide emollient cream	-	Generic	DERMATOLOGICALS
fluocinonide oint	-	Generic	DERMATOLOGICALS
fluocinonide soln	-	Generic	DERMATOLOGICALS
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MINERALS & ELECTROLYTES
FLUORIDE CHW TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Generic	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Generic	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	Generic	DERMATOLOGICALS
FLUOROURACIL SOLN	-	Brand	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	Generic	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv) (Must fill 3-month supply)	-	Value	ANTIDEPRESSANTS
fluoxetine cap (SARAFEM equiv) (Must fill 3-month supply)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FLUOXETINE CAP (PMDD) (Must fill 3-month supply)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap 90mg (QL= 4 caps/28 days)	QL	Generic	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv) (Must fill 3-month supply)	-	Value	ANTIDEPRESSANTS
FLUOXETINE TAB	-	Brand	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine tab 10mg, 20mg (PROZAC equiv) (Must fill 3-month supply)	-	Value	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Brand	OPHTHALMIC AGENTS
flutamide cap (EULEXIN equiv)	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone propionate cream (CUTIVATE equiv)	-	Generic	DERMATOLOGICALS
fluticasone propionate hfa inhal aero (QL= 2 inhalers/30 days)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone propionate oint (CUTIVATE equiv)	-	Generic	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUVIRIN INJ	VAC	Preventive	VACCINES
fluvoxamine tab (LUVOX equiv)	-	Generic	ANTIDEPRESSANTS
FLUZONE HD PF INJ	VAC	Preventive	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	Preventive	VACCINES
FLUZONE QUAD INJ	VAC	Preventive	VACCINES

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FLUZONE/FLUARIX QUAD INJ	VAC	Preventive	VACCINES
FOLBEE PLUS CZ TAB	-	Generic	MULTIVITAMINS
folic acid cap (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	Preventive	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	Preventive	HEMATOPOIETIC AGENTS
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Generic	ANTICOAGULANTS
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Generic	ANTICOAGULANTS
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Generic	ANTICOAGULANTS
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Generic	ANTICOAGULANTS
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Generic	ANTIVIRALS
fosinopril tab (MONOPRIL equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Generic	ANTIHYPERTENSIVES
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Brand	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	DIAB 1	DIAGNOSTIC PRODUCTS
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN (Must fill 3-month supply)	-	Value	DIURETICS
furosemide soln (LASIX equiv) (Must fill 3-month supply)	-	Value	DIURETICS
furosemide tab (LASIX equiv) (Must fill 3-month supply)	-	Value	DIURETICS
FUZEON INJ	-	Brand	ANTIVIRALS
gabapentin cap (NEURONTIN equiv)	-	Generic	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	Generic	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
GARDASIL 9 INJ	VAC	Preventive	VACCINES
GARDASIL INJ	VAC	Preventive	VACCINES
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	Preventive	LAXATIVES
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gemfibrozil tab (LOPID equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERLIPIDEMICS
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	Generic	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Generic	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Generic	DERMATOLOGICALS
gentamicin sulfate oint	-	Generic	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glimepiride tab (AMARYL equiv) (Must fill 3-month supply)	-	Value	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv) (Must fill 3-month supply)	-	Value	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv) (Must fill 3-month supply)	-	Value	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv) (Must fill 3-month supply)	-	Generic	ANTIDIABETICS
GLUCAGEN INJ	-	Brand	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	Generic	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
GLUCAGON DIAGNOSTIC INJ	-	Brand	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Brand	ANTIDIABETICS
GLYBURID MCR TAB (Must fill 3-month supply)	-	Generic	ANTIDIABETICS
glyburide tab (MICRONASE equiv) (Must fill 3-month supply)	-	Value	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv) (Must fill 3-month supply)	-	Value	ANTIDIABETICS
glycerol phenylbutyrate liquid (RAVICTI equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Generic	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	Generic	ULCER DRUGS
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab; Must fill 3-month supply)	QL-ST	Brand	ANTIDIABETICS
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Generic	ANTIEMETICS
GRASTEK SL TAB (QL= 30 tabs/30 days)	QL	Brand	BIOLOGICALS MISC
griseofulvin susp (GRIFULVIN equiv)	-	Generic	ANTIFUNGALS
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Brand	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Generic	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine IR tab (TENEX equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
GUANIDINE TAB	-	Generic	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Brand	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Brand	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Brand	ANTIDIABETICS
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
HALDOL DECANOATE INJ	-	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
halobetasol propionate cream (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Generic	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Generic	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	Generic	DERMATOLOGICALS
haloperidol decanoate inj	AMSP	Generic Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HAVRIX INJ, VAQTA INJ	VAC	Preventive	VACCINES

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HC BUTYRATE CREAM	-	Brand	DERMATOLOGICALS
HC BUTYRATE CREAM	-	Generic	DERMATOLOGICALS
HC BUTYRATE SOLN	-	Brand	DERMATOLOGICALS
HEMADY TAB 20MG (QL= 8 tabs/30 days)	QL	Brand	CORTICOSTEROIDS
HEMLIBRA INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M, KOATE INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	Generic	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	Preventive	VACCINES
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Brand Specialty	ANTINEOPLASTICS
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Brand Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Brand Specialty	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
HUMULIN R INJ U-500 (QL= 40ml/28 days)	QL	DIAB 1	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/28 days)	QL	DIAB 1	ANTIDIABETICS
HYCAMTIN CAP	AMSP-PA	Brand Specialty	ANTINEOPLASTICS
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Generic	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	Generic	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv) (Must fill 3-month supply)	-	Value	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv) (Must fill 3-month supply)	-	Value	DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	Generic	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Generic	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Generic	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Generic	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Generic	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Generic	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Generic	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Generic	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Generic	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Generic	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	Generic	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Generic	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE OINT	-	Generic	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Generic	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	Generic	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	Generic	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Generic	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	Generic	DERMATOLOGICALS
hydrocortisone oint	-	Generic	DERMATOLOGICALS
hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Generic	CORTICOSTEROIDS
hydrocortisone tab (CORTEF equiv)	-	Generic	CORTICOSTEROIDS
hydrocortisone valerate cream	-	Generic	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	Generic	DERMATOLOGICALS

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hydromorphone liquid (DILAUDID equiv)	-	Generic	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	Generic	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	Generic	ANALGESICS - OPIOID
HYDROXYCHLOROQUINE TAB	-	Generic	ANTIMALARIALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	Generic	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Brand Specialty	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	Generic	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	Generic	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	Generic	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	Generic	ANTIANXIETY AGENTS
HYOPHEN TAB	-	Brand	ANTI-INFECTIVE AGENTS - MISC.
HYPERSAL NEB	-	Generic	COUGH/COLD/ALLERGY
HYPODERMIC NEEDLES	OTC	Brand	MEDICAL DEVICES
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Brand Specialty	PASSIVE IMMUNIZING AGENTS
ibandronate tab 150mg (BONIVA equiv) (Must fill 3-month supply)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Generic	COUGH/COLD/ALLERGY
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Generic Specialty	HEMATOLOGICAL AGENTS - MISC.
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376)	AMSP-PA-QL-LD	Generic Specialty	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day; Must fill 3-month supply)	QL	Generic	ANTIHYPERLIPIDEMICS
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day; Must fill 3-month supply)	QL	Generic	ANTIHYPERLIPIDEMICS
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine tab (TOFRANIL equiv)	-	Generic	ANTIDEPRESSANTS
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Generic	DERMATOLOGICALS
IMOVAX INJ	-	Preventive	VACCINES
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Brand Specialty	ANTI-INFECTIVE AGENTS - MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES

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

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

Drug Name	Special Code	Tier	Category
IMVEXXY SUPP	-	Brand	VAGINAL AND RELATED PRODUCTS
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	Generic	DIURETICS
INFANRIX INJ	VAC	Preventive	TOXOIDS
INLYTA TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB 5MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days	QL	DIAB 1	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
INTELENCE TAB (QL= 4 tabs/day)	QL	Brand	ANTIVIRALS
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Brand	ANTIVIRALS
INTRAROSA SUPP (QL= 28 inserts/28 days)	QL	Brand	VAGINAL AND RELATED PRODUCTS
INTRON-A INJ	AMSP	Brand Specialty	ANTINEOPLASTICS
INVEGA HAFYERA INJ	AMSP	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	AMSP	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP (QL= 10 caps/day)	QL	Brand	ANTIVIRALS
INVIRASE TAB (QL= 4 tabs/day)	QL	Brand	ANTIVIRALS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Generic	DERMATOLOGICALS
IPOL INJ	-	Preventive	VACCINES
ipratropium bromide hfa inhaler aerosol (ATROVENT equiv) (QL= 25.8g/30 days)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	Generic	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Brand	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Generic	MIGRAINE PRODUCTS
isoniazid tab	-	Generic	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv) (Must fill 3-month supply)	-	Generic	ANTIANGINAL AGENTS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day; Must fill 3-month supply)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv) (Must fill 3-month supply)	-	Generic	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv) (Must fill 3-month supply)	-	Generic	ANTIANGINAL AGENTS
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
itraconazole cap (SPORANOX equiv)	-	Generic	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days; Must fill 3-month supply)	PA-QL	Generic	CARDIOVASCULAR AGENTS - MISC.
ivermectin tab (STROMECTOL equiv)	-	Generic	ANTHELMINTICS
IXIARO INJ	-	Preventive	VACCINES
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Brand	OPHTHALMIC AGENTS
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JAKAFI XR TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JARDIANCE TAB (QL= 1 tab/day; Must fill 3-month supply)	QL	Brand	ANTIDIABETICS
JAVYGTOR PAK 100MG (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAVYGTOR POW 500MG (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAVYGTOR TAB 100MG (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JENTADUETO TAB (QL= 2 tabs/day; Must fill 3-month supply)	QL	Brand	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day; Must fill 3-month supply)	QL	Brand	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	Generic	ESTROGENS
JULUCA TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
junel tab (LOESTRIN equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Brand Specialty	ANTIHYPERLIPIDEMICS
JYNNEOS INJ	-	Preventive	VACCINES
KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty	RESPIRATORY AGENTS - MISC.
kelnor tab (DEMULEN equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Brand Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	Generic	DERMATOLOGICALS
ketoconazole shampoo	-	Generic	DERMATOLOGICALS

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ketoconazole tab (NIZORAL equiv)	-	Generic	ANTIFUNGALS
KETOROLAC INJ	-	Brand	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj	-	Generic	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Generic	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	-	Generic	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Brand	ANTIMALARIALS
K-TAB	-	Generic	MINERALS & ELECTROLYTES
KYLEENA IUD	-	Preventive	CONTRACEPTIVES
labetalol tab (NORMODYNE equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Generic	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Generic	ANTICONVULSANTS
lactulose soln	-	Generic	GASTROINTESTINAL AGENTS - MISC.
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Brand	ANTIVIRALS
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Generic	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	ANTIVIRALS
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Generic	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	Generic	ANTICONVULSANTS
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Generic	ANTICONVULSANTS
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Generic	ANTICONVULSANTS
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Generic	ANTICONVULSANTS
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Generic	ANTICONVULSANTS
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Generic	ANTICONVULSANTS
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Generic	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	Generic	ANTICONVULSANTS
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Brand	ANTI-INFECTIVE AGENTS - MISC.
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Brand	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	DIAB 1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	DIAB 1	MEDICAL DEVICES AND SUPPLIES
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Generic	GASTROINTESTINAL AGENTS - MISC.
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Generic	GASTROINTESTINAL AGENTS - MISC.
lapatinib ditosylate tab (TYKERB equiv)	AMSP-PA	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
latanoprost ophth soln (XALATAN equiv) (Must fill 3-month supply)	-	Value	OPHTHALMIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-QL	Brand Specialty	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	Generic	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Generic Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
letrozole tab (FEMARA equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	Generic	ANTINEOPLASTICS
LEUPROLIDE INJ (3 MONTH) (QL= 1 kit/90 days)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levalbuterol neb soln (XOPENEX equiv)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	DIAB 1	ANTIDIABETICS
LEVEMIR INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	DIAB 1	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	Generic	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	Generic	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	Generic	ANTICONVULSANTS
LEVITRA TAB (QL= 6 tabs/30 days)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	Generic	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
levofloxacin ophth soln (QUIXIN equiv)	-	Generic	OPHTHALMIC AGENTS
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Generic	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	Generic	FLUOROQUINOLONES
levonorgestrel tab	OTC	Preventive	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	-	Generic	THYROID AGENTS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	AMSP-QL-ST	Generic Specialty	HEMATOPOIETIC AGENTS
lidocaine gel (GLYDO equiv)	-	Generic	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	Brand	MOUTH/THROAT/DENTAL AGENTS
lidocaine soln (XYLOCAINE equiv)	-	Generic	DERMATOLOGICALS
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Generic	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Generic	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	Generic	DERMATOLOGICALS
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Brand	ANTI-INFECTIVE AGENTS - MISC.
linezolid susp	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 30 caps/30 days)	QL	Brand	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv) (Must fill 3-month supply)	-	Generic	THYROID AGENTS
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Generic	ANTIDIABETICS
lisinopril tab (PRINIVIL/ZESTRIL equiv) (Must fill 3-month supply)	-	Value	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) (Must fill 3-month supply)	-	Value	ANTIHYPERTENSIVES

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lithium carbonate cap (ESKALITH ER equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LO LOESTRIN TAB (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
LOCOID LIPOCREAM	-	Generic	DERMATOLOGICALS
lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month)	QL	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone; Must fill 3-month supply)	QL-ST	Brand	MISCELLANEOUS THERAPEUTIC CLASSES
lomustine cap (GLEOSTINE equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LONSURF TAB (Only available through Onco360 877-662-6633)	LD-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
lorazepam conc (ATIVAN equiv)	-	Generic	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	Generic	ANTIANXIETY AGENTS
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Generic	COUGH/COLD/ALLERGY
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Brand	COUGH/COLD/ALLERGY
losartan tab (COZAAR equiv) (Must fill 3-month supply)	-	Value	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv) (Must fill 3-month supply)	-	Value	ANTIHYPERTENSIVES
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Brand	OPHTHALMIC AGENTS
LOTEMAX SM GEL	-	Brand	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	Generic	OPHTHALMIC AGENTS
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Generic	GASTROINTESTINAL AGENTS - MISC.
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUTRATE DEPO INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
macitentan tab (OPSUMIT equiv) (QL= 1 tab/day)	PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
malathion lotion (OVIDE equiv)	-	Generic	DERMATOLOGICALS
MALE CONDOMS	OTC	Preventive	MEDICAL DEVICES AND SUPPLIES
MAPROTILINE TAB	-	Generic	ANTIDEPRESSANTS
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Generic	ANTIVIRALS
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Brand	COUGH/COLD/ALLERGY
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Brand Specialty	ANTINEOPLASTICS
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Brand Specialty	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Brand Specialty	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
meclizine hcl tab 50mg (ANTIVERT equiv)	OTC	Generic	ANTIEMETICS
meclizine tab 12.5mg (ANTIVERT equiv)	-	Generic	ANTIEMETICS
meclizine tab 25mg (ANTIVERT equiv)	-	Generic	ANTIEMETICS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	Generic	PROGESTINS
megestrol ES susp (MEGACE ES equiv)	-	Generic	PROGESTINS
MEGESTROL SUSP	-	Generic	PROGESTINS
megestrol susp (MEGACE equiv)	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELPHALAN TAB	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MEMANTINE TITRATION PAK (QL= 49 tablets/28 days)	QL	Brand	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	Preventive	VACCINES
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Brand	COUGH/COLD/ALLERGY

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VAC	Vaccine Program				

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MENEST TAB	-	Brand	ESTROGENS
MENHIBRIX INJ	VAC	Preventive	VACCINES
MENOMUNE INJ	VAC	Preventive	VACCINES
MENOPUR INJ	-	INF	ENDOCRINE AND METABOLIC AGENTS - MISC.
MENQUADFI INJ	VAC	Preventive	VACCINES
MENVEO INJ	VAC	Preventive	VACCINES
MENVEO SOLN	VAC	Preventive	VACCINES
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Generic	ANALGESICS - OPIOID
mercaptopurine susp 2000mg/100ml (PURIXAN equiv)	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mercaptopurine tab (PURINETHOL equiv)	-	Generic	ANTINEOPLASTICS
MESALAMINE DR CAP (QL= 6 caps/day)	QL	Generic	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Generic	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Generic	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv) (QL= 60mL/day)	QL	Generic	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL	Generic	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Generic	GASTROINTESTINAL AGENTS - MISC.
mesna tab (MESNEX equiv)	AMSP	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
metformin ER tab (GLUCOPHAGE XR equiv) (Must fill 3-month supply)	-	Value	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv) (Must fill 3-month supply)	-	Value	ANTIDIABETICS
methadone sol 10mg/5ml (QL= 20ml/day)	QL	Generic	ANALGESICS - OPIOID
methadone soln (QL= 4 ml/day)	QL	Generic	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Generic	ANALGESICS - OPIOID
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Generic	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Generic	ANALGESICS - OPIOID
methadose tab (QL= 1 tab/day)	QL	Generic	ANALGESICS - OPIOID
methenamine hippurate tab (HIPREX equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv) (Must fill 3-month supply)	-	Generic	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	Generic	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Generic	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	Generic	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	Generic	DIURETICS
METHYLDOPA TAB (Must fill 3-month supply)	-	Brand	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv)	-	Generic	OXYTOCICS
methylphenidate ER 18mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER 27mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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Drug Name	Special Code	Tier	Category
methylphenidate ER 36mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 18MG (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 27MG (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 36MG (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	Generic	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Generic	CORTICOSTEROIDS
METIPRANOLOL OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	Generic	DIURETICS
metoprolol ER tab (TOPROL XL equiv) (Must fill 3-month supply)	-	Value	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv) (Must fill 3-month supply)	-	Value	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
metronidazole cream (METROCREAM equiv)	-	Generic	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	Generic	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	Generic	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	Generic	VAGINAL PRODUCTS
mexiletine hcl cap (Must fill 3-month supply)	-	Generic	ANTIARRHYTHMICS
mibelas chew tab (MINASTRIN equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
MICORT-HC CREAM	-	Brand	DERMATOLOGICALS
midazolam hcl syrup	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midazolam inj (MIDAZOLAM equiv)	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midodrine tab (PROAMATINE equiv)	-	Generic	VASOPRESSORS
mifepristone tab (MIFEPREX equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	--AMSP-PA-QL	Generic Specialty	ANTIDIABETICS
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Brand	MIGRAINE PRODUCTS

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miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Generic Specialty	HEMATOPOIETIC AGENTS
minocycline cap (MINOCIN equiv)	-	Generic	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	Generic	ANTIHYPERTENSIVES
MIRENA IUD	-	Preventive	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	Generic	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	Generic	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	Generic	ULCER DRUGS
M-M-R II INJ	VAC	Preventive	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day; Must fill 3-month supply)	QL	Value	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
moexipril tab (UNIVASC equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
MOLINDONE TAB	-	Brand	ANTIPSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	Generic	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	Generic	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Generic	DERMATOLOGICALS
montelukast chew tab (SINGULAIR equiv) (Must fill 3-month supply)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv) (Must fill 3-month supply)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv) (Must fill 3-month supply)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Generic	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Generic	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Generic	ANALGESICS - OPIOID
morphine sulfate oral soln 100mg/5ml (MORPHINE equiv)	-	Generic	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE equiv)	-	Generic	ANALGESICS - OPIOID
morphine sulfate oral soln 20mg/5ml (MORPHINE equiv)	-	Generic	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	Brand	ANALGESICS - OPIOID
morphine sulfate tab	-	Generic	ANALGESICS - OPIOID
MOUNJARO INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand	ANTIDIABETICS
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Brand	GASTROINTESTINAL AGENTS - MISC.
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Generic	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	Generic	FLUOROQUINOLONES
MRESVIA INJ (QL= 0.5 mL/fill, 1 fill/lifetime; Covered for members 50 years of age and older)	QL-VAC	Preventive	VACCINES
multigen plus tab (CHROMAGEN FORTE equiv)	-	Generic	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Generic	HEMATOPOIETIC AGENTS
mupirocin cream (BACTROBAN CREAM equiv)	-	Generic	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	Generic	DERMATOLOGICALS
MUSE SUPP (QL= 1 carton (6 systems)/30 days)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	Generic	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	Generic	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Generic	ASSORTED CLASSES

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mycophenolate mofetil tab (CELLCEPT equiv)	-	Generic	ASSORTED CLASSES
MYHIBBIN SUSP	-	Brand	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	AMSP	Brand Specialty	ANTINEOPLASTICS
nadolol tab (CORGARD equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
NAFTIFINE CREAM 1%	-	Brand	DERMATOLOGICALS
naloxone hcl nasal spray	OTC	Preventive	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	Preventive	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE NASAL SPRAY	-	Preventive	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	Preventive	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Preventive	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	Generic	ANTIDOTES
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Brand	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Brand	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Generic	MIGRAINE PRODUCTS
NARCAN HCL SPRAY (OTC)	OTC	Generic	ANTIDOTES AND SPECIFIC ANTAGONISTS
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Brand	OPHTHALMIC AGENTS
NATAZIA TAB (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
nateglinide tab (STARLIX equiv) (Must fill 3-month supply)	-	Generic	ANTIDIABETICS
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month)	QL	Brand	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day; Must fill 3-month supply)	QL	Generic	BETA BLOCKERS
NEFAZODONE TAB	-	Generic	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	Generic	ANTIDEPRESSANTS
NEFFY SPRAY (QL= 2 doses/fill)	QL	Brand	VASOPRESSORS
NEO/BAC/POLY OIN OP	-	Generic	OPHTHALMIC AGENTS
NEO/POLY/BAC OIN /HC	-	Generic	OPHTHALMIC AGENTS
neomycin tab	-	Generic	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Generic	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Generic	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Generic	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Generic	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
NEPHRON FA TAB	-	Brand	HEMATOPOIETIC AGENTS
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Brand	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Generic	ANTIVIRALS
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Brand	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Brand	COUGH/COLD/ALLERGY
NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
NEXTSTELLIS TAB (QL= 28 tabs/24 days; Must fill 3-month supply)	QL	Preventive	CONTRACEPTIVES

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niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day; Must fill 3-month supply)	QL	Generic	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Brand	TETRACYCLINES
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine polacrilex gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine polacrilex lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine td patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
nilotinib hcl cap (TASIGNA equiv)	AMSP-PA-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NILUTAMIDE TAB (QL= 2 tabs/day)	AMSP-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-QL-PA	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NINLARO CAP	AMSP-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nintedanib esylate cap (OFEV equiv) (QL= 2 caps/day)	AMSP-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	LMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP (Must fill 3-month supply)	-	Generic	ANTIANGINAL AGENTS
nitroglycerin oint	-	Generic	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2))	--RDX	Generic	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv) (Must fill 3-month supply)	-	Generic	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv) (Must fill 3-month supply)	-	Generic	ANTIANGINAL AGENTS
NIZATIDINE CAP	-	Brand	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
nizatidine cap (AXID equiv)	-	Generic	ULCER DRUGS
nizoral a-d shampoo (NIZORAL equiv)	OTC	Generic	DERMATOLOGICALS
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES

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

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Drug Name	Special Code	Tier	Category
norethindrone tab (AYGESTIN equiv)	-	Generic	PROGESTINS
norethindrone tab (NORA-QD equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
NORPACE CR CAP	-	Brand	ANTIARRHYTHMICS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	Generic	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Generic	ANTIDEPRESSANTS
NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
NOVAVAX INJ	VAC	Preventive	VACCINES
NOVOFINE PEN NEEDLE	OTC	DIAB 1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	DIAB 1	ANTIDIABETICS
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLIN N INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLIN R INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	DIAB 1	ANTIDIABETICS
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLIN VIAL (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	DIAB 1	MEDICAL DEVICES AND SUPPLIES
NUBEQA TAB (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Brand	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Brand	VAGINAL PRODUCTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	Generic	DERMATOLOGICALS
nystatin oint	-	Generic	DERMATOLOGICALS
nystatin powder	-	Generic	ANTIFUNGALS
nystatin susp	-	Generic	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	Generic	ANTIFUNGALS

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nystatin topical powder	-	Generic	DERMATOLOGICALS
nystatin/triamcinolone cream	-	Generic	DERMATOLOGICALS
nystatin/triamcinolone oint	-	Generic	DERMATOLOGICALS
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
OBIZUR INJ (Only available through CVS Specialty 800-238-7828)	LD-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Brand	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ofloxacin ophth soln (OCUFLOX equiv)	-	Generic	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	Generic	OTIC AGENTS
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olmesartan tab (BENICAR equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days; Must fill 3-month supply)	QL	Generic	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days)	QL	Generic	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMECLAMOX (QL= 80 tabs/10 days)	QL	Brand	ULCER DRUGS
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day; Must fill 3-month supply)	QL	Generic	ANTIHYPERLIPIDEMICS
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	DIAB 1	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 DEX G7G6 PODS (QL= 15 pods/30 days)	QL	DIAB 1	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	DIAB 1	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 15 pods/30 days)	QL	DIAB 1	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	DIAB 1	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	DIAB 1	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ (QL= 13.5 mL/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron inj (ZOFRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Generic	ANTIEMETICS
ondansetron ODT (ZOFRAN equiv)	-	Generic	ANTIEMETICS
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Generic	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	Generic	ANTIEMETICS
OPILL TAB	-	Preventive	CONTRACEPTIVES
OPVEE NASAL SPRAY	-	Brand	ANTIDOTES AND SPECIFIC ANTAGONISTS
ORALAIR SL TAB (QL= 30 tabs/30 days)	QL	Brand	BIOLOGICALS MISC
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty	RESPIRATORY AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty	RESPIRATORY AGENTS - MISC.
ormalvi tab 50mg (QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-7269)	LD-PA-QL	Generic Specialty	DIURETICS
orphenadrine citrate ER tab (NORFLEX equiv)	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Generic	ANTIVIRALS
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Generic	ANTIVIRALS
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Generic	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Generic	ANTIVIRALS
OSPHENA TAB (QL= 30 tabs/30 days)	QL	Brand	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	Generic	OTIC AGENTS
OVIDREL INJ	-	INF	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxcarbazepine susp (TRILEPTAL equiv)	-	Generic	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Generic	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	Generic	URINARY ANTISPASMODICS
oxybutynin syrup	-	Generic	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	Generic	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	Generic	ANALGESICS - OPIOID
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	Generic	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	Generic	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	Generic	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Generic	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Generic	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Generic	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Generic	ANALGESICS - OPIOID

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OXYCODONE/ASPIRIN TAB	-	Generic	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Generic	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Brand	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Brand	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Brand	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Brand	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Brand	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Brand	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Brand	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	Generic	ANALGESICS - OPIOID
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand	ANTIDIABETICS
OZEMPIC TAB, RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand	ANTIDIABETICS
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PARAGARD IUD	-	Preventive	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	Generic	DERMATOLOGICALS
paricalcitol cap (ZEMPLAR equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	Generic	AMINOGLYCOSIDES
paroxetine tab (PAXIL equiv)	-	Generic	ANTIDEPRESSANTS
PAXLOVID PAK (QL= 11 tabs/5 days)	QL	Brand	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older)	QL	Brand	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; Covered for members age 12 years or older)	QL	Brand	ANTIVIRALS
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Brand	ANTIVIRALS
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Brand	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Brand	ANTIVIRALS
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PAZOPANIB TAB 400MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PCE TAB	-	Brand	MACROLIDES
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	Preventive	LAXATIVES
PEGASYS INJ	AMSP-PA	Brand Specialty	ANTIVIRALS
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Brand Specialty	ANTIVIRALS
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive	VACCINES
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Generic	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin g potassium for inj (PFIZERPEN equiv)	-	Generic	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	Generic	PENICILLINS

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PENMENVY INJ (Covered for members age 10 through 25 years)	VAC	Preventive	VACCINES
pentazocine/acetaminophen tab (TALACEN equiv)	-	Generic	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	Generic	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	Generic	HEMATOLOGICAL AGENTS - MISC.
perindopril tab (ACEON equiv)	-	Generic	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	Generic	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ	AMSP	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Generic	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	Generic	ANTIDEPRESSANTS
phenobarbital elixir	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenobarbital tab	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenylephrine ophth soln (MYDFRIN equiv)	-	Generic	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	Generic	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	Generic	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	Generic	ANTICONVULSANTS
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	Brand	GASTROINTESTINAL AGENTS - MISC.
phytonadione tab (MEPHYTON equiv)	-	Generic	VITAMINS
PIFELTRO TAB	-	Brand	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Generic	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	Generic	MOUTH/THROAT/DENTAL AGENTS
pimozide tab (ORAP equiv)	-	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
pioglitazone tab (ACTOS equiv) (Must fill 3-month supply)	-	Generic	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv) (Must fill 3-month supply)	-	Generic	ANTIDIABETICS
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB 534MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
PNEUMOVAX INJ	VAC	Preventive	VACCINES
PODOCON SOLN	-	Brand	DERMATOLOGICALS
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Brand	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	QL--	Generic	DERMATOLOGICALS
POLYETHYLENE GLYCOL 8000 GRANULES	-	Brand	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Generic	OPHTHALMIC AGENTS
pomalidomide cap (POMALYST equiv) (QL= 21 caps/28 days; Only available through Optum 877-445-6874 or Biologics 800-850-4306)	LD-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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POT/CHLORIDE EFFER TAB	-	Generic	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	Brand	VITAMINS
potassium chloride effer tab (K-LYTE/CL equiv)	-	Generic	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	Generic	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	Generic	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	Generic	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	Generic	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Generic	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Generic	GENITOURINARY AGENTS - MISCELLANEOUS
pramipexole tab (MIRAPEX equiv)	-	Generic	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	Brand	DERMATOLOGICALS
PRAMOSONE E CREAM	-	Brand	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Generic	HEMATOLOGICAL AGENTS - MISC.
pravastatin sodium 80mg (PRAVACHOL equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive	ANTIHYPERLIPIDEMICS
pravastatin tab (PRAVACHOL equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	Generic	ANTHELMINTICS
prazosin cap (MINIPRESS equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	Brand	DERMATOLOGICALS
PREDNICARBATE OIN	-	Brand	DERMATOLOGICALS
prednisolone acetate ophth susp	-	Generic	OPHTHALMIC AGENTS
PREDNISOLONE OPHTH SUSP	-	Generic	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
PREDNISOLONE SOLN	-	Brand	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	Generic	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	Generic	CORTICOSTEROIDS
prednisone pack	-	Generic	CORTICOSTEROIDS
PREDNISONE SOLN	-	Generic	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	Generic	CORTICOSTEROIDS
pregabalin cap (LYRICA equiv)	-	Generic	ANTICONVULSANTS
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Generic	ANTICONVULSANTS
PREMARIN VAGINAL CREAM	-	Brand	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	Brand	ESTROGENS
PRENATABS RX TAB	-	Brand	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	Brand	MULTIVITAMINS
PRENATAL 19 TAB	-	Brand	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Brand	MULTIVITAMINS
PREVNAR 20 INJ	VAC	Preventive	VACCINES
PREZCOBIX TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS

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VAC	Vaccine Program				

Drug Name	Special Code	Tier	Category
PREZISTA TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Brand	ANTIVIRALS
PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Generic	ANTICONVULSANTS
primidone tab (MYSOLINE equiv)	QL--	Generic	ANTICONVULSANTS
PRIMSOL SOLN	-	Brand	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	Preventive	VACCINES
probenecid tab (BENEMID equiv)	-	Generic	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCTOFOAM HC FOAM	-	Brand	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	Generic	ANORECTAL AGENTS
PRODRIN TAB	-	Generic	MIGRAINE PRODUCTS
PROFILNINE INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
progesterone cap (PROMETRIUM equiv)	-	Generic	PROGESTINS
progesterone oil inj	-	Generic	PROGESTINS
progesterone vaginal insert (ENDOMETRIN equiv)	PA	Generic	VAGINAL AND RELATED PRODUCTS
PROLIA INJ	AMSP-PA	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
promethazine DM syrup	-	Generic	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	-	Generic	ANTIHISTAMINES
promethazine supp (PHENERGAN equiv)	-	Generic	ANTIHISTAMINES
promethazine syrup	-	Generic	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	Generic	ANTIHISTAMINES
PROMETHAZINE VC SYRUP (QL= 30ml/day)	QL	Generic	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	QL--	Generic	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	Generic	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Generic	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Generic	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Generic	ANTIHISTAMINES
propafenone tab (RYTHMOL equiv) (Must fill 3-month supply)	-	Generic	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	Brand	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	Generic	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
propranolol oral soln (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
PROPRANOLOL SOLN (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
propranolol tab (INDERAL equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Generic	ANTIHYPERTENSIVES
propylthiouracil tab (Must fill 3-month supply)	-	Generic	THYROID AGENTS
PROQUAD INJ	-	Preventive	VACCINES
protriptyline tab (VIVACTIL equiv)	-	Generic	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	Brand	ANTIDEPRESSANTS
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	QL	Generic	GASTROINTESTINAL AGENTS - MISC.
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Generic	NASAL AGENTS - SYSTEMIC AND TOPICAL

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pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Generic	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Generic	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Generic	NASAL AGENTS - SYSTEMIC AND TOPICAL
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Brand Specialty	RESPIRATORY AGENTS - MISC.
PUMP SUPPLIES	-	DIAB 1	MEDICAL DEVICES AND SUPPLIES
PURIXAN SUSP 2000MG/100ML	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pyrazinamide tab	-	Generic	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	Generic	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	Generic	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ANTIMALARIALS
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quinapril tab (ACCUPRIL equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
quinidine sulfate tab (QL= 8 tabs/day)	QL	Generic	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day; Must fill 3-month supply)	QL	Brand	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day; Must fill 3-month supply)	QL	Brand	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	Generic	ANTIMALARIALS
QVAR REDIHALER (QL= 21.2gm/30 days; Must fill 3-month supply)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	-	Preventive	VACCINES
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Brand	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days; Must fill 3-month supply)	QL	Generic	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Generic	ANTIPARKINSON AGENTS
REBETOL SOLN	AMSP	Brand Specialty	ANTIVIRALS
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Brand Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF INJ (QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Brand Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF TITRTN INJ PACK (QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Brand Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Brand	ANTIVIRALS
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Generic	GASTROINTESTINAL AGENTS - MISC.
REPAGLINIDE TAB	-	Brand	ANTIDIABETICS
repaglinide tab (PRANDIN equiv) (Must fill 3-month supply)	-	Generic	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Brand	ANTIHYPERLIPIDEMICS
REPATHA INJ (QL= 2 inj/28 days; Must fill 3-month supply)	PA-QL	Brand	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Brand	ANTIHYPERLIPIDEMICS
RESCRIPTOR TAB	-	Brand	ANTIVIRALS

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RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
RETIN-A CREAM (QL= 360g/30 days)	QL	Brand	DERMATOLOGICALS
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Brand	ANTIVIRALS
REZENOPY SPRAY 10MG/0.11ML	-	Brand	ANTIDOTES AND SPECIFIC ANTAGONISTS
REZYST CHEW TAB	-	Generic	ANTIDIARRHEALS
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Brand Specialty	ANTIVIRALS
RIBAVIRIN CAP	AMSP	Generic Specialty	ANTIVIRALS
ribavirin cap (REBETOL equiv)	AMSP	Generic Specialty	ANTIVIRALS
RIBAVIRIN TAB	AMSP	Generic Specialty	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	Generic	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	Generic	ANTIMYCOBACTERIAL AGENTS
rilpivirine hcl tab (EDURANT equiv) (QL= 1 tab/day)	QL	Generic	ANTIVIRALS
riluzole tab (RILUTEK equiv)	AMSP	Generic Specialty	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	Generic	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 360ml/30 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day; Must fill 3-month supply)	QL	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days; Must fill 3-month supply)	QL	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day; Must fill 3-month supply)	QL	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
risperidone microspheres inj (RISPERDAL equiv)	AMSP	Generic Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	Brand	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
rivaroxaban for susp (XARELTO equiv) (QL= 10mL/day)	QL	Generic	ANTICOAGULANTS
rivaroxaban tab (XARELTO equiv) (QL = 60 tabs/30 days)	QL	Generic	ANTICOAGULANTS
rivastigmine cap (EXELON equiv)	-	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Generic	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Generic	MIGRAINE PRODUCTS
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole tab (REQUIP equiv)	-	Generic	ANTIPARKINSON AGENTS

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rosuvastatin tab (CRESTOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive	ANTIHYPERLIPIDEMICS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive	ANTIHYPERLIPIDEMICS
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days)	QL	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days)	QL	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days)	QL	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days)	QL	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 60 tabs/30 days; Must fill 3-month supply)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
SAFETY SYRINGE	-	Brand	MEDICAL DEVICES AND SUPPLIES
salsalate tab (DISALCID equiv)	-	Generic	ANALGESICS - NONNARCOTIC
SANTYL OINT (QL= 90gm/30 days)	QL	Brand	DERMATOLOGICALS
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin pow 100mg (JAVYGTOR equiv) (Only available through CVS Specialty 800-237-2767)	LD-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin pow 500mg (JAVYGTOR equiv) (Only available through CVS Specialty 800-237-2767)	LD-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Generic	ANTIEMETICS
SELARSDI INJ (QL= 0.5 mL/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
SELARSDI INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
SELARSDI INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
selegiline cap (ELDEPRYL equiv)	-	Generic	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Generic	ANTIPARKINSON AGENTS
SELENIUM SULFIDE LOTION	-	Generic	DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	Generic	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	Generic	DERMATOLOGICALS
SELZENTRY SOLN (QL= 31ml/day)	QL	Brand	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Brand	ANTIVIRALS
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Brand	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Brand	ANTIVIRALS
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Brand	ANTIVIRALS
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30days)	QL	DIAB 1	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 day	QL	DIAB 1	ANTIDIABETICS
sertraline conc (ZOLOFT equiv) (Must fill 3-month supply)	-	Value	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv) (Must fill 3-month supply)	-	Value	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.

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sevelamer powder pak (RENVELA equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
SILVER NITRATE SOLN	-	Brand	DERMATOLOGICALS
silver nitrate soln	-	Generic	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Generic	DERMATOLOGICALS
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Brand	ANTIHYPERLIPIDEMICS
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	PA-QL	Preventive	ANTIHYPERLIPIDEMICS
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Brand Specialty	ANTIMYCOBACTERIAL AGENTS
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Brand	ANTI-INFECTIVE AGENTS - MISC.
SKYLA IUD	-	Preventive	CONTRACEPTIVES
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Brand Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Brand Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
SKYRIZI INJ 55MG/0.37ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKYTROFA INJ 0.7MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKYTROFA INJ 1.4MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKYTROFA INJ 1.8MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKYTROFA INJ 2.1MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKYTROFA INJ 2.5MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.

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sodium chloride inj	-	Generic	MINERALS & ELECTROLYTES
sodium citrate/citric acid soln (BICITRA equiv)	-	Generic	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)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	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)	-	Preventive	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium oxybate oral solution (XYREM equiv) (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium sulfacetamide lotion (KLARON equiv)	-	Generic	DERMATOLOGICALS
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Generic	LAXATIVES
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Brand Specialty	ANTIVIRALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Generic	URINARY ANTISPASMODICS
SOLU-CORTEF INJ	-	Brand	CORTICOSTEROIDS
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sorafenib tosylate tab (NEXAVAR equiv)	AMSP-PA-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
sotalol tab (BETAPACE equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive	VACCINES
SPIKEVAX INJ 50/0.5ML	VAC	Preventive	VACCINES
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Brand	DERMATOLOGICALS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler)	QL-ST	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv) (Must fill 3-month supply)	-	Value	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Generic	DIURETICS
sprintec 28 tab (ORTHO-CYCLEN equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Brand	COUGH/COLD/ALLERGY
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Generic	ANTIVIRALS
STAXYN ODT (QL= 6 tabs/30 days)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
STENDRA TAB (QL= 6 tabs/30 days)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
STEQEYMA INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS

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

Drug Name	Special Code	Tier	Category
STEQEYMA INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
STIMATE NASAL SOLN	-	Brand	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE INJ 100MG/0.5ML	LMSP	Brand Specialty	ANALGESICS - OPIOID
SUBLOCADE INJ 300MG/1.5ML	LMSP	Brand Specialty	ANALGESICS - OPIOID
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Brand	ANALGESICS - OPIOID
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Brand	ANALGESICS - OPIOID
sucralfate susp (CARAFATE equiv)	-	Generic	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
sucralfate tab (CARAFATE equiv)	-	Generic	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/year)	QL	Brand	LAXATIVES
SULFACETAMIDE SOD OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
SULFACETAMIDE SODIUM OPHTH OINT	-	Brand	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Generic	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Generic	OPHTHALMIC AGENTS
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Generic	SULFONAMIDES
SULFAMYLON CREAM	-	Brand	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Brand	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Generic	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Generic	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 4 mL/30 days)	QL	Generic	MIGRAINE PRODUCTS
sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty	RESPIRATORY AGENTS - MISC.
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Brand	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	Brand	ANTIVIRALS
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Brand Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNAREL NASAL SOLN	-	Brand	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNJARDY TAB (QL= 2 tabs/day; Must fill 3-month supply)	QL	Brand	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day; Must fill 3-month supply)	QL	Brand	ANTIDIABETICS

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VAC	Vaccine Program				

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SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day; Must fill 3-month supply)	QL	Brand	ANTIDIABETICS
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYRINGE LUER-LOK	OTC	Brand	MEDICAL DEVICES AND SUPPLIES
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Brand Specialty	ANTINEOPLASTICS
tacrolimus cap (PROGRAF equiv)	-	Generic	ASSORTED CLASSES
tacrolimus cap er (ASTAGRAF equiv) (ST requires trial of tacrolimus IR capsules)	ST	Generic	MISCELLANEOUS THERAPEUTIC CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	Generic	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 1 tab/day)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days)	QL	Generic	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv) (Must fill 3-month supply)	-	Generic	GENITOURINARY AGENTS - MISCELLANEOUS
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Generic Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Generic	DERMATOLOGICALS
TB SYRINGE	-	Brand	MEDICAL DEVICES AND SUPPLIES
telmisartan tab (MICARDIS equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
terazosin cap (HYTRIN equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	Generic	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	Generic	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	Generic	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	Generic	VAGINAL PRODUCTS

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teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml (FORTEO equiv) (QL= 2.24 mL/28 days)	AMSP-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Generic	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days	--QL	Generic	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Generic	ANDROGENS-ANABOLIC
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Generic	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days)	QL	Brand	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Brand	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	PA-QL	Generic	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Generic	ANDROGENS-ANABOLIC
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)	QL	Generic	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Brand	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Generic	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Brand	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Brand	ANDROGENS-ANABOLIC
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Brand	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	Generic	TETRACYCLINES
TEZSPIRE INJ (QL= 1 pen/30 days)	AMSP-PA-QL	Brand Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TEZSPIRE SOLN (QL= 1 syringe/30 days)	AMSP-PA-QL	Brand Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Brand Specialty	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thioridazine hcl tab (QL= 8 tabs/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TIAGABINE TAB 12MG (QL= 4 tabs/day)	QL	Generic	ANTICONVULSANTS
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Generic	ANTICONVULSANTS
TIAGABINE TAB 16MG (QL= 3 tabs/day)	QL	Generic	ANTICONVULSANTS
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Generic	ANTICONVULSANTS
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Generic	ANTICONVULSANTS
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Generic	ANTICONVULSANTS
ticagrelor tab (BRILINTA equiv) (QL= 2 tabs/day)	QL	Generic	HEMATOLOGICAL AGENTS - MISC.
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Brand Specialty	NEUROMUSCULAR AGENTS

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Drug Name	Special Code	Tier	Category
TIMOLOL MAL TAB (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
timolol maleate ophth soln 0.25% (TIMOPTIC equiv) (Must fill 3-month supply)	-	Value	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (TIMOPTIC equiv) (Must fill 3-month supply)	-	Value	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv) (Must fill 3-month supply)	-	Generic	BETA BLOCKERS
tinidazole tab (TINDAMAX equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day)	AMSP-PA-QL	Generic Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day)	AMSP-PA-QL	Generic Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
tizanidine tab (ZANAFLEX equiv)	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
TOBRADEX OPHTH OINT	-	Brand	OPHTHALMIC AGENTS
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Generic Specialty	AMINOGLYCOSIDES
tobramycin neb soln (TOBI equiv)	AMSP-PA	Generic Specialty	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	Generic	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Generic	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	Preventive	VAGINAL PRODUCTS
tofacitinib citrate ER tab (XELJANZ equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	ANALGESICS - ANTI-INFLAMMATORY
tofacitinib citrate oral soln (XELJANZ equiv) (QL= 10mL/day)	AMSP-PA-QL	Generic Specialty	ANALGESICS - ANTI-INFLAMMATORY
tofacitinib citrate tab (XELJANZ equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Generic Specialty	ANALGESICS - ANTI-INFLAMMATORY
tolazamide tab (TOLINASE equiv)	-	Generic	ANTIDIABETICS
TOLBUTAMIDE TAB	-	Brand	ANTIDIABETICS
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	Generic	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	Generic	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab 30mg (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
topiramate sprinkle cap (TOPAMAX equiv)	-	Generic	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	Generic	ANTICONVULSANTS
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	Generic	DIURETICS
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/28 days)	QL	DIAB 1	ANTIDIABETICS
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	DIAB 1	ANTIDIABETICS
TRADJENTA TAB (QL= 1 tab/day; Must fill 3-month supply)	QL	Brand	ANTIDIABETICS

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tramadol ER tab 100mg (ULTRAM ER equiv)	-	Generic	ANALGESICS - OPIOID
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Generic	ANALGESICS - OPIOID
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Generic	ANALGESICS - OPIOID
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Generic	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	Generic	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	Generic	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	Generic	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Generic	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	Generic	ANTIDEPRESSANTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Generic	OPHTHALMIC AGENTS
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Generic	ANTIDEPRESSANTS
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INDUCTION INJ 200MG/ML (QL= 12 mL/year)	AMSP-PA-QL	Brand Specialty	GASTROINTESTINAL AGENTS - MISC.
TREMFYA INJ (QL= 1ml/56 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
TREMFYA INJ (QL= 2ml/28 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
TREMFYA INJ 200MG/2ML (QL= 2mL/28 days)	AMSP-PA-QL	Brand Specialty	GASTROINTESTINAL AGENTS - MISC.
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	DIAB 1	ANTIDIABETICS
TRESIBA INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	DIAB 1	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days)	QL	Generic	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days)	QL	Generic	DERMATOLOGICALS
triamcinolone acetonide oint (TRIANEX equiv)	-	Generic	DERMATOLOGICALS
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Generic	DERMATOLOGICALS
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Generic	DERMATOLOGICALS
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Generic	DERMATOLOGICALS
triamcinolone cream	-	Generic	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Generic	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	Generic	DERMATOLOGICALS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Generic	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Generic	DIURETICS
triazolam tab (HALCION equiv)	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
trientine cap 250mg (SYPRINE equiv)	-	Generic	MISCELLANEOUS THERAPEUTIC CLASSES

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

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Drug Name	Special Code	Tier	Category
trifluoperazine tab (STELAZINE equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	Generic	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	Generic	ANTIPARKINSON AGENTS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 56 packets/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
trilyte soln (NULYTELY equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	Generic	ANTIEMETICS
TRIMETHOPRIM TAB	-	Brand	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Generic	ANTIDEPRESSANTS
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Generic	COUGH/COLD/ALLERGY
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Generic	COUGH/COLD/ALLERGY
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Brand	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
tropicamide ophth soln (MYDRIACYL equiv)	-	Generic	OPHTHALMIC AGENTS
trospium tab (SANCTURA equiv)	-	Generic	URINARY ANTISPASMODICS
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Brand	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand	ANTIDIABETICS
TRUMENBA INJ	VAC	Preventive	VACCINES
tussigon tab (HYCODAN equiv)	-	Generic	COUGH/COLD/ALLERGY
tussin cf liquid (QL= 1200ml/30 days)	QL	Generic	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	Preventive	VACCINES
TWIRLA PATCH (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
TYBLUME TAB (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
TYBOST TAB	-	Brand	ANTIVIRALS
TYENNE INJ (QL= 1.8ml/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHOID VI MULTI-DOSE	-	Preventive	VACCINES
TYPHOID VI PREFILLED SYRINGE	VAC	Preventive	VACCINES
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Brand	OPHTHALMIC AGENTS

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VAC	Vaccine Program				

Drug Name	Special Code	Tier	Category
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 48-80MCG (QL = 224 cartridges/28 days)	PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/2 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/2 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYZAVAN INJ	-	Brand	ANTI-INFECTIVE AGENTS - MISC.
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Brand Specialty	ANTIVIRALS
UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab)	QL-ST	Brand	MIGRAINE PRODUCTS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	-	Generic	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	Generic	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	Generic	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	Generic	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	Generic	ANTICONVULSANTS
valsartan oral soln (QL= 2400mL/30 days)	QL	Generic	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) (Must fill 3-month supply)	-	Generic	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 5 doses/fill, 4 fills/month)	QL	Brand	ANTICONVULSANTS
VALTYA 1/50 TAB (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Generic	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Generic	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Brand	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab start pack (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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VARIVAX INJ	VAC	Preventive	VACCINES
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Brand	ANTIEMETICS
VAXCHORA SUSP	VAC	Preventive	VACCINES
VAXELIS INJ	VAC	Preventive	TOXOIDS
VAXNEUVANCE INJ	VAC	Preventive	VACCINES
VELIVET PAK (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
velivet tab (CYCLESSA equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Brand Specialty	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Onco360 877-662-6633)	LD-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Onco360 877-662-6633)	LD-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	Generic	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	Brand	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	Generic	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
verapamil SR tab (CALAN SR, ISOPTIN SR equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv) (Must fill 3-month supply)	-	Generic	CALCIUM CHANNEL BLOCKERS
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIAGRA TAB (QL= 6 tabs/30 days)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
VIDEX SOLN (QL= 600ml/30 days)	QL	Brand	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS
VIMKUNYA INJ	VAC	Preventive	VACCINES
viorele tab, kariva tab (MIRCETTE equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
VIRACEPT TAB	-	Brand	ANTIVIRALS
VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP)	RDX	Brand	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Brand Specialty	ANTIDOTES
vitamin D cap (RX strength only)	-	Generic	VITAMINS
VIVITROL INJ	AMSP	Brand Specialty	ANTIDOTES

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Drug Name	Special Code	Tier	Category
VIVOTIF CAP	-	Preventive	VACCINES
voriconazole susp (VFEND equiv)	-	Generic	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	Generic	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty	ANTIVIRALS
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP	-	Generic	MULTIVITAMINS
VTOL SOLN	-	Generic	ANALGESICS - NONNARCOTIC
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Brand Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYBRIQUE ORAL FILM (QL= 8 film/30 days)	QL	Brand	CARDIOVASCULAR AGENTS - MISC.
VYLEESI INJ (QL= 8 syringes/28 days)	QL	Brand	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYVGART HYTRULO INJ (QL= 20mL/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
warfarin tab (COUMADIN equiv)	-	Generic	ANTICOAGULANTS
XALKORI CAP (QL= 2 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Brand	ANTICOAGULANTS
XARELTO SUSP (QL= 10mL/day)	QL	Brand	ANTICOAGULANTS
XARELTO TAB (QL= 60 tabs/30 days)	QL	Brand	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Brand	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Brand	ANTICOAGULANTS
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Brand	ANTICOAGULANTS
XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis))	LD-QL-RDX	Brand Specialty	OPHTHALMIC AGENTS
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Brand	ANTIDIABETICS
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Brand Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Brand Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Brand Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Brand Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Brand Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YESINTEK INJ (QL= 1 vial/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
YESINTEK INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
YESINTEK INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS

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YF-VAX INJ	-	Preventive	VACCINES
zafemy patch (XULANE equiv) (Must fill 3-month supply)	-	Preventive	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv) (Must fill 3-month supply)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 2 caps/day)	QL	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELBORAF TAB (QL= 8 tabs/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Brand	OPHTHALMIC AGENTS
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Generic	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Generic	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	Brand	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	Brand	MACROLIDES
ZOLINZA CAP	LMSP-PA-SF	Brand Specialty	ANTINEOPLASTICS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Generic	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Generic	HYPNOTICS
zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Generic	HYPNOTICS
zonisamide cap (ZONEGRAN equiv)	-	Generic	ANTICONVULSANTS
ZURNAI INJ	-	Brand	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	Brand	OPHTHALMIC AGENTS
ZYPREXA RELPREVV INJ	AMSP	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Generic
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Generic
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Generic
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Generic
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Generic
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Generic
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Generic
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Generic
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Generic
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Generic
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv)	-	Generic
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Generic
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Generic
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Generic
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Generic
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Generic
STIMULANTS - MISC.		
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Generic
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Generic
armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days)	QL	Generic
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Generic
dexmethylphenidate ER 10mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Generic
dexmethylphenidate ER 15mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Generic
dexmethylphenidate ER 20mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Generic
dexmethylphenidate ER 5mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Generic
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Generic
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Generic
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Generic
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Generic
methylphenidate ER 18mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic
methylphenidate ER 27mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic
methylphenidate ER 36mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Generic
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Generic
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Generic
METHYLPHENIDATE HCL TAB ER 24HR 18MG (QL= 60 tabs/30 days)	QL	Generic
METHYLPHENIDATE HCL TAB ER 24HR 27MG (QL= 60 tabs/30 days)	QL	Generic

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	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
METHYLPHENIDATE HCL TAB ER 24HR 36MG (QL= 60 tabs/30 days)	QL	Generic
methylphenidate soln (METHYLIN equiv)	-	Generic
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Generic
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Generic
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Generic
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day; Must fill 3-month supply)	QL	Value
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Brand
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	Generic
paromomycin cap (HUMATIN equiv)	-	Generic
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Generic Specialty
tobramycin neb soln (TOBI equiv)	AMSP-PA	Generic Specialty
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Brand Specialty
RINVOQ ORAL SOLN (QL= 360ml/30 days)	AMSP-PA-QL	Brand Specialty
tofacitinib citrate ER tab (XELJANZ equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
tofacitinib citrate oral soln (XELJANZ equiv) (QL= 10mL/day)	AMSP-PA-QL	Generic Specialty
tofacitinib citrate tab (XELJANZ equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Generic Specialty
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 80/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
ADALIMUMAB-ADAZ INJ 10MG/0.1ML (QL= 0.2ml/28 days)	AMSP-PA-QL	Brand Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
INTERLEUKIN-6 RECEPTOR INHIBITORS		
TYENNE INJ (QL= 1.8ml/28 days)	AMSP-PA-QL	Brand Specialty
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
KETOROLAC INJ	-	Brand
celecoxib cap (CELEBREX equiv)	-	Generic
ketorolac inj	-	Generic
ketorolac tab (TORADOL equiv)	-	Generic
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Brand Specialty
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Brand Specialty
OTEZLA XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	Generic
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Brand Specialty
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Brand Specialty
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Brand Specialty
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Brand Specialty
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Brand Specialty
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Generic
butalbital/acetaminophen/caffeine soln	-	Generic
VTOL SOLN	-	Generic
SALICYLATES		
diflunisal tab (DOLOBID equiv)	-	Generic
salsalate tab (DISALCID equiv)	-	Generic
aspirin chew tab 81mg (Covered for females only)	-	Preventive
aspirin ec tab 325mg (Covered for females only)	OTC	Preventive
aspirin ec tab 81mg (Covered for females only)	OTC	Preventive
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DISKETS TAB (QL= 1 tab/day)	QL	Brand
MORPHINE SULFATE SUPP	-	Brand
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand

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

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Brand
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Brand
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Brand
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Brand
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Brand
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Brand
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Brand
codeine sulfate tab	-	Generic
hydromorphone liquid (DILAUDID equiv)	-	Generic
HYDROMORPHONE SUPP	-	Generic
hydromorphone tab (DILAUDID equiv)	-	Generic
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Generic
methadone sol 10mg/5ml (QL= 20ml/day)	QL	Generic
methadone soln (QL= 4 ml/day)	QL	Generic
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Generic
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Generic
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Generic
methadose tab (QL= 1 tab/day)	QL	Generic
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Generic
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Generic
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Generic
morphine sulfate oral soln 100mg/5ml (MORPHINE equiv)	-	Generic
morphine sulfate oral soln 10mg/5ml (MORPHINE equiv)	-	Generic
morphine sulfate oral soln 20mg/5ml (MORPHINE equiv)	-	Generic
morphine sulfate tab	-	Generic
oxycodone cap (OXYIR equiv)	-	Generic
oxycodone soln (ROXICODONE equiv)	-	Generic
oxycodone tab (ROXICODONE equiv)	-	Generic
oxymorphone tab (OPANA equiv)	-	Generic
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Generic
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Generic
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Generic
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Generic
tramadol tab (ULTRAM equiv)	-	Generic
OPIOID COMBINATIONS		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Generic
APAP/CODEINE SOLN (QL= 90ml/day)	QL	Generic
aspirin/codeine tab	-	Generic
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 6 caps/day)	QL	Generic
hydrocodone/acetaminophen cap (LORCET equiv)	-	Generic
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Generic

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

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

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Generic
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Generic
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Generic
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Generic
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Generic
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Generic
oxycodone/acetaminophen cap (TYLOX equiv)	-	Generic
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Generic
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Generic
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Generic
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Generic
OXYCODONE/ASPIRIN TAB	-	Generic
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Generic
pentazocine/acetaminophen tab (TALACEN equiv)	-	Generic
tramadol/acetaminophen tab (ULTRACET equiv)	-	Generic
OPIOID PARTIAL AGONISTS		
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Brand
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Brand
BRIXADI SOLN	LMSP	Brand Specialty
SUBLOCADE INJ 100MG/0.5ML	LMSP	Brand Specialty
SUBLOCADE INJ 300MG/1.5ML	LMSP	Brand Specialty
buprenorphine hcl buccal film (BELBUCA equiv)	-	Generic
buprenorphine patch (BUTRANS equiv)	-	Generic
buprenorphine SL tab (SUBUTEX equiv)	-	Generic
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Generic
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Generic
butorphanol nasal spray (QL= 5ml/30 days)	QL	Generic
pentazocine/naloxone tab (TALWIN NX equiv)	-	Generic
ANDROGENS-ANABOLIC		
ANDROGENS		
TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days)	QL	Brand
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Brand
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Brand
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Brand
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Brand
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Brand
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Generic
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Generic
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days)	--QL	Generic
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Generic
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Generic
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Generic
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Generic
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)	QL	Generic

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Generic
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	Generic
RECTAL COMBINATIONS		
PROCTOFOAM HC FOAM	-	Brand
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Generic
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	Generic
ANORECTAL AND RELATED PRODUCTS		
VASODILATING AGENTS		
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Generic
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB	-	Brand
ivermectin tab (STROMECTOL equiv)	-	Generic
praziquantel tab (BILTRICIDE equiv)	-	Generic
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab; Must fill 3-month supply)	QL-ST	Brand
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days; Must fill 3-month supply)	QL	Generic
NITRATES		
isosorbide dinitrate tab 5mg (ISORDIL equiv) (Must fill 3-month supply)	-	Generic
isosorbide mononitrate ER tab (IMDUR equiv) (Must fill 3-month supply)	-	Generic
isosorbide mononitrate tab (MONOKET equiv) (Must fill 3-month supply)	-	Generic
NITROGLYCERIN ER CAP (Must fill 3-month supply)	-	Generic
nitroglycerin oint	-	Generic
nitroglycerin patch (NITRO-DUR equiv) (Must fill 3-month supply)	-	Generic
nitroglycerin SL tab (NITROSTAT equiv) (Must fill 3-month supply)	-	Generic
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	Generic
hydroxyzine pamoate cap (VISTARIL equiv)	-	Generic
hydroxyzine syrup (ATARAX equiv)	-	Generic
hydroxyzine tab (ATARAX equiv)	-	Generic
BENZODIAZEPINES		
alprazolam ER tab (XANAX XR equiv)	-	Generic
alprazolam tab (XANAX equiv)	-	Generic
chlordiazepoxide cap (LIBRIUM equiv)	-	Generic
clorazepate tab (TRANXENE-T equiv)	-	Generic
diazepam conc (VALIUM equiv)	-	Generic
diazepam oral soln 5mg/5ml (QL= 360ml/30 days)	QL	Generic
diazepam tab (VALIUM equiv)	-	Generic

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DrugName	Special Code	Tier
ANTIANXIETY AGENTS Cont.		
lorazepam conc (ATIVAN equiv)	-	Generic
lorazepam tab (ATIVAN equiv)	-	Generic
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
NORPACE CR CAP	-	Brand
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day; Must fill 3-month supply)	QL	Brand
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day; Must fill 3-month supply)	QL	Brand
disopyramide cap (NORPACE equiv) (Must fill 3-month supply)	-	Generic
quinidine sulfate tab (QL= 8 tabs/day)	QL	Generic
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap (Must fill 3-month supply)	-	Generic
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv) (Must fill 3-month supply)	-	Generic
propafenone tab (RYTHMOL equiv) (Must fill 3-month supply)	-	Generic
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv) (Must fill 3-month supply)	-	Generic
dofetilide cap (TIKOSYN equiv) (Must fill 3-month supply)	-	Generic
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Brand Specialty
TEZSPIRE INJ (QL= 1 pen/30 days)	AMSP-PA-QL	Brand Specialty
TEZSPIRE SOLN (QL= 1 syringe/30 days)	AMSP-PA-QL	Brand Specialty
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Brand Specialty
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Brand Specialty
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Brand Specialty
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Brand Specialty
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Brand Specialty
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	Generic
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERO (QL= 25.8g/30 days)	QL	Brand
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Brand
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler)	QL-ST	Brand
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Brand
ipratropium bromide hfa inhaler aerosol (ATROVENT equiv) (QL= 25.8g/30 days)	QL	Generic
ipratropium neb soln (ATROVENT equiv)	-	Generic
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Generic

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

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv) (Must fill 3-month supply)	-	Generic
montelukast granule pack (SINGULAIR equiv) (Must fill 3-month supply)	-	Generic
montelukast tab (SINGULAIR equiv) (Must fill 3-month supply)	-	Generic
zafirlukast tab (ACCOLATE equiv) (Must fill 3-month supply)	-	Generic
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Generic
STEROID INHALANTS		
fluticasone propionate hfa inhal aero (QL= 2 inhalers/30 days)	QL	Generic
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days; Must fill 3-month supply)	QL	Value
ASMANEX HFA INHALER (QL= 1 inhaler/30 days; Must fill 3-month supply)	QL	Value
ASMANEX INHALER (QL= 1 inhaler/30 days; Must fill 3-month supply)	QL	Value
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days; Must fill 3-month supply)	QL	Value
QVAR REDIHALER (QL= 21.2gm/30 days; Must fill 3-month supply)	QL	Value
SYMPATHOMIMETICS		
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	QL	Brand
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Brand
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Brand
BREZTRI AEROSPHERE INHALER (QL= 10.7g/30 days)	QL	Brand
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Brand
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Brand
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Brand
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Brand
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Brand
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Generic
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Generic
albuterol neb soln	-	Generic
ALBUTEROL NEBULIZER SOLN	-	Generic
albuterol sulfate inhal aero 108mcg/act (QL= 36g/30 days)	QL	Generic
albuterol sulfate inhal aero 108mcg/act (QL= 36g/30 days; Step therapy req trial of albuterol HFA (ProAir HFA or Proventil HFA equiv) [6.7g or 8.5g inhaler])	QL-ST	Generic
albuterol sulfate syrup	-	Generic
albuterol sulfate tab	-	Generic
albuterol/ipratropium neb soln (DUONEB equiv)	-	Generic
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Generic
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Generic
levalbuterol neb soln (XOPENEX equiv)	-	Generic
terbutaline sulfate tab (BRETHINE equiv)	-	Generic
XANTHINES		
ELIXOPHYLLIN ELIXIR	-	Brand
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Brand
theophylline CR tab (QUIBRON-T equiv)	-	Generic
theophylline ER tab (UNIPHYL equiv)	-	Generic
theophylline soln	-	Generic

ANTICOAGULANTS

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	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	Generic
DIRECT FACTOR XA INHIBITORS		
ELIQUIS SPRINKLE CAP (QL= 70 caps/30 days)	QL	Brand
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Brand
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Brand
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Brand
ELIQUIS TAB FOR ORAL SUSP (QL= 560 tabs/30 days)	QL	Brand
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Brand
XARELTO SUSP (QL= 10mL/day)	QL	Brand
XARELTO TAB (QL= 60 tabs/30 days)	QL	Brand
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Brand
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Brand
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Brand
rivaroxaban for susp (XARELTO equiv) (QL= 10mL/day)	QL	Generic
rivaroxaban tab (XARELTO equiv) (QL = 60 tabs/30 days)	QL	Generic
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv)	-	Generic
enoxaparin inj 300mg (LOVENOX equiv)	-	Generic
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Generic
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Generic
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Generic
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Generic
heparin porcine inj	-	Generic
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Generic
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month)	QL	Brand
VALTOCO NASAL SPRAY (QL= 5 doses/fill, 4 fills/month)	QL	Brand
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Generic
clobazam tab (ONFI equiv)	-	Generic
clonazepam ODT (KLONOPIN equiv)	-	Generic
clonazepam tab (KLONOPIN equiv)	-	Generic
diazepam rectal gel (QL= 4 doses/fill; Must fill 3-month supply)	QL	Value
ANTICONVULSANTS - MISC.		
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Brand Specialty
brivaracetam oral soln 10mg/ml (BRIVIACT INJ equiv) (QL= 600mL/30 days)	QL	Generic
brivaracetam tab (BRIVIACT equiv) (QL= 2 tabs/day)	QL	Generic
carbamazepine chew tab (TEGRETOL equiv)	-	Generic
carbamazepine ER cap (CARBATROL equiv)	-	Generic
carbamazepine ER tab (TEGRETOL XR equiv)	-	Generic
carbamazepine susp (TEGRETOL equiv)	-	Generic
carbamazepine tab (TEGRETOL equiv)	-	Generic
eslicarbazepine acetate tab (APTIOM equiv) (QL= 60 tabs/30 days)	QL	Generic

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
gabapentin cap (NEURONTIN equiv)	-	Generic
gabapentin tab (NEURONTIN equiv)	-	Generic
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Generic
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Generic
lamotrigine chew tab (LAMICTAL equiv)	-	Generic
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Generic
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Generic
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Generic
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Generic
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Generic
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Generic
lamotrigine tab (LAMICTAL equiv)	-	Generic
levetiracetam ER tab (KEPPRA XR equiv)	-	Generic
levetiracetam soln (KEPPRA equiv)	-	Generic
levetiracetam tab (KEPPRA equiv)	-	Generic
oxcarbazepine susp (TRILEPTAL equiv)	-	Generic
oxcarbazepine tab (TRILEPTAL equiv)	-	Generic
pregabalin cap (LYRICA equiv)	-	Generic
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Generic
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Generic
primidone tab (MYSOLINE equiv)	QL--	Generic
topiramate sprinkle cap (TOPAMAX equiv)	-	Generic
topiramate tab (TOPAMAX equiv)	-	Generic
zonisamide cap (ZONEGRAN equiv)	-	Generic
CARBAMATES		
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Generic
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Generic
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Generic
GABA MODULATORS		
TIAGABINE TAB 12MG (QL= 4 tabs/day)	QL	Generic
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Generic
TIAGABINE TAB 16MG (QL= 3 tabs/day)	QL	Generic
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Generic
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Generic
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Generic
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Generic Specialty
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty
HYDANTOINS		
DILANTIN CAP 30MG	-	Brand
phenytoin cap (DILANTIN equiv)	-	Generic
phenytoin chew tab (DILANTIN equiv)	-	Generic
phenytoin susp (DILANTIN equiv)	-	Generic
SUCCINIMIDES		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
ethosuximide cap (ZARONTIN equiv)	-	Generic
ethosuximide soln (ZARONTIN equiv)	-	Generic
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	Generic
divalproex sodium DR tab (DEPAKOTE equiv)	-	Generic
divalproex sprinkle cap (DEPAKOTE equiv)	-	Generic
valproic acid cap (DEPAKENE equiv)	-	Generic
valproic acid syrup (DEPAKENE equiv)	-	Generic
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	Generic
mirtazapine tab (REMERON equiv)	-	Generic
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	Generic
bupropion tab (WELLBUTRIN equiv)	-	Generic
bupropion XL tab (WELLBUTRIN XL equiv)	-	Generic
MAPROTILINE TAB	-	Generic
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Generic
phenelzine tab (NARDIL equiv)	-	Generic
tranylcypromine tab (PARNATE equiv)	-	Generic
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
PROZAC WEEKLY CAP	-	Brand
citalopram soln (CELEXA equiv)	-	Generic
escitalopram soln (LEXAPRO equiv)	-	Generic
fluoxetine cap 90mg (QL= 4 caps/28 days)	QL	Generic
fluvoxamine tab (LUVOX equiv)	-	Generic
paroxetine tab (PAXIL equiv)	-	Generic
citalopram tab (CELEXA equiv) (Must fill 3-month supply)	-	Value
escitalopram tab (LEXAPRO equiv) (Must fill 3-month supply)	-	Value
fluoxetine cap (PROZAC equiv) (Must fill 3-month supply)	-	Value
fluoxetine soln (PROZAC equiv) (Must fill 3-month supply)	-	Value
fluoxetine tab 10mg, 20mg (PROZAC equiv) (Must fill 3-month supply)	-	Value
sertraline conc (ZOLOFT equiv) (Must fill 3-month supply)	-	Value
sertraline tab (ZOLOFT equiv) (Must fill 3-month supply)	-	Value
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	Generic
nefazodone tab 50mg, 250mg	-	Generic
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Generic
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
VENLAFAXINE ER TAB	-	Brand
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Generic
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Generic
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Generic
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Generic

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
venlafaxine ER cap (EFFEXOR XR equiv)	-	Generic
venlafaxine tab (EFFEXOR equiv)	-	Generic
TRICYCLIC AGENTS		
amoxapine tab (QL= 4 tabs/day)	QL	Generic
clomipramine cap (ANAFRANIL equiv)	-	Generic
desipramine tab (NORPRAMIN equiv)	-	Generic
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Generic
doxepin conc (SINEQUAN equiv)	-	Generic
DOXEPIN HCL CONC	-	Generic
imipramine tab (TOFRANIL equiv)	-	Generic
nortriptyline cap (PAMELOR equiv)	-	Generic
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Generic
protriptyline tab (VIVACTIL equiv)	-	Generic
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Generic
amitriptyline tab (ELAVIL equiv) (Must fill 3-month supply)	-	Value
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv) (Must fill 3-month supply)	-	Generic
ANTIDIABETIC COMBINATIONS		
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab; Must fill 3-month supply)	QL-ST	Brand
JENTADUETO TAB (QL= 2 tabs/day; Must fill 3-month supply)	QL	Brand
JENTADUETO XR TAB (QL= 2 tabs/day; Must fill 3-month supply)	QL	Brand
REPAGLINIDE TAB	-	Brand
SYNJARDY TAB (QL= 2 tabs/day; Must fill 3-month supply)	QL	Brand
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day; Must fill 3-month supply)	QL	Brand
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day; Must fill 3-month supply)	QL	Brand
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Brand
dapagliflozin-metformin er tab 10-1000mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Generic
dapagliflozin-metformin er tab 10-500mg (XIGDUO XR equiv) (QL= 1 tab/day)	QL	Generic
dapagliflozin-metformin er tab 5-1000mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Generic
dapagliflozin-metformin er tab 5-500mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Generic
glipizide/metformin tab (METAGLIP equiv) (Must fill 3-month supply)	-	Generic
pioglitazone/metformin tab (ACTOPLUS MET equiv) (Must fill 3-month supply)	-	Generic
glyburide/metformin tab (GLUCOVANCE equiv) (Must fill 3-month supply)	-	Value
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv) (Must fill 3-month supply)	-	Value
metformin tab (GLUCOPHAGE equiv) (Must fill 3-month supply)	-	Value
DIABETIC OTHER		
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Brand
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Brand
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Brand
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Brand
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Brand
diazoxide susp (PROGLYCEM equiv)	-	Generic
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	Generic

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ANTIDIABETICS Cont.		
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Generic Specialty
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA TAB (QL= 1 tab/day; Must fill 3-month supply)	QL	Brand
INCRETIN MIMETIC AGENTS		
MOUNJARO INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Generic
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand
OZEMPIC TAB, RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand
INSULIN		
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	DIAB 1
FIASP INJ (QL= 60 units/30 days)	QL	DIAB 1
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	DIAB 1
HUMULIN R INJ U-500 (QL= 40ml/28 days)	QL	DIAB 1
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/28 days)	QL	DIAB 1
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1
LEVEMIR FLEXTOUCH INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	DIAB 1
LEVEMIR INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	DIAB 1
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	DIAB 1
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLIN N INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLIN R INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	DIAB 1
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	DIAB 1
NOVOLIN VIAL (QL= 60 units/30 days)	QL	DIAB 1
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLOG INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	DIAB 1
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	DIAB 1
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30days)	QL	DIAB 1
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 days)	QL	DIAB 1
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/28 days)	QL	DIAB 1
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	DIAB 1

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ANTIDIABETICS Cont.		
TRESIBA FLEXTOUCH INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	DIAB 1
TRESIBA INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	DIAB 1
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv) (Must fill 3-month supply)	-	Generic
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv) (Must fill 3-month supply)	-	Generic
repaglinide tab (PRANDIN equiv) (Must fill 3-month supply)	-	Generic
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE TAB (QL= 1 tab/day; Must fill 3-month supply)	QL	Brand
dapagliflozin tab (FARXIGA equiv) (QL= 1 tab/day)	QL	Generic
SULFONYLUREAS		
TOLBUTAMIDE TAB	-	Brand
GLYBURID MCR TAB (Must fill 3-month supply)	-	Generic
tolazamide tab (TOLINASE equiv)	-	Generic
glimepiride tab (AMARYL equiv) (Must fill 3-month supply)	-	Value
glipizide ER tab (GLUCOTROL XL equiv) (Must fill 3-month supply)	-	Value
glipizide tab (GLUCOTROL equiv) (Must fill 3-month supply)	-	Value
glyburide tab (MICRONASE equiv) (Must fill 3-month supply)	-	Value
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	Brand
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	Generic
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Generic
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Brand Specialty
OPIOID ANTAGONISTS		
VIVITROL INJ	AMSP	Brand Specialty
naltrexone tab (REVIA equiv)	-	Generic
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv)	AMSP-PA	Generic Specialty
deferasirox tab (EXJADE equiv)	AMSP-PA	Generic Specialty
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Generic Specialty
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty

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

NC =Not Covered — **generic** =small letters — **BRANDS** =CAPITAL LETTERS

AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty
OPIOID ANTAGONISTS		
OPVEE NASAL SPRAY	-	Brand
REZENOPY SPRAY 10MG/0.11ML	-	Brand
ZURNAI INJ	-	Brand
NARCAN HCL SPRAY (OTC)	OTC	Generic
naloxone hcl nasal spray	OTC	Preventive
naloxone inj	-	Preventive
NALOXONE NASAL SPRAY	-	Preventive
naloxone prefilled inj	-	Preventive
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Preventive
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Generic
ondansetron inj (ZOFRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Generic
ondansetron ODT (ZOFRAN equiv)	-	Generic
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Generic
ondansetron tab (ZOFRAN equiv)	-	Generic
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 50mg (ANTIVERT equiv)	OTC	Generic
meclizine tab 12.5mg (ANTIVERT equiv)	-	Generic
meclizine tab 25mg (ANTIVERT equiv)	-	Generic
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Generic
trimethobenzamide cap (TIGAN equiv)	-	Generic
ANTIEMETICS - MISCELLANEOUS		
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Generic
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Generic
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Brand
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Generic
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Generic
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Generic
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month)	QL	Generic
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap (ANCOBON equiv)	-	Generic
griseofulvin susp (GRIFULVIN equiv)	-	Generic
nystatin powder	-	Generic
nystatin tab	-	Generic
terbinafine tab (LAMISIL equiv)	-	Generic

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	Generic
fluconazole tab (DIFLUCAN equiv)	-	Generic
itraconazole cap (SPORANOX equiv)	-	Generic
ketoconazole tab (NIZORAL equiv)	-	Generic
voriconazole susp (VFEND equiv)	-	Generic
voriconazole tab (VFEND equiv)	-	Generic
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Generic
diphenhydramine inj	-	Generic
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine inj (PHENERGAN equiv)	-	Generic
promethazine supp (PHENERGAN equiv)	-	Generic
promethazine syrup	-	Generic
promethazine tab (PHENERGAN equiv)	-	Generic
PROMETHEGAN SUPP	-	Generic
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	Generic
cyproheptadine tab	-	Generic
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day; Must fill 3-month supply)	QL	Generic
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day; Must fill 3-month supply)	QL	Generic
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day; Must fill 3-month supply)	QL	Generic
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day; Must fill 3-month supply)	QL	Generic
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv) (Must fill 3-month supply)	-	Generic
cholestyramine lite powder pack (QUESTRAN LITE equiv) (Must fill 3-month supply)	-	Generic
cholestyramine powder (QUESTRAN equiv) (Must fill 3-month supply)	-	Generic
cholestyramine powder pack (QUESTRAN equiv) (Must fill 3-month supply)	-	Generic
colesevelam tab (WELCHOL equiv) (Must fill 3-month supply)	-	Generic
colestipol granule (COLESTID equiv) (Must fill 3-month supply)	-	Generic
colestipol powder packet (COLESTID equiv) (Must fill 3-month supply)	-	Generic
colestipol tab (COLESTID equiv) (Must fill 3-month supply)	-	Generic
FIBRIC ACID DERIVATIVES		
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG (Must fill 3-month supply)	-	Brand
fenofibrate cap 43mg, 130mg (ANTARA equiv) (Must fill 3-month supply)	-	Generic
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) (Must fill 3-month supply)	-	Generic
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) (Must fill 3-month supply)	-	Generic
fenofibric acid DR cap (TRILIPIX equiv) (Must fill 3-month supply)	-	Generic
gemfibrozil tab (LOPID equiv) (Must fill 3-month supply)	-	Generic
HMG COA REDUCTASE INHIBITORS		
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Brand

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive
atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive
atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive
atorvastatin tab 40mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive
pravastatin sodium 80mg (PRAVACHOL equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive
pravastatin tab (PRAVACHOL equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive
rosuvastatin tab (CRESTOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	QL	Preventive
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply)	PA-QL	Preventive
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Generic
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Brand Specialty
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day; Must fill 3-month supply)	QL	Generic
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Brand
REPATHA INJ (QL= 2 inj/28 days; Must fill 3-month supply)	PA-QL	Brand
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Brand
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv) (Must fill 3-month supply)	-	Generic
fosinopril tab (MONOPRIL equiv) (Must fill 3-month supply)	-	Generic
moexipril tab (UNIVASC equiv) (Must fill 3-month supply)	-	Generic
perindopril tab (ACEON equiv)	-	Generic
quinapril tab (ACCUPRIL equiv) (Must fill 3-month supply)	-	Generic
ramipril cap (ALTACE equiv) (Must fill 3-month supply)	-	Generic
trandolapril tab (MAVIK equiv) (Must fill 3-month supply)	-	Generic
enalapril tab (VASOTEC equiv) (Must fill 3-month supply)	-	Value
lisinopril tab (PRINIVIL/ZESTRIL equiv) (Must fill 3-month supply)	-	Value
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSP (QL= 10 mL/day)	QL	Brand

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz; Must fill 3-month supply)	ST	Generic
irbesartan tab (AVAPRO equiv) (Must fill 3-month supply)	-	Generic
olmesartan tab (BENICAR equiv) (Must fill 3-month supply)	-	Generic
telmisartan tab (MICARDIS equiv) (Must fill 3-month supply)	-	Generic
valsartan oral soln (QL= 2400mL/30 days)	QL	Generic
valsartan tab (DIOVAN equiv) (Must fill 3-month supply)	-	Generic
losartan tab (COZAAR equiv) (Must fill 3-month supply)	-	Value
ANTIADRENERGIC ANTIHYPERTENSIVES		
METHYLDOPA TAB (Must fill 3-month supply)	-	Brand
clonidine tab (CATAPRES equiv) (Must fill 3-month supply)	-	Generic
doxazosin tab (CARDURA equiv) (Must fill 3-month supply)	-	Generic
guanfacine IR tab (TENEX equiv) (Must fill 3-month supply)	-	Generic
prazosin cap (MINIPRESS equiv) (Must fill 3-month supply)	-	Generic
terazosin cap (HYTRIN equiv) (Must fill 3-month supply)	-	Generic
ANTIHYPERTENSIVE COMBINATIONS		
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug; Must fill 3-month supply)	ST	Brand
amlodipine/benazepril cap (LOTREL equiv) (Must fill 3-month supply)	-	Generic
amlodipine/olmesartan tab (AZOR TAB equiv) (Must fill 3-month supply)	-	Generic
amlodipine/valsartan tab (EXFORGE equiv) (Must fill 3-month supply)	-	Generic
atenolol/chlorthalidone tab (TENORETIC equiv) (Must fill 3-month supply)	-	Generic
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) (Must fill 3-month supply)	-	Generic
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz; Must fill 3-month supply)	ST	Generic
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Generic
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Generic
irbesartan/hydrochlorothiazide tab (AVALIDE equiv) (Must fill 3-month supply)	-	Generic
methyldopa/hydrochlorothiazide tab (ALDORIL equiv) (Must fill 3-month supply)	-	Generic
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) (Must fill 3-month supply)	-	Generic
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days; Must fill 3-month supply)	QL	Generic
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) (Must fill 3-month supply)	-	Generic
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Generic
quinapril/hydrochlorothiazide tab (ACCURETIC equiv) (Must fill 3-month supply)	-	Generic
trandolapril/verapamil ER tab (TARKA equiv)	-	Generic
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) (Must fill 3-month supply)	-	Generic
bisoprolol/hydrochlorothiazide tab (ZIAC equiv) (Must fill 3-month supply)	-	Value
enalapril/hydrochlorothiazide tab (VASERETIC equiv) (Must fill 3-month supply)	-	Value
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) (Must fill 3-month supply)	-	Value
losartan/hydrochlorothiazide tab (HYZAAR equiv) (Must fill 3-month supply)	-	Value
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv) (Must fill 3-month supply)	-	Generic
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	Generic
minoxidil tab (LONITEN equiv)	-	Generic
ANTI-INFECTIVE AGENTS - MISC.		

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ANTI-INFECTIVE AGENTS - MISC.		
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Brand
PRIMSOL SOLN	-	Brand
TRIMETHOPRIM TAB	-	Brand
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Brand Specialty
metronidazole tab (FLAGYL equiv)	-	Generic
tinidazole tab (TINDAMAX equiv)	-	Generic
trimethoprim tab (PROLOPRIM equiv)	-	Generic
ANTI-INFECTIVE MISC. - COMBINATIONS		
HYOPHEN TAB	-	Brand
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Generic
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Generic
UTA cap	-	Generic
ANTIPROTOZOAL AGENTS		
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Brand
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Brand
atovaquone susp (MEPRON equiv)	-	Generic
GLYCOPEPTIDES		
TYZAVAN INJ	-	Brand
VANCOMYCIN INJ	-	Brand
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Generic
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Generic
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Generic
VANCOMYCIN INJ	-	Generic
LEPROSTATICS		
dapsone tab	-	Generic
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	Generic
clindamycin soln (CLEOCIN equiv)	-	Generic
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Brand Specialty
OXAZOLIDINONES		
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Brand
linezolid susp	-	Generic
linezolid tab (ZYVOX equiv)	-	Generic
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	Generic
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	Generic
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Generic
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Generic
nitrofurantoin susp (FURADANTIN equiv)	-	Generic

ANTIMALARIALS

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DrugName	Special Code	Tier
ANTIMALARIALS Cont.		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	Generic
ANTIMALARIALS		
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Brand
CHLOROQUINE TAB	-	Generic
chloroquine tab (ARALEN equiv)	-	Generic
HYDROXYCHLOROQUINE TAB	-	Generic
hydroxychloroquine tab (PLAQUENIL equiv)	-	Generic
quinine sulfate cap (QUALAQUIN equiv)	-	Generic
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB	-	Generic
pyridostigmine CR tab (MESTINON equiv)	-	Generic
pyridostigmine tab (MESTINON equiv)	-	Generic
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Brand Specialty
ethambutol tab (MYAMBUTOL equiv)	-	Generic
isoniazid tab	-	Generic
pyrazinamide tab	-	Generic
rifabutin cap (MYCOBUTIN equiv)	-	Generic
rifampin cap (RIFADIN equiv)	-	Generic
ANTINEOPLASTICS		
ALKYLATING AGENTS		
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Brand Specialty
MYLERAN TAB	AMSP	Brand Specialty
ANTIMETABOLITES		
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Brand Specialty
mercaptopurine tab (PURINETHOL equiv)	-	Generic
methotrexate tab (TREXALL equiv)	-	Generic
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	LMSP-PA-SF	Brand Specialty
ANTINEOPLASTICS MISC.		
INTRON-A INJ	AMSP	Brand Specialty
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Brand Specialty
hydroxyurea cap (HYDREA equiv)	-	Generic

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DrugName	Special Code	Tier
ANTINEOPLASTICS Cont.		
tretinoin cap (VESANOID equiv)	AMSP	Generic Specialty
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	Generic
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	-	Generic
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	AMSP-PA	Brand Specialty
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap	-	Generic Specialty
lomustine cap (GLEOSTINE equiv)	AMSP	Generic Specialty
MELPHALAN TAB	AMSP	Generic Specialty
temozolomide cap (TEMODAR equiv)	AMSP	Generic Specialty
ANTIMETABOLITES		
mercaptopurine susp 2000mg/100ml (PURIXAN equiv)	-	Generic
methotrexate inj	-	Generic
PURIXAN SUSP 2000MG/100ML	-	Generic
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty
INLYTA TAB 5MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Brand Specialty
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Onco360 877-662-6633)	LD-PA	Brand Specialty
VENCLEXTA TAB (Only available through Onco360 877-662-6633)	LD-PA	Brand Specialty
ANTINEOPLASTIC - EGFR INHIBITORS		
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty

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NC =Not Covered | **generic** =small letters | **BRANDS** =CAPITAL LETTERS

AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Brand Specialty
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Brand Specialty
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
ELIGARD INJ	AMSP-PA	Brand Specialty
ELIGARD INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Brand Specialty
ELIGARD INJ, VABRINTY INJ	AMSP-PA	Brand Specialty
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Brand Specialty
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Brand Specialty
LEUPROLIDE INJ (3 MONTH) (QL= 1 kit/90 days)	AMSP-PA-QL	Brand Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Brand Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Brand Specialty
LUTRATE DEPO INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Brand Specialty
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Brand Specialty
NILUTAMIDE TAB (QL= 2 tabs/day)	AMSP-QL	Brand Specialty
NUBEQA TAB (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty
bicalutamide tab (CASODEX equiv)	-	Generic
flutamide cap (EULEXIN equiv)	-	Generic
megestrol susp (MEGACE equiv)	-	Generic
megestrol tab (MEGACE equiv)	-	Generic
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Generic
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Generic Specialty
anastrozole tab (ARIMIDEX equiv)	-	Preventive
exemestane tab (AROMASIN equiv)	-	Preventive
letrozole tab (FEMARA equiv)	-	Preventive

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AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide cap (POMALYST equiv) (QL= 21 caps/28 days; Only available through Optum 877-445-6874 or Biologics 800-850-4306)	LD-PA-QL	Generic Specialty
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Brand Specialty
LONSURF TAB (Only available through Onco360 877-662-6633)	LD-PA	Brand Specialty
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Brand Specialty
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty
BOSULIF CAP (QL= 5 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Brand Specialty
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Brand Specialty
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Brand Specialty
CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Brand Specialty
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Brand Specialty
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Brand Specialty
COTELLIC TAB (QL= 3 tabs/day)	AMSP-PA-QL	Brand Specialty
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Brand Specialty
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty
IMBRUVICA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Brand Specialty
JAKAFI XR TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Brand Specialty
KISQALI TAB (QL= 63 tabs/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Brand Specialty
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Brand Specialty

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Brand Specialty
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Brand Specialty
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Brand Specialty
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty
NINLARO CAP	AMSP-PA	Brand Specialty
PAZOPANIB TAB 400MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Brand Specialty
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Brand Specialty
sorafenib tosylate tab (NEXAVAR equiv)	AMSP-PA-SF	Brand Specialty
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Brand Specialty
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Brand Specialty
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Brand Specialty
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Brand Specialty
XALKORI CAP (QL= 2 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Brand Specialty
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Brand Specialty
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Brand Specialty
ZELBORAF TAB (QL= 8 tabs/day)	AMSP-PA-QL-SF	Brand Specialty
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Brand Specialty
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Brand Specialty
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Brand Specialty
bosutinib tab (BOSULIF equiv) (Only available through Onco360 877-662-6633)	LD-PA-SF	Generic Specialty
dasatinib tab (SPRYCEL equiv)	AMSP-PA-SF	Generic Specialty
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Generic Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Generic Specialty
lapatinib ditosylate tab (TYKERB equiv)	AMSP-PA	Generic Specialty
nilotinib hcl cap (TASIGNA equiv)	AMSP-PA-SF	Generic Specialty
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Generic Specialty
sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days)	AMSP-PA-QL-SF	Generic Specialty
ANTINEOPLASTICS MISC.		
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Brand Specialty
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Generic Specialty
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
mesna tab (MESNEX equiv)	AMSP	Brand Specialty
MITOTIC INHIBITORS		
ETOPOSIDE CAP	-	Brand
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	Generic
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	Generic
trihexyphenidyl tab (ARTANE equiv)	-	Generic
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	Generic
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	Generic
amantadine syrup (SYMMETREL equiv)	-	Generic
amantadine tab	-	Generic
bromocriptine cap (PARLODEL equiv)	-	Generic
bromocriptine tab (PARLODEL equiv)	-	Generic
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Generic
carbidopa/levodopa ODT (PARCOPA equiv)	-	Generic
carbidopa/levodopa tab (SINEMET equiv)	-	Generic
pramipexole tab (MIRAPEX equiv)	-	Generic
ropinirole tab (REQUIP equiv)	-	Generic
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Generic
selegiline cap (ELDEPRYL equiv)	-	Generic
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Generic
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	Generic

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

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DrugName	Special Code	Tier
ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
ANTIPARKINSON DOPAMINERGICS		
CREXONT CAP 35-140MG (QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
CREXONT CAP 52.5-210MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
CREXONT CAP 70-280MG (QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
CREXONT CAP 87.5-350MG (QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days)	QL	Brand
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days)	QL	Brand
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days)	QL	Brand
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days)	QL	Brand
amantadine soln	-	Generic
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Generic
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Generic Specialty
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	Generic
lithium carbonate ER tab (LITHOBID equiv)	-	Generic
lithium carbonate tab	-	Generic
lithium oral solution (LITHIUM equiv)	-	Generic
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Generic
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Generic
BENZISOXAZOLES		
RISPERIDONE ODT	-	Brand
INVEGA HAFYERA INJ	AMSP	Brand Specialty
INVEGA INJ	AMSP	Brand Specialty
PERSERIS INJ	AMSP	Brand Specialty
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Generic
risperidone ODT (RISPERDAL M equiv)	-	Generic
risperidone soln (RISPERDAL equiv)	-	Generic
risperidone tab (RISPERDAL equiv)	-	Generic
risperidone microspheres inj (RISPERDAL equiv)	AMSP	Generic Specialty
BUTYROPHENONES		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
HALDOL DECANOATE INJ	-	Brand Specialty
haloperidol lactate conc (HALDOL equiv)	-	Generic
haloperidol tab (HALDOL equiv)	-	Generic
haloperidol decanoate inj	AMSP	Generic Specialty
DIBENZAPINES		
ZYPREXA RELPREVV INJ	AMSP	Brand Specialty
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Generic
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Generic
loxapine cap (LOXITANE equiv)	-	Generic
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Generic
olanzapine tab (ZYPREXA equiv)	-	Generic
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Generic
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Generic
DIHYDROINDOLONES		
MOLINDONE TAB	-	Brand
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	Generic
fluphenazine tab (PROLIXIN equiv)	-	Generic
perphenazine tab (TRILAFON equiv)	-	Generic
prochlorperazine supp (COMPAZINE equiv)	-	Generic
prochlorperazine tab (COMPAZINE equiv)	-	Generic
thioridazine hcl tab (QL= 8 tabs/day)	QL	Generic
trifluoperazine tab (STELAZINE equiv)	-	Generic
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Brand Specialty
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Brand Specialty
ABILIFY MAINTENA INJ	AMSP	Brand Specialty
ARISTADA 675MG/2.4ML INJ	AMSP	Brand Specialty
ARISTADA INJ	AMSP	Brand Specialty
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Generic
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Generic
aripiprazole tab (ABILIFY equiv)	-	Generic
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	Generic
ANTIVIRALS		
ANTIRETROVIRALS		
APTIVUS CAP (QL= 4 caps/day)	QL	Brand
APTIVUS SOLN (QL= 380ml/30 days)	QL	Brand
BIKTARVY TAB (QL= 1 tab/day)	QL	Brand

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
CIMDUO TAB	-	Brand
CRIXIVAN CAP	-	Brand
DELSTRIGO TAB	-	Brand
DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Brand
DOVATO TAB (QL= 1 tab/day)	QL	Brand
EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
EVOTAZ TAB (QL= 1 tab/day)	QL	Brand
FUZEON INJ	-	Brand
GENVOYA TAB (QL= 1 tab/day)	QL	Brand
INTELENCE TAB (QL= 4 tabs/day)	QL	Brand
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Brand
INVIRASE CAP (QL= 10 caps/day)	QL	Brand
INVIRASE TAB (QL= 4 tabs/day)	QL	Brand
ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP	QL-RDX	Brand
JULUCA TAB (QL= 1 tab/day)	QL	Brand
KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Brand
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Brand
NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
ODEFSEY TAB (QL= 1 tab/day)	QL	Brand
PIFELTRO TAB	-	Brand
PREZCOBIX TAB (QL= 1 tab/day)	QL	Brand
PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
PREZISTA TAB (QL= 1 tab/day)	QL	Brand
PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Brand
PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
RESCRIPTOR TAB	-	Brand
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Brand
SELZENTRY SOLN (QL= 31ml/day)	QL	Brand
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Brand
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Brand
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Brand
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Brand
STRIBILD TAB (QL= 1 tab/day)	QL	Brand
SYMTUZA TAB	-	Brand
TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Brand
TRIUMEQ TAB (QL= 1 tab/day)	QL	Brand
TYBOST TAB	-	Brand

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AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
VIDEX SOLN (QL= 600ml/30 days)	QL	Brand
VIRACEPT TAB	-	Brand
VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP)	RDX	Brand
VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand
EDURANT PED TAB (QL= 6 tabs/day)	AMSP-QL	Brand Specialty
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Generic
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Generic
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Generic
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Generic
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Generic
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Generic
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Generic
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Generic
EFAVIRENZ CAP	-	Generic
efavirenz tab (SUSTIVA equiv)	-	Generic
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Generic
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Generic
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB (QL= 1 tab/day)	QL	Generic
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv) (QL= 1 tab/day)	QL	Generic
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Generic
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Generic
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Generic
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Generic
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Generic
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Generic
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Generic
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Generic
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Generic
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Generic
rilpivirine hcl tab (EDURANT equiv) (QL= 1 tab/day)	QL	Generic
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Generic
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Generic
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Generic
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Generic
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preventive
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (QL= 11 tabs/5 days)	QL	Brand
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older)	QL	Brand
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; Covered for members age 12 years or older)	QL	Brand
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Brand
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Brand
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Brand
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	Generic
valganciclovir tab (VALCYTE equiv)	-	Generic
HEPATITIS AGENTS		
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Brand Specialty
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Brand Specialty
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-QL	Brand Specialty
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Brand Specialty
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Brand Specialty
PEGASYS INJ	AMSP-PA	Brand Specialty
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Brand Specialty
REBETOL SOLN	AMSP	Brand Specialty
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Brand Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Brand Specialty
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Brand Specialty
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Brand Specialty
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Generic
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty

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ANTIVIRALS Cont.		
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
RIBAVIRIN CAP	AMSP	Generic Specialty
ribavirin cap (REBETOL equiv)	AMSP	Generic Specialty
RIBAVIRIN TAB	AMSP	Generic Specialty
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	Generic
acyclovir susp (ZOVIRAX equiv)	-	Generic
acyclovir tab (ZOVIRAX equiv)	-	Generic
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Generic
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Generic
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Generic
valacyclovir tab (VALTREX equiv)	-	Generic
INFLUENZA AGENTS		
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Brand
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Generic
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Generic
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Generic
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Generic
RIMANTADINE TAB	-	Generic
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Brand
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	Brand
IMMUNOMODULATORS		
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Brand Specialty
IMMUNOSUPPRESSIVE AGENTS		
ENVARSUS XR TAB (Step therapy requires trial of tacrolimus IR capsules)	ST	Brand
azathioprine tab (IMURAN equiv)	-	Generic
cyclosporine modified cap (NEORAL equiv)	-	Generic
cyclosporine modified soln (NEORAL equiv)	-	Generic
mycophenolate DR tab (MYFORTIC equiv)	-	Generic
mycophenolate mofetil cap (CELLCEPT equiv)	-	Generic
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Generic
mycophenolate mofetil tab (CELLCEPT equiv)	-	Generic
tacrolimus cap (PROGRAF equiv)	-	Generic
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol tab (NORMODYNE equiv) (Must fill 3-month supply)	-	Generic

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
carvedilol tab (COREG equiv) (Must fill 3-month supply)	-	Value
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv) (Must fill 3-month supply)	-	Generic
betaxolol tab (KERLONE equiv) (Must fill 3-month supply)	-	Generic
bisoprolol tab (ZEBETA equiv) (Must fill 3-month supply)	-	Generic
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day; Must fill 3-month supply)	QL	Generic
atenolol tab (TENORMIN equiv) (Must fill 3-month supply)	-	Value
metoprolol ER tab (TOPROL XL equiv) (Must fill 3-month supply)	-	Value
metoprolol tab (LOPRESSOR equiv) (Must fill 3-month supply)	-	Value
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv) (Must fill 3-month supply)	-	Generic
pindolol tab (VISKEN equiv) (Must fill 3-month supply)	-	Generic
propranolol ER cap (INDERAL LA equiv) (Must fill 3-month supply)	-	Generic
propranolol oral soln (Must fill 3-month supply)	-	Generic
PROPRANOLOL SOLN (Must fill 3-month supply)	-	Generic
propranolol tab (INDERAL equiv) (Must fill 3-month supply)	-	Generic
sotalol AF tab (BETAPACE AF equiv) (Must fill 3-month supply)	-	Generic
sotalol tab (BETAPACE equiv) (Must fill 3-month supply)	-	Generic
TIMOLOL MAL TAB (Must fill 3-month supply)	-	Generic
timolol maleate tab (BLOCADREN equiv) (Must fill 3-month supply)	-	Generic
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB (QL= 30 tabs/30 days)	QL	Brand
ORALAIR SL TAB (QL= 30 tabs/30 days)	QL	Brand
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Brand
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
diltiazem ER cap (CARDIZEM CD equiv) (Must fill 3-month supply)	-	Generic
diltiazem ER cap (CARDIZEM SR equiv) (Must fill 3-month supply)	-	Generic
diltiazem ER cap (DILACOR XR equiv) (Must fill 3-month supply)	-	Generic
diltiazem ER cap (TIAZAC equiv) (Must fill 3-month supply)	-	Generic
diltiazem ER tab (CARDIZEM LA equiv) (Must fill 3-month supply)	-	Generic
diltiazem tab (CARDIZEM equiv) (Must fill 3-month supply)	-	Generic
felodipine ER tab (PLENDIL equiv) (Must fill 3-month supply)	-	Generic
isradipine cap (DYNACIRC equiv) (Must fill 3-month supply)	-	Generic
nicardipine cap (CARDENE equiv) (Must fill 3-month supply)	-	Generic
nifedipine cap (PROCARDIA equiv) (Must fill 3-month supply)	-	Generic
nifedipine ER tab (ADALAT CC equiv) (Must fill 3-month supply)	-	Generic
verapamil SR tab (CALAN SR, ISOPTIN SR equiv) (Must fill 3-month supply)	-	Generic
verapamil tab (CALAN equiv) (Must fill 3-month supply)	-	Generic
amlodipine tab (NORVASC equiv) (Must fill 3-month supply)	-	Value
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin tab (LANOXIN equiv) (Must fill 3-month supply)	-	Generic
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day; Must fill 3-month supply)	QL	Generic

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO CAP (QL= 8 caps/day; Must fill 3-month supply)	QL	Brand
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day; Must fill 3-month supply)	QL	Generic
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 60 tabs/30 days; Must fill 3-month supply)	QL	Generic
IMPOTENCE AGENTS		
CAVERJECT INJ (QL= 6 cartons/30 days)	QL	Brand
CIALIS TAB (QL= 6 tabs/30 days)	QL	Brand
EDEX INJ (QL= three 2-pack containers/30 days or one 6-pack/30 days)	QL	Brand
LEVITRA TAB (QL= 6 tabs/30 days)	QL	Brand
MUSE SUPP (QL= 1 carton (6 systems)/30 days)	QL	Brand
STAXYN ODT (QL= 6 tabs/30 days)	QL	Brand
STENDRA TAB (QL= 6 tabs/30 days)	QL	Brand
VIAGRA TAB (QL= 6 tabs/30 days)	QL	Brand
VYBRIQUE ORAL FILM (QL= 8 film/30 days)	QL	Brand
sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)	QL	Generic
tadalafil tab (CIALIS equiv) (QL= 1 tab/day)	QL	Generic
vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days)	QL	Generic
vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days)	QL	Generic
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Brand
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Brand Specialty
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
TYVASO DPI POWDER 48-80MCG (QL = 224 cartridges/28 days)	PA-QL	Brand Specialty
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/28 days; Only available through CVS Specialt 800-238-7828)	LD-PA-QL	Brand Specialty
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/28 days; Only available through CVS Specialt 800-238-7828)	LD-PA-QL	Brand Specialty
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Generic Specialty
macitentan tab (OPSUMIT equiv) (QL= 1 tab/day)	PA-QL	Generic Specialty
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Generic
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Generic
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
SINUS NODE INHIBITORS		
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days; Must fill 3-month supply)	PA-QL	Generic
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	Generic
cefadroxil susp (DURICEF equiv)	-	Generic
cefadroxil tab (DURICEF equiv)	-	Generic
cephalexin cap (KEFLEX equiv)	-	Generic
cephalexin susp (KEFLEX equiv)	-	Generic
cephalexin tab	-	Generic
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	Generic
cefprozil tab (CEFZIL equiv)	-	Generic
cefuroxime tab (CEFTIN equiv)	-	Generic
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	Generic
cefdinir susp (OMNICEF equiv)	-	Generic
cefixime cap (SUPRAX equiv)	-	Generic
cefixime susp (SUPRAX equiv)	-	Generic
CEFPODOXIME PROXETIL SUSP	-	Generic
cefpodoxime proxetil tab (VANTIN equiv)	-	Generic
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv) (Must fill 3-month supply)	-	Preventive
ARANELLE TAB (Must fill 3-month supply)	-	Preventive
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) (Must fill 3-month supply)	-	Preventive

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CONTRACEPTIVES Cont.		
AVERI TAB (Must fill 3-month supply)	-	Preventive
cryselle tab (Must fill 3-month supply)	-	Preventive
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) (Must fill 3-month supply)	-	Preventive
enpresse tab (TRI-LEVELEN equiv) (Must fill 3-month supply)	-	Preventive
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventive
gianvi tab, ocella tab (YASMIN, YAZ equiv) (Must fill 3-month supply)	-	Preventive
isibloom tab, enskyce tab, apri tab (DESOGEN equiv) (Must fill 3-month supply)	-	Preventive
junel FE tab (LOESTRIN FE equiv) (Must fill 3-month supply)	-	Preventive
junel tab (LOESTRIN equiv) (Must fill 3-month supply)	-	Preventive
kelnor tab (DEMULEN equiv) (Must fill 3-month supply)	-	Preventive
layolis FE tab, wymzya FE tab (FEMCON FE equiv) (Must fill 3-month supply)	-	Preventive
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) (Must fill 3-month supply)	-	Preventive
LO LOESTRIN TAB (Must fill 3-month supply)	-	Preventive
mibelas chew tab (MINASTRIN equiv) (Must fill 3-month supply)	-	Preventive
NATAZIA TAB (Must fill 3-month supply)	-	Preventive
NEXTSTELLIS TAB (QL= 28 tabs/24 days; Must fill 3-month supply)	QL	Preventive
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv) (Must fill 3-month supply)	-	Preventive
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) (Must fill 3-month supply)	-	Preventive
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) (Must fill 3-month supply)	-	Preventive
nortrel tab (OVCON 35 equiv) (Must fill 3-month supply)	-	Preventive
sprintec 28 tab (ORTHO-CYCLEN equiv) (Must fill 3-month supply)	-	Preventive
tri-legest tab (ESTROSTEP FE equiv) (Must fill 3-month supply)	-	Preventive
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) (Must fill 3-month supply)	-	Preventive
TYBLUME TAB (Must fill 3-month supply)	-	Preventive
VALTYA 1/50 TAB (Must fill 3-month supply)	-	Preventive
VELIVET PAK (Must fill 3-month supply)	-	Preventive

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

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
velivet tab (CYCLESSA equiv) (Must fill 3-month supply)	-	Preventive
vienva tab, lessina tab, kurvelo tab (ALESSE equiv) (Must fill 3-month supply)	-	Preventive
viorele tab, kariva tab (MIRCETTE equiv) (Must fill 3-month supply)	-	Preventive
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH (Must fill 3-month supply)	-	Preventive
zafemy patch (XULANE equiv) (Must fill 3-month supply)	-	Preventive
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING (Must fill 3-month supply)	-	Preventive
eluryng vaginal ring (NUVARING equiv) (Must fill 3-month supply)	-	Preventive
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	Preventive
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	Preventive
levonorgestrel tab	OTC	Preventive
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive
NEXPLANON IMPLANT	-	Preventive
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD	-	Preventive
MIRENA IUD	-	Preventive
SKYLA IUD	-	Preventive
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv) (Must fill 3-month supply)	-	Preventive
OPILL TAB	-	Preventive
SLYND TAB (Must fill 3-month supply)	-	Preventive
CORTICOSTEROIDS		

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
GLUCOCORTICOSTEROIDS		
CORTISONE ACETATE TAB	-	Brand
DEXAMETHASONE CONC	-	Brand
DEXAMETHASONE SOLN	-	Brand
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Brand
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Brand
EOHILIA SUS 2MG/10ML (Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Brand
HEMADY TAB 20MG (QL= 8 tabs/30 days)	QL	Brand
PREDNISOLONE SOLN	-	Brand
SOLU-CORTEF INJ	-	Brand
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376)	LD-PA	Brand Specialty
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Brand Specialty
budesonide SR cap (ENTOCORT EC equiv)	-	Generic
dexamethasone elixir	-	Generic
dexamethasone pak (DEXPAK equiv)	-	Generic
dexamethasone tab (DEXAMETHASONE equiv)	-	Generic
hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Generic
hydrocortisone tab (CORTEF equiv)	-	Generic
methylprednisolone dose pack (MEDROL equiv)	-	Generic
methylprednisolone tab (MEDROL equiv)	-	Generic
prednisolone soln	-	Generic
prednisolone soln (PEDIAPRED equiv)	-	Generic
prednisone pack	-	Generic
PREDNISONE SOLN	-	Generic
prednisone tab (DELTASONE equiv)	-	Generic
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	Generic
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
BENZONATATE CAP (QL= 3 caps/day)	QL	Generic
benzonatate cap (TESSALON equiv)	QL--	Generic
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Generic
tussigon tab (HYCODAN equiv)	-	Generic
COUGH/COLD/ALLERGY COMBINATIONS		
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Brand
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Brand
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Brand
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Brand
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Brand
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Brand
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Brand
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Brand
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Brand

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COUGH/COLD/ALLERGY Cont.		
cold/allergy elx children (QL= 2400ml/30 days)	QL	Generic
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Generic
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Generic
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Generic
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Generic
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Generic
promethazine DM syrup	-	Generic
PROMETHAZINE VC SYRUP (QL= 30ml/day)	QL	Generic
promethazine VC syrup (PHENERGAN VC equiv)	QL--	Generic
PROMETHAZINE VC/CODEINE SYRUP	-	Generic
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Generic
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Generic
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Generic
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Generic
tussin cf liquid (QL= 1200ml/30 days)	QL	Generic
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB	-	Generic
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	Generic
DERMATOLOGICALS		
ACNE PRODUCTS		
ATRALIN GEL, RETIN-A GEL (QL= 360g/30 days)	QL	Brand
RETIN-A CREAM (QL= 360g/30 days)	QL	Brand
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Generic
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Generic
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Generic
clindamycin gel (CLEOCIN GEL equiv)	-	Generic
clindamycin lotion (CLEOCIN- T equiv)	-	Generic
clindamycin pad (CLEOCIN-T equiv)	-	Generic
clindamycin topical soln (CLEOCIN-T equiv)	-	Generic
ERY PAD	-	Generic
erythromycin gel	-	Generic
erythromycin pad	-	Generic
erythromycin soln	-	Generic
sodium sulfacetamide lotion (KLARON equiv)	-	Generic
tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days)	QL	Generic
tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days)	QL	Generic
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	Generic
gentamicin sulfate oint	-	Generic
mupirocin cream (BACTROBAN CREAM equiv)	-	Generic
mupirocin oint (BACTROBAN OINT equiv)	-	Generic
ANTIFUNGALS - TOPICAL		
NAFTIFINE CREAM 1%	-	Brand
ciclopirox cream (LOPROX CREAM equiv)	-	Generic
ciclopirox gel (LOPROX GEL equiv)	-	Generic

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DERMATOLOGICALS Cont.		
ciclopirox nail soln (PENLAC SOLN equiv)	-	Generic
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Generic
ciclopirox topical susp (LOPROX SUSP equiv)	-	Generic
clotrimazole cream 1%	-	Generic
clotrimazole soln 1%	-	Generic
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Generic
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	Generic
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Generic
econazole cream (SPECTAZOLE equiv)	-	Generic
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Generic
ketoconazole cream (NIZORAL CREAM equiv)	-	Generic
ketoconazole shampoo	-	Generic
nizoral a-d shampoo (NIZORAL equiv)	OTC	Generic
nystatin cream (MYCOSTATIN CREAM equiv)	-	Generic
nystatin oint	-	Generic
nystatin topical powder	-	Generic
nystatin/triamcinolone cream	-	Generic
nystatin/triamcinolone oint	-	Generic
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac soln 1.5% (PENNSAID equiv)	-	Generic
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
FLUOROURACIL SOLN	-	Brand
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Generic
fluorouracil cream (EFUDEX CREAM equiv)	-	Generic
fluorouracil soln (FLUOROURACIL equiv)	-	Generic
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Generic Specialty
ANTIPSORIATICS		
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Brand Specialty
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Brand Specialty
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Brand Specialty
SELARSDI INJ (QL= 0.5 mL/84 days)	AMSP-PA-QL	Brand Specialty
SELARSDI INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty
SELARSDI INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty
SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days)	AMSP-PA-QL	Brand Specialty
SKYRIZI INJ 55MG/0.37ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty
SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days)	AMSP-PA-QL	Brand Specialty

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
STEQEYMA INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty
STEQEYMA INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty
TREMFYA INJ (QL= 1ml/56 days)	AMSP-PA-QL	Brand Specialty
TREMFYA INJ (QL= 2ml/28 days)	AMSP-PA-QL	Brand Specialty
YESINTEK INJ (QL= 1 vial/84 days)	AMSP-PA-QL	Brand Specialty
YESINTEK INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty
YESINTEK INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Brand Specialty
calcipotriene cream (DOVONEX CREAM equiv)	-	Generic
calcipotriene oint	-	Generic
calcipotriene soln (DOVONEX SOLN equiv)	-	Generic
CALCIPOTRIENE SOLN 0.005%	-	Generic
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Generic
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Generic
ANTISEBORRHEIC PRODUCTS		
SELENIUM SULFIDE LOTION	-	Generic
selenium sulfide lotion 2.5% (SELSUN equiv)	-	Generic
selenium sulfide shampoo (SELSEB equiv)	-	Generic
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	Generic
BURN PRODUCTS		
SULFAMYLON CREAM	-	Brand
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Generic
CAUTERIZING AGENTS		
SILVER NITRATE SOLN	-	Brand
silver nitrate soln	-	Generic
CORTICOSTEROIDS - TOPICAL		
AMCINONIDE LOTION	-	Brand
HC BUTYRATE CREAM	-	Brand
HC BUTYRATE SOLN	-	Brand
MICORT-HC CREAM	-	Brand
PRAMOSONE CREAM 1-1%	-	Brand
PRAMOSONE E CREAM	-	Brand
PREDNICARBATE CREAM	-	Brand
PREDNICARBATE OIN	-	Brand
alclometasone cream (ACLOVATE equiv)	-	Generic
ALCLOMETASONE OINT	-	Generic
alclometasone oint (ACLOVATE OINT equiv)	-	Generic
BETAMETH VALERATE LOTION	-	Generic
betamethasone augmented cream (DIPROLENE AF CREAM equiv) (QL= 200 gm/30 days)	QL	Generic
betamethasone augmented lotion (DIPROLENE LOTION equiv) (QL= 200 mL/30 days)	QL	Generic

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
betamethasone augmented oint (DIPROLENE OINT equiv) (QL= 200 gm/30 days)	QL	Generic
betamethasone diproprionate cream (DIPROSONE CREAM equiv) (QL= 200 gm/30 days)	QL	Generic
betamethasone diproprionate lotion (DIPROSONE LOTION equiv) (QL= 200 mL/30 days)	QL	Generic
betamethasone diproprionate oint (DIPROSONE OINT equiv) (QL= 200 gm/30 days)	QL	Generic
betamethasone valerate cream	-	Generic
betamethasone valerate lotion	-	Generic
betamethasone valerate oint	-	Generic
clobetasol foam (OLUX equiv) (QL= 200 gm/30 days)	QL	Generic
clobetasol lotion (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Generic
clobetasol propionate cream (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Generic
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 200 gm/30 days)	QL	Generic
clobetasol propionate oint (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Generic
clobetasol propionate soln (TEMOVATE equiv) (QL= 200 mL/30 days)	QL	Generic
clobetasol shampoo (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Generic
clobetasol spray (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Generic
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Generic
desonide cream	-	Generic
desonide lotion	-	Generic
desonide oint	-	Generic
desoximetasone cream (TOPICORT CREAM equiv)	-	Generic
desoximetasone oint (TOPICORT equiv)	-	Generic
fluocinolone acetonide oil	-	Generic
fluocinolone acetonide oint	-	Generic
fluocinolone acetonide soln	-	Generic
fluocinonide cream 0.05% (LIDEX equiv)	-	Generic
fluocinonide cream 0.1%	-	Generic
fluocinonide emollient cream	-	Generic
fluocinonide oint	-	Generic
fluocinonide soln	-	Generic
fluticasone propionate cream (CUTIVATE equiv)	-	Generic
fluticasone propionate oint (CUTIVATE equiv)	-	Generic
halobetasol propionate cream (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Generic
halobetasol propionate oint (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Generic
halonate pac kit (ULTRAVATE KIT equiv)	-	Generic
HC BUTYRATE CREAM	-	Generic
hydrocortisone butyrate cream (LOCOID equiv)	-	Generic
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Generic
HYDROCORTISONE BUTYRATE OINT	-	Generic
hydrocortisone butyrate oint (LOCOID equiv)	-	Generic
hydrocortisone butyrate soln (LOCOID equiv)	-	Generic
hydrocortisone cream (PROCTOCORT equiv)	-	Generic
hydrocortisone lotion (HYTONE equiv)	-	Generic
hydrocortisone oint	-	Generic
hydrocortisone valerate cream	-	Generic
hydrocortisone valerate oint (WESTCORT equiv)	-	Generic
LOCOID LIPOCREAM	-	Generic
mometasone cream (ELOCON equiv)	-	Generic

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
mometasone oint (ELOCON equiv)	-	Generic
mometasone soln (ELOCON equiv)	-	Generic
paramox hc gel (NOVACORT GEL equiv)	-	Generic
triamcinolone acetonide oint (TRIANEX equiv)	-	Generic
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Generic
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Generic
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Generic
triamcinolone cream	-	Generic
triamcinolone lotion	-	Generic
ECZEMA AGENTS		
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Brand Specialty
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	Generic
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Generic
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	Brand
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Generic
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	Generic
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	Brand
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Brand
podofilox soln (CONDYLOX equiv)	-	Generic
LOCAL ANESTHETICS - TOPICAL		
lidocaine gel (GLYDO equiv)	-	Generic
lidocaine soln (XYLOCAINE equiv)	-	Generic
lidocaine/prilocaine cream (EMLA equiv)	-	Generic
MISC. TOPICAL		
DRYSOL SOLN	-	Brand
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv)	-	Generic
metronidazole cream (METROCREAM equiv)	-	Generic
metronidazole gel (METROGEL equiv)	-	Generic
metronidazole lotion (METROLOTION equiv)	-	Generic
SCABICIDES & PEDICULICIDES		
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Brand
malathion lotion (OVIDE equiv)	-	Generic
permethrin cream (ELIMITE CREAM equiv)	-	Generic
DIAGNOSTIC PRODUCTS		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	Brand
GLUCAGON DIAGNOSTIC INJ	-	Brand
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1
DIAGNOSTIC TESTS		
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	DIAB 1
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	DIAB 1
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	Brand
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Generic
acetazolamide tab	-	Generic
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Generic Specialty
ormalvi tab 50mg (QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-7269)	LD-PA-QL	Generic Specialty
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	Generic
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Generic
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Generic
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Generic
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Generic
LOOP DIURETICS		
ENBUMYST SOLN 0.5MG/0.1ML (QL= 1 box/fill, 1 fill/month; Step Therapy requires trial 1: furosemide, bumetanide, torsemide, ethacrynic acid, indapamide or metolazone)	QL-ST	Brand Specialty
bumetanide tab (BUMEX equiv)	-	Generic
torsemide tab (DEMADEX equiv)	-	Generic
FUROSEMIDE SOLN (Must fill 3-month supply)	-	Value
furosemide soln (LASIX equiv) (Must fill 3-month supply)	-	Value
furosemide tab (LASIX equiv) (Must fill 3-month supply)	-	Value
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	Generic
spironolactone tab (ALDACTONE equiv) (Must fill 3-month supply)	-	Value
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
DIURIL SUSP	-	Brand

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AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
DIURETICS Cont.		
CHLOROTHIAZIDE TAB	-	Generic
chlorothiazide tab (DIURIL equiv)	-	Generic
indapamide tab (LOZOL equiv)	-	Generic
METHYCLOTHIAZIDE TAB	-	Generic
metolazone tab (ZAROXOLYN equiv)	-	Generic
chlorthalidone tab (Must fill 3-month supply)	-	Value
hydrochlorothiazide cap (MICROZIDE equiv) (Must fill 3-month supply)	-	Value
hydrochlorothiazide tab (HYDRODIURIL equiv) (Must fill 3-month supply)	-	Value
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
PROLIA INJ	AMSP-PA	Brand Specialty
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml (FORTEO equiv) (QL= 2.24 mL/28 days)	AMSP-PA-QL	Brand Specialty
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Brand Specialty
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days; Must fill 3-month supply)	QL	Generic
calcitonin nasal spray (MIACALCIN equiv)	-	Generic
ibandronate tab 150mg (BONIVA equiv) (Must fill 3-month supply)	-	Generic
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day; Must fill 3-month supply)	QL	Generic
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days; Must fill 3-month supply)	QL	Generic
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day; Must fill 3-month supply)	QL	Generic
alendronate tab (FOSAMAX equiv) (Must fill 3-month supply)	-	Value
ALENDRONATE TAB 40MG (Must fill 3-month supply)	-	Value
CORTICOTROPIN		
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Brand Specialty
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Brand Specialty
FERTILITY REGULATORS		
CLOMID TAB	-	INF
clomiphene citrate tab (CLOMID equiv)	-	INF
MENOPUR INJ	-	INF
OVIDREL INJ	-	INF
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit (CETROTIDE equiv)	-	INF
CETROTIDE KIT	-	INF
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Brand Specialty
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Brand Specialty
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Brand Specialty
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Brand Specialty
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Brand Specialty
OMNITROPE INJ (QL= 13.5 mL/28 days)	AMSP-QL	Brand Specialty
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Brand Specialty
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Brand Specialty
SKYTROFA INJ 0.7MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Brand Specialty
SKYTROFA INJ 1.4MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Brand Specialty
SKYTROFA INJ 1.8MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Brand Specialty
SKYTROFA INJ 2.1MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Brand Specialty
SKYTROFA INJ 2.5MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Brand Specialty
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB (QL= 30 tabs/30 days)	QL	Brand
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	Brand Specialty
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	Brand
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Brand Specialty
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Brand Specialty
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Brand Specialty
METABOLIC MODIFIERS		

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

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
CYSTADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007)	LD-QL	Brand Specialty
CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007)	LD-QL-ST	Brand Specialty
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Brand Specialty
calcitriol cap (ROCALTROL equiv)	-	Generic
calcitriol soln (CALCITRIOL equiv)	-	Generic
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Generic
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Generic
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Generic
levocarnitine soln (CARNITOR equiv)	-	Generic
levocarnitine tab (CARNITOR equiv)	-	Generic
paricalcitol cap (ZEMPLAR equiv)	-	Generic
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty
glycerol phenylbutyrate liquid (RAVICTI equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
JAVYGTOR PAK 100MG (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty
JAVYGTOR POW 500MG (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty
JAVYGTOR TAB 100MG (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty
nitisinone cap (ORFADIN equiv)	LMSP-PA	Generic Specialty
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Generic Specialty
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Generic Specialty
sapropterin pow 100mg (JAVYGTOR equiv) (Only available through CVS Specialty 800-237-2767)	LD-PA	Generic Specialty
sapropterin pow 500mg (JAVYGTOR equiv) (Only available through CVS Specialty 800-237-2767)	LD-PA	Generic Specialty
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Generic Specialty
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Generic Specialty
POSTERIOR PITUITARY HORMONES		
STIMATE NASAL SOLN	-	Brand
desmopressin acetate nasal spray (DDAVP equiv)	-	Generic
desmopressin acetate tab (DDAVP equiv)	-	Generic
DESMOPRESSIN NASAL SPRAY	-	Generic
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab (MIFEPREX equiv)	-	Generic
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	Generic

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
SOMATOSTATIC AGENTS		
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Brand Specialty
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Generic Specialty
OCTREOTIDE INJ 100MCG	AMSP-PA	Generic Specialty
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
tolvaptan tab 30mg (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
ESTROGENS		
ESTROGEN COMBINATIONS		
PREMPHASE TAB, PREMPRO TAB	-	Brand
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Generic
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Generic
jinteli tab (FEMHRT equiv)	-	Generic
ESTROGENS		
MENEST TAB	-	Brand
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Generic
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Generic
estradiol tab (ESTRACE equiv)	-	Generic
estradiol valerate inj	-	Generic
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO SUSP	-	Generic
ciprofloxacin susp (CIPRO equiv)	-	Generic
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Generic
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Generic
levofloxacin tab (LEVAQUIN equiv)	-	Generic
moxifloxacin tab (AVELOX equiv)	-	Generic
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	QL	Generic
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Brand
GALLSTONE SOLUBILIZING AGENTS		
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Generic
ursodiol cap (ACTIGALL equiv)	-	Generic
ursodiol tab (URSO (FORTE) equiv)	-	Generic
GASTROINTESTINAL ANTIALLERGY AGENTS		

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
cromolyn conc (GASTROCROM equiv)	-	Generic
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Generic
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	Generic
metoclopramide tab (REGLAN equiv)	-	Generic
INFLAMMATORY BOWEL AGENTS		
CIMZIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
CIMZIA INJ 200MG/ML (QL= 2 units/28 days)	AMSP-PA-QL	Brand Specialty
ENTYVIO INJ (QL= 1.36ml/28 days)	AMSP-PA-QL	Brand Specialty
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Brand Specialty
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Brand Specialty
TREMFYA INDUCTION INJ 200MG/ML (QL= 12 mL/year)	AMSP-PA-QL	Brand Specialty
TREMFYA INJ 200MG/2ML (QL= 2mL/28 days)	AMSP-PA-QL	Brand Specialty
balsalazide cap (COLAZAL equiv)	-	Generic
MESALAMINE DR CAP (QL= 6 caps/day)	QL	Generic
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Generic
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Generic
mesalamine enema (ROWASA equiv) (QL= 60mL/day)	QL	Generic
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL	Generic
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Generic
sulfasalazine EC tab (AZULFIDINE equiv)	-	Generic
sulfasalazine tab (AZULFIDINE equiv)	-	Generic
INTESTINAL ACIDIFIERS		
lactulose soln	-	Generic
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP (QL= 30 caps/30 days)	QL	Brand
alosetron tab (LOTRONEX equiv)	-	Generic
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Brand
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Brand
PHOSPHATE BINDER AGENTS		
PHOSLYRA SOLN	-	Brand
calcium acetate cap (PHOSLO equiv)	-	Generic
ferric citrate tab (QL= 12 tabs/day)	QL	Generic
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Generic
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Generic
sevelamer hydrochloride tab (RENAGEL equiv)	-	Generic

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GASTROINTESTINAL AGENTS - MISC. Cont.		
sevelamer powder pak (RENVELA equiv)	-	Generic
sevelamer tab (RENVELA TAB equiv)	-	Generic
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA K CRYSTALS	-	Generic
CYTRA-3 SYRUP	-	Generic
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Generic
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Generic
sodium citrate/citric acid soln (BICITRA equiv)	-	Generic
CYSTINOSIS AGENTS		
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Brand Specialty
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Brand Specialty
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP (QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine)	QL-ST	Brand
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv) (Must fill 3-month supply)	-	Generic
dutasteride cap (AVODART equiv) (Must fill 3-month supply)	-	Generic
finasteride tab (PROSCAR equiv) (Must fill 3-month supply)	-	Generic
tamsulosin cap (FLOMAX equiv) (Must fill 3-month supply)	-	Generic
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day)	AMSP-PA-QL	Generic Specialty
tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day)	AMSP-PA-QL	Generic Specialty
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	Generic
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	Generic
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Generic
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Generic
URICOSURICS		
probenecid tab (BENEMID equiv)	-	Generic
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 1000 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 1500 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 2000 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 250 UNIT	AMSP-PA	Brand Specialty

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
ADVATE INJ 3000 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 4000 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 500 UNIT	AMSP-PA	Brand Specialty
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Brand Specialty
ALPHANATE, HUMATE-P INJ	AMSP-PA	Brand Specialty
ALPROLIX INJ (Only available through Accredo 888-773-7376)	LD-PA	Brand Specialty
BENEFIX INJ	AMSP-PA	Brand Specialty
ELOCTATE INJ	AMSP-PA	Brand Specialty
HEMLIBRA INJ	AMSP-PA	Brand Specialty
HEMOFIL M, KOATE INJ	AMSP-PA	Brand Specialty
OBIZUR INJ (Only available through CVS Specialty 800-238-7828)	LD-PA	Brand Specialty
PROFILNINE INJ	AMSP-PA	Brand Specialty
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Generic Specialty
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376)	AMSP-PA-QL-LD	Generic Specialty
COMPLEMENT INHIBITORS		
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Brand Specialty
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty
VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	Generic
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
PLATELET AGGREGATION INHIBITORS		

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

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
anagrelide cap (AGRYLIN equiv)	-	Generic
cilostazol tab (PLETAL equiv)	-	Generic
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days; Must fill 3-month supply)	QL	Generic
clopidogrel tab 75mg (PLAVIX equiv) (Must fill 3-month supply)	-	Generic
dipyridamole tab (PERSANTINE equiv)	-	Generic
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Generic
ticagrelor tab (BRILINTA equiv) (QL= 2 tabs/day)	QL	Generic
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP (Only available through Accredo 800-803-2523)	LD-PA	Brand Specialty
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Generic Specialty
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	Brand
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	AMSP-QL-ST	Generic Specialty
COBALAMINS		
cyanocobalamin inj	-	Generic
FOLIC ACID/FOLATES		
folic acid cap (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive
folic acid tab 400mcg (Covered for females only)	OTC	Preventive
folic acid tab 800mcg (Covered for females only)	OTC	Preventive
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Brand Specialty
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Brand Specialty
DOPTELET SPRINKLE CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Brand Specialty
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Brand Specialty
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Brand Specialty
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Brand Specialty
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Brand Specialty

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Brand Specialty
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 6 packets/day)	AMSP-PA-QL	Generic Specialty
eltrombopag olamine tab (PROMACTA equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Generic Specialty
HEMATOPOIETIC MIXTURES		
NEPHRON FA TAB	-	Brand
multigen plus tab (CHROMAGEN FORTE equiv)	-	Generic
multigen tab (CHROMAGEN equiv)	-	Generic
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Generic
aminocaproic acid soln (AMICAR equiv)	AMSP	Generic Specialty
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Generic
zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Generic
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	Generic
phenobarbital tab	-	Generic
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	Generic
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Generic
midazolam hcl syrup	-	Generic
midazolam inj (MIDAZOLAM equiv)	-	Generic
temazepam cap 15mg (RESTORIL equiv)	-	Generic
temazepam cap 30mg (RESTORIL equiv)	-	Generic
triazolam tab (HALCION equiv)	-	Generic
zaleplon cap (SONATA equiv) (QL= 2 caps/day)	QL	Generic
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Generic
zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Generic
SELECTIVE MELATONIN RECEPTOR AGONISTS		
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Generic Specialty
LAXATIVES		
LAXATIVE COMBINATIONS		
SUFLAVE SOLN (QL= 2 fills/year)	QL	Brand
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Generic
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	Preventive
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	Preventive

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DrugName	Special Code	Tier
LAXATIVES Cont.		
trilyte soln (NULYTELY equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	Generic
MACROLIDES		
AZITHROMYCIN		
ZITHROMAX POWDER PACK	-	Brand
azithromycin susp (ZITHROMAX equiv)	-	Generic
azithromycin tab (ZITHROMAX equiv)	-	Generic
CLARITHROMYCIN		
CLARITHROMYC SUSP	-	Brand
clarithromycin ER tab (BIAXIN XL equiv)	-	Generic
clarithromycin tab (BIAXIN equiv)	-	Generic
ERYTHROMYCINS		
ERYTHROMYCIN CAP DR	-	Brand
ERYTHROMYCIN EC CAP	-	Brand
PCE TAB	-	Brand
erythromycin DR cap (ERYC equiv)	-	Generic
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Generic
erythromycin tab (ERY-TAB equiv)	-	Generic
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Generic
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/10 days)	QL	Brand
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln)	QL-ST	Generic
MEDICAL DEVICES		
PARENTERAL THERAPY SUPPLIES		
HYPODERMIC NEEDLES	OTC	Brand
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	Preventive
DIAPHRAGM	-	Preventive
FEMALE CONDOMS	OTC	Preventive
MALE CONDOMS	OTC	Preventive
DIABETIC SUPPLIES		
CALIBRATION LIQUID	OTC	Brand
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Brand
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Brand
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Brand
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
DIABETIC PUMP	-	DIAB 1
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product)	QL-ST	DIAB 1
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1
LANCET KIT	OTC	DIAB 1
LANCETS	OTC	DIAB 1
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	DIAB 1
OMNIPOD 5 DEX G7G6 PODS (QL= 15 pods/30 days)	QL	DIAB 1
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	DIAB 1
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 15 pods/30 days)	QL	DIAB 1
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	DIAB 1
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	DIAB 1
PUMP SUPPLIES	-	DIAB 1
PARENTERAL THERAPY SUPPLIES		
HYPODERMIC NEEDLES	OTC	Brand
SAFETY SYRINGE	-	Brand
SYRINGE LUER-LOK	OTC	Brand
TB SYRINGE	-	Brand
B-D INSULIN SYRINGE	--OTC	DIAB 1
BD NEEDLES	OTC	DIAB 1
B-D PEN NEEDLE	OTC	DIAB 1
EMBECTA INSULIN SYRINGE	OTC	DIAB 1
EMBECTA PEN NEEDLE	OTC	DIAB 1
NOVOFINE PEN NEEDLE	OTC	DIAB 1
NOVOTWIST PEN NEEDLE	OTC	DIAB 1
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER (QL= 1 device/365 days)	QL	Brand
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab)	QL-ST	Brand
MIGRAINE COMBINATIONS		
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Brand
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Brand
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Brand
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Generic
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Generic
PRODRIN TAB	-	Generic
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days; Must fill 3-month supply)	PA-QL	Brand
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Brand
AJOVY INJ (QL= 1 inj/28 days; Must fill 3-month supply)	PA-QL	Brand
EMGALITY INJ (QL= 1 inj/28 days; Must fill 3-month supply)	PA-QL	Brand

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
SEROTONIN AGONISTS		
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Brand
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days)	QL	Generic
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Generic
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Generic
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Generic
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Generic
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Generic
sumatriptan vial inj (IMITREX equiv) (QL= 4 mL/30 days)	QL	Generic
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Generic
MINERALS & ELECTROLYTES		
FLUORIDE		
FLORIVA DROPS	-	Brand
FLUORIDE CHW TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Generic
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive
sodium fluoride chew tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
POTASSIUM		
K-TAB	-	Generic
POT/CHLORIDE EFFER TAB	-	Generic
potassium chloride effer tab (K-LYTE/CL equiv)	-	Generic
potassium chloride ER cap (MICRO-K equiv)	-	Generic
potassium chloride ER tab (K-TAB equiv)	-	Generic
potassium chloride micro tab (K-DUR equiv)	-	Generic
POTASSIUM CHLORIDE TAB ER	-	Generic
SODIUM		
sodium chloride inj	-	Generic
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Generic
trientine cap 250mg (SYPRINE equiv)	-	Generic
IMMUNOMODULATORS		
VYVGART HYTRULO INJ (QL= 20mL/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Generic Specialty
IMMUNOSUPPRESSIVE AGENTS		
MYHIBBIN SUSP	-	Brand
tacrolimus cap er (ASTAGRAF equiv) (ST requires trial of tacrolimus IR capsules)	ST	Generic
POTASSIUM REMOVING AGENTS		

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DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone; Must fill 3-month supply)	QL-ST	Brand
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE ORAL SOLN 4%	-	Brand
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Generic
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	Generic
nystatin susp	-	Generic
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	Generic
DENTAL PRODUCTS		
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Generic
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	Generic
pilocarpine tab (SALAGEN equiv)	-	Generic
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	Generic
DIALYVITE/ZINC TAB	-	Generic
FOLBEE PLUS CZ TAB	-	Generic
PRENATAL VITAMINS		
CONCEPT DHA CAP	-	Brand
PRENATABS RX TAB	-	Brand
PRENATAL 19 CHEW TAB	-	Brand
PRENATAL 19 TAB	-	Brand
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Brand
VP-PNV-DHA CAP	-	Generic
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
BACLOFEN TAB 5MG	-	Brand
baclofen tab (BACLOFEN equiv)	-	Generic
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Generic
chlorzoxazone tab (QL= 4 tabs/day)	QL	Generic
chlorzoxazone tab 500mg	-	Generic
cyclobenzaprine tab (FLEXERIL equiv)	-	Generic
methocarbamol tab (ROBAXIN equiv)	-	Generic
orphenadrine citrate ER tab (NORFLEX equiv)	-	Generic
tizanidine tab (ZANAFLEX equiv)	-	Generic
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL/ASPIRIN TAB	-	Generic

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Generic
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Generic
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Generic
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days)	QL	Generic
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	Generic
SYMPATHOMIMETIC DECONGESTANTS		
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Generic
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Generic
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Generic
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Generic
NEUROMUSCULAR AGENTS		
ALS AGENTS		
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Brand Specialty
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Brand Specialty
riluzole tab (RILUTEK equiv)	AMSP	Generic Specialty
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Brand
METIPRANOLOL OPHTH SOLN	-	Brand
betaxolol ophth soln (BETOPTIC-S equiv)	-	Generic
CARTEOLOL OPHTH SOLN	-	Generic
carteolol ophth soln (OCUPRESS equiv)	-	Generic
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Generic
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Generic
LEVOBUNOLOL OPHTH SOLN	-	Generic
levobunolol ophth soln (BETAGAN equiv)	-	Generic
timolol maleate ophth soln 0.25% (TIMOPTIC equiv) (Must fill 3-month supply)	-	Value
timolol maleate ophth soln 0.5% (TIMOPTIC equiv) (Must fill 3-month supply)	-	Value
CHOLINERGIC AGONISTS		
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Brand
CYCLOPLEGIC MYDRIATICS		
HOMATROPINE OPHTH SOLN	-	Brand
atropine ophth oint	-	Generic
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Generic
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Generic
phenylephrine ophth soln (MYDFRIN equiv)	-	Generic
tropicamide ophth soln (MYDRIACYL equiv)	-	Generic

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AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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OPHTHALMIC AGENTS Cont.

DrugName	Special Code	Tier
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Generic
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Generic
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN OPHTH OINT	-	Brand
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Brand
SULFACETAMIDE SODIUM OPHTH OINT	-	Brand
ZIRGAN OPHTH GEL	-	Brand
XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis))	LD-QL-RDX	Brand Specialty
BACIT/POLYMY OIN OP	-	Generic
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Generic
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Generic
ciprofloxacin ophth soln (CILOXAN equiv)	-	Generic
erythromycin ophth oint	-	Generic
GENTAK OPHTH OINT	-	Generic
gentamicin ophth soln (GARAMYCIN equiv)	-	Generic
levofloxacin ophth soln (QUIXIN equiv)	-	Generic
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Generic
NEO/BAC/POLY OIN OP	-	Generic
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Generic
ofloxacin ophth soln (OCUFLOX equiv)	-	Generic
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Generic
SULFACETAMIDE SOD OPHTH SOLN	-	Generic
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Generic
tobramycin ophth soln (TOBREX equiv)	-	Generic
TRIFLURIDINE OPHTH SOLN	-	Generic
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Generic
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	Generic
OPHTHALMIC STEROIDS		
BLEPHAMIDE OPHTH SOLN	-	Brand
FLAREX OPHTH SUSP	-	Brand
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Brand
LOTEMAX SM GEL	-	Brand
MAXIDEX OPHTH SOLN	-	Brand
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Brand
PRED MILD OPHTH SOLN	-	Brand
PRED-G OPHTH SOLN	-	Brand
TOBRADEX OPHTH OINT	-	Brand
ZYLET OPHTH SUSP	-	Brand
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Generic
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Generic

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
loteprednol ophth susp (LOTEMAX equiv)	-	Generic
NEO/POLY/BAC OIN /HC	-	Generic
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Generic
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Generic
prednisolone acetate ophth susp	-	Generic
PREDNISOLONE OPHTH SUSP	-	Generic
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Generic
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Generic
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Generic
OPHTHALMICS - MISC.		
ACUVAIL OPHTH SOLN	-	Brand
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Brand
ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Brand
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Brand Specialty
ACULAR LS OPHTH SOLN	-	Generic
azelastine ophth soln (OPTIVAR equiv)	-	Generic
cromolyn ophth soln (CROLOM equiv)	-	Generic
CROMOLYN SODIUM OPHTH SOLN	-	Generic
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Generic
dorzolamide ophth soln (TRUSOPT equiv)	-	Generic
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Generic
PROSTAGLANDINS - OPHTHALMIC		
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Brand
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Generic
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days)	QL	Generic
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Generic
latanoprost ophth soln (XALATAN equiv) (Must fill 3-month supply)	-	Value
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	Generic
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Generic
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	Generic
ofloxacin otic soln (FLOXIN equiv)	-	Generic
OTIC COMBINATIONS		
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Generic
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Generic
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Generic
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Generic
otomax-HC otic soln (CORTANE-B equiv)	-	Generic
OTIC STEROIDS		
fluocinolone otic oil (DERMOTIC equiv)	-	Generic
OXYTOCICS		

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DrugName	Special Code	Tier
OXYTOCICS Cont.		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	Generic
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Brand Specialty
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Brand Specialty
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA	Brand Specialty
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Brand Specialty
MONOCLONAL ANTIBODIES		
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Brand Specialty
ENFLONSIA INJ (QL= 0.7 ml/fill; 2 fills/lifetime)	QL	Preventive
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	Generic
amoxicillin chew tab (AMOXIL equiv)	-	Generic
AMOXICILLIN CHEW TAB 250MG	-	Generic
amoxicillin susp (TRIMOX equiv)	-	Generic
amoxicillin tab (AMOXIL equiv)	-	Generic
ampicillin cap (AMPICILLIN equiv)	-	Generic
NATURAL PENICILLINS		
penicillin g potassium for inj (PFIZERPEN equiv)	-	Generic
penicillin vk tab (VEETIDS equiv)	-	Generic
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Generic
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Generic
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	Generic
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	Brand
PROGESTINS		
PROGESTINS		
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Brand Specialty
medroxyprogesterone tab (PROVERA equiv)	-	Generic
megestrol ES susp (MEGACE ES equiv)	-	Generic

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DrugName	Special Code	Tier
PROGESTINS Cont.		
MEGESTROL SUSP	-	Generic
norethindrone tab (AYGESTIN equiv)	-	Generic
progesterone cap (PROMETRIUM equiv)	-	Generic
progesterone oil inj	-	Generic
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	Generic
disulfiram tab (ANTABUSE equiv)	-	Generic
lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month)	QL	Generic
ANTI-CATAPLECTIC AGENTS		
sodium oxybate oral solution (XYREM equiv) (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	Generic Specialty
ANTIDEMENTIA AGENTS		
MEMANTINE TITRATION PAK (QL= 49 tablets/28 days)	QL	Brand
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Brand
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Brand
donepezil ODT (ARICEPT equiv)	-	Generic
donepezil tab 10mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Generic
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Generic
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Generic
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Generic
GALANTAMINE SOLN	-	Generic
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Generic
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Generic
memantine tab (NAMENDA equiv)	-	Generic
rivastigmine cap (EXELON equiv)	-	Generic
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Brand
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Generic
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB (QL= 30 tabs/30 days)	QL	Brand
VYLEESI INJ (QL= 8 syringes/28 days)	QL	Brand
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Generic Specialty
MULTIPLE SCLEROSIS AGENTS		
AVONEX INJ (QL= 1 kit/28 days)	AMSP-QL	Brand Specialty
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Brand Specialty
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Brand Specialty
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Brand Specialty
REBIF INJ (QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Brand Specialty

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
REBIF TITRTN INJ PACK (QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Brand Specialty
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Brand Specialty
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 10 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 4 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 5 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 6 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 7 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 8 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty
cladribine tab therapy pack 10mg (MAVENCLAD equiv) (QL= 9 tabs/fill, 2 fills/year)	AMSP-QL	Generic Specialty
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Generic Specialty
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Generic Specialty
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Generic Specialty
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Generic Specialty
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Generic Specialty
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Generic Specialty
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Generic Specialty
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE TAB	-	Brand
fluoxetine cap (SARAFEM equiv) (Must fill 3-month supply)	-	Value
FLUOXETINE CAP (PMDD) (Must fill 3-month supply)	-	Value
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Brand
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
pimozide tab (ORAP equiv)	-	Generic
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine polacrilex gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine polacrilex lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine td patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab start pack (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
ALYFRTEK TAB 10-50-125MG (QL= 90 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Brand Specialty
ALYFRTEK TAB 4-20-50MG (QL= 60 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Brand Specialty
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Brand Specialty
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty
TRIKAFTA THERAPY PACK (QL= 56 packets/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty
PULMONARY FIBROSIS AGENTS		
nintedanib esylate cap (OFEV equiv) (QL= 2 caps/day)	AMSP-PA-QL-SF	Generic Specialty
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Generic Specialty
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Generic Specialty

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DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
PIRFENIDONE TAB 534MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Generic
TETRACYCLINES		
TETRACYCLINE COMBINATIONS		
NICAZELDOXY KIT	-	Brand
TETRACYCLINES		
demeclocycline tab (DECLOMYCIN equiv)	-	Generic
doxycycline hyclate cap (QL= 2 caps/day)	QL	Generic
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Generic
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Generic
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Generic
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	Generic
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	Generic
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Generic
doxycycline susp (VIBRAMYCIN equiv)	-	Generic
minocycline cap (MINOCIN equiv)	-	Generic
tetracycline cap	-	Generic
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv) (Must fill 3-month supply)	-	Generic
propylthiouracil tab (Must fill 3-month supply)	-	Generic
THYROID HORMONES		
levothyroxine tab (SYNTHROID equiv)	-	Generic
liothyronine tab (CYTOMEL equiv) (Must fill 3-month supply)	-	Generic
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	Preventive
INFANRIX INJ	VAC	Preventive
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive
VAXELIS INJ	VAC	Preventive
ULCER DRUGS		
ANTISPASMODICS		
BELLADONNA ALKALOID/OPIUM SUPP	-	Brand
PROPANTHELINE TAB	-	Brand
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Generic
dicyclomine cap (BENTYL equiv)	-	Generic

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
dicyclomine soln (BENTYL equiv)	-	Generic
dicyclomine tab (BENTYL equiv)	-	Generic
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Generic
glycopyrrolate tab (ROBINUL equiv)	-	Generic
methscopolamine tab (PAMINE equiv)	-	Generic
H-2 ANTAGONISTS		
nizatidine cap (AXID equiv)	-	Generic
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	Generic
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	Generic
ULCER THERAPY COMBINATIONS		
OMECLAMOX (QL= 80 tabs/10 days)	QL	Brand
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
CHLORD/CLIDI CAP	-	Generic
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	Brand
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	Generic
ULCER THERAPY COMBINATIONS		
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tabs/10 days)	QL	Generic
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day)	QL	Generic
oxybutynin ER tab (DITROPAN XL equiv)	-	Generic
oxybutynin syrup	-	Generic
oxybutynin tab (DITROPAN equiv)	-	Generic
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Generic
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	Generic
tolterodine tab (DETROL equiv)	-	Generic
trospium tab (SANCTURA equiv)	-	Generic
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	Generic
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	Preventive
BIOTHRAX INJ	-	Preventive
CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older)	QL-VAC	Preventive
MENACTRA INJ	VAC	Preventive

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	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
VACCINES Cont.		
MENHIBRIX INJ	VAC	Preventive
MENOMUNE INJ	VAC	Preventive
MENQUADFI INJ	VAC	Preventive
MENVEO INJ	VAC	Preventive
MENVEO SOLN	VAC	Preventive
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive
PENMENVY INJ (Covered for members age 10 through 25 years)	VAC	Preventive
PNEUMOVAX INJ	VAC	Preventive
PREVNAR 20 INJ	VAC	Preventive
TRUMENBA INJ	VAC	Preventive
TYPHOID VI MULTI-DOSE	-	Preventive
TYPHOID VI PREFILLED SYRINGE	VAC	Preventive
VAXCHORA SUSP	VAC	Preventive
VAXNEUVANCE INJ	VAC	Preventive
VIVOTIF CAP	-	Preventive
VIRAL VACCINES		
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy)	QL-VAC	Preventive
ACAM2000 INJ	-	Preventive
AFLURIA INJ (QL= 0.5ml/fill)	QL-VAC	Preventive
AFLURIA INJ, FLUZONE INJ	VAC	Preventive
AREXVY INJ (QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy)	QL-VAC	Preventive
CERVARIX INJ	VAC	Preventive
COMIRNATY INJ	VAC	Preventive
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive

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DrugName	Special Code	Tier
VACCINES Cont.		
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	Preventive
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	VAC	Preventive
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive
FLUAD INJ	VAC	Preventive
FLUAD QUAD INJ	VAC	Preventive
FLUBLOK INJ	VAC	Preventive
FLUBLOK INJ (QL= 0.5ml/fill)	VAC-QL	Preventive
FLUBLOK QUAD PF INJ	VAC	Preventive
FLUCELVAX INJ (QL= 0.5ml/fill)	QL-VAC	Preventive
FLUCELVAX QUAD INJ	VAC	Preventive
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive
FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old)	QL-VAC	Preventive
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive
FLUVIRIN INJ	VAC	Preventive
FLUZONE HD PF INJ	VAC	Preventive
FLUZONE HIGH DOSE PF INJ	VAC	Preventive
FLUZONE QUAD INJ	VAC	Preventive
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive
GARDASIL 9 INJ	VAC	Preventive
GARDASIL INJ	VAC	Preventive

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DrugName	Special Code	Tier
VACCINES Cont.		
HAVRIX INJ, VAQTA INJ	VAC	Preventive
HEPLISAV-B INJ	VAC	Preventive
IMOVAX INJ	-	Preventive
IPOL INJ	-	Preventive
IXIARO INJ	-	Preventive
JYNNEOS INJ	-	Preventive
M-M-R II INJ	VAC	Preventive
MRESVIA INJ (QL= 0.5 mL/fill, 1 fill/lifetime; Covered for members 50 years of age and older)	QL-VAC	Preventive
NOVAVAX INJ	VAC	Preventive
PRIORIX INJ	VAC	Preventive
PROQUAD INJ	-	Preventive
RABAVERT INJ	-	Preventive
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive
SPIKEVAX INJ 50/0.5ML	VAC	Preventive
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive
TWINRIX INJ	VAC	Preventive
VARIVAX INJ	VAC	Preventive
VIMKUNYA INJ	VAC	Preventive
YF-VAX INJ	-	Preventive
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUPP (QL= 28 inserts/28 days)	QL	Brand
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive
VAGINAL ESTROGENS		
IMVEXXY SUPP	-	Brand
VAGINAL PROGESTINS		
ENDOMETRIN SUPP	PA	Brand

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DrugName	Special Code	Tier
VAGINAL AND RELATED PRODUCTS Cont.		
progesterone vaginal insert (ENDOMETRIN equiv)	PA	Generic
VAGINAL PRODUCTS		
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	Preventive
CONTRACEPTIVE FOAM	OTC	Preventive
CONTRACEPTIVE GEL	OTC	Preventive
CONTRACEPTIVE SUPP	OTC	Preventive
TODAY SPONGE	OTC	Preventive
VAGINAL ANTI-INFECTIVES		
AVC VAGINAL CREAM	-	Brand
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Brand
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Generic
metronidazole vaginal gel (METROGEL equiv)	-	Generic
terconazole cream (TERAZOL equiv)	-	Generic
TERCONAZOLE CREAM 0.8%	-	Generic
terconazole supp (TERAZOL equiv)	-	Generic
VAGINAL ESTROGENS		
ESTRING (QL= 1 ring/90 days; 3 copays per Rx; Must fill 3-month supply)	QL	Brand
PREMARIN VAGINAL CREAM	-	Brand
estradiol cream (ESTRACE equiv)	-	Generic
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Generic
VAGINAL PROGESTINS		
ENDOMETRIN INSERT	PA	Brand
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ (QL= 2 inj/fill)	QL	Brand
NEFFY SPRAY (QL= 2 doses/fill)	QL	Brand
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill; Must fill 3-month supply)	QL	Value
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill; Must fill 3-month supply)	QL	Value
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill; Must fill 3-month supply)	QL	Value
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	AMSP	Generic Specialty
VASOPRESSORS		
EPINEPHRINE INJ	-	Brand
midodrine tab (PROAMATINE equiv)	-	Generic
VITAMINS		
OIL SOLUBLE VITAMINS		
phytonadione tab (MEPHYTON equiv)	-	Generic
vitamin D cap (RX strength only)	-	Generic

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DrugName	Special Code	Tier
VITAMINS Cont.		
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	Brand

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PEBB High Performance Formulary
Prior Authorization Drug List
Last Updated* 8/1/2026

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	Generic Specialty
abiraterone tab 250mg	Generic Specialty
ACTHAR HP GEL INJ	Brand Specialty
ACTHAR INJ 80UNIT	Brand Specialty
ADALIMU-ADAZ INJ 80/0.8ML	Brand Specialty
ADALIMUMAB-ADAZ INJ	Brand Specialty
ADALIMUMAB-ADAZ INJ 10MG/0.1ML	Brand Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	Brand Specialty
ADVATE INJ 1000 UNIT	Brand Specialty
ADVATE INJ 1500 UNIT	Brand Specialty
ADVATE INJ 2000 UNIT	Brand Specialty
ADVATE INJ 250 UNIT	Brand Specialty
ADVATE INJ 3000 UNIT	Brand Specialty
ADVATE INJ 4000 UNIT	Brand Specialty
ADVATE INJ 500 UNIT	Brand Specialty
AFSTYLA KIT	Brand Specialty
AIMOVIG INJ	Brand
AJOVY INJ	Brand
ALECENSA CAP	Brand Specialty
ALPHANATE, HUMATE-P INJ	Brand Specialty
ALPROLIX INJ	Brand Specialty
ALUNBRIG TAB 30MG	Brand Specialty
ALUNBRIG TAB 90MG, 180MG	Brand Specialty
ALYFRTEK TAB 10-50-125MG	Brand Specialty
ALYFRTEK TAB 4-20-50MG	Brand Specialty
ambrisentan tab	Generic Specialty
BARACLUDE SOLN	Brand Specialty
BENEFIX INJ	Brand Specialty
betaine powder for oral solution	Generic Specialty
bexarotene cap	Generic Specialty
bexarotene gel	Generic Specialty
bosentan tab	Generic Specialty
bosentan tab for oral susp	Generic Specialty
BOSULIF CAP	Brand Specialty
bosutinib tab	Generic Specialty
CABOMETYX TAB	Brand Specialty
CALQUENCE CAP	Brand Specialty
CALQUENCE TAB	Brand Specialty
CAPRELSA TAB 100MG	Brand Specialty
CAPRELSA TAB 300MG	Brand Specialty
carglumic acid tab	Generic Specialty
CERDELGA CAP	Brand Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CIMZIA INJ	Brand Specialty
CIMZIA INJ 200MG/ML	Brand Specialty
COMETRIQ KIT	Brand Specialty
COSENTYX INJ (1-PACK)	Brand Specialty
COSENTYX INJ (2-PACK)	Brand Specialty
COSENTYX INJ 300MG/2ML	Brand Specialty
COTELLIC TAB	Brand Specialty
CUVITRU INJ	Brand Specialty
dalfampridine ER tab	Generic Specialty
dasatinib tab	Generic Specialty
deferasirox granules packet	Generic Specialty
deferasirox tab	Generic Specialty
deferasirox tab 90mg, 360mg	Generic Specialty
deferiprone tab	Generic Specialty
deferiprone tab 1000mg	Generic Specialty
deflazacort susp	Brand Specialty
deflazacort tab	Brand Specialty
dichlorphenamide tab	Generic Specialty
DOPTELET SPRINKLE CAP	Brand Specialty
DOPTELET TAB	Brand Specialty
DUPIXENT INJ	Brand Specialty
DUPIXENT PEN INJ	Brand Specialty
ELIGARD INJ	Brand Specialty
ELIGARD INJ, VABRINTY INJ	Brand Specialty
ELOCTATE INJ	Brand Specialty
eltrombopag olamine powder pack for susp	Generic Specialty
eltrombopag olamine tab	Generic Specialty
EMGALITY INJ	Brand
EMPAVELI INJ	Brand Specialty
ENBREL INJ	Brand Specialty
ENBREL INJ 25MG	Brand Specialty
ENBREL INJ 50MG	Brand Specialty
ENBREL MINI INJ	Brand Specialty
ENBREL SURECLICK INJ 50MG	Brand Specialty
ENDOMETRIN INSERT	Brand
ENDOMETRIN SUPP	Brand
ENTYVIO INJ	Brand Specialty
EPIDIOLEX SOLN	Brand Specialty
ERIVEDGE CAP	Brand Specialty
ERLEADA TAB	Brand Specialty
ERLEADA TAB 240MG	Brand Specialty
erlotinib tab 100mg	Generic Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
erlotinib tab 150mg	Generic Specialty
erlotinib tab 25mg	Generic Specialty
everolimus tab	Generic Specialty
everolimus tab for oral susp	Generic Specialty
EXSERVAN FILM	Brand Specialty
gefitinib tab	Generic Specialty
GILOTRIF TAB	Brand Specialty
glycerol phenylbutyrate liquid	Generic Specialty
HADLIMA INJ 40MG/0.4ML	Brand Specialty
HADLIMA INJ 40MG/0.8ML	Brand Specialty
HADLIMA PUSH INJ 40MG/0.4ML	Brand Specialty
HADLIMA PUSH INJ 40MG/0.8ML	Brand Specialty
HAEGARDA INJ 2000U	Brand Specialty
HAEGARDA INJ 3000U	Brand Specialty
HEMLIBRA INJ	Brand Specialty
HEMOFIL M, KOATE INJ	Brand Specialty
HIZENTRA INJ	Brand Specialty
HIZENTRA INJ, VIVAGLOBIN INJ	Brand Specialty
HYCAMTIN CAP	Brand Specialty
hydroxyprogesterone caproate inj	Brand Specialty
HYQVIA INJ	Brand Specialty
icatibant inj	Generic Specialty
ICLUSIG TAB	Brand Specialty
imatinib tab 100mg	Generic Specialty
imatinib tab 400mg	Generic Specialty
IMBRUVICA CAP 140MG	Brand Specialty
IMBRUVICA CAP 70MG	Brand Specialty
IMBRUVICA SUSP	Brand Specialty
IMBRUVICA TAB	Brand Specialty
INLYTA TAB	Brand Specialty
INLYTA TAB 5MG	Brand Specialty
ivabradine hcl tab	Generic
JAKAFI TAB	Brand Specialty
JAKAFI XR TAB	Brand Specialty
JAVYGTOR PAK 100MG	Generic Specialty
JAVYGTOR POW 500MG	Generic Specialty
JAVYGTOR TAB 100MG	Generic Specialty
JUXTAPID CAP	Brand Specialty
KALYDECO PAK	Brand Specialty
KALYDECO TAB	Brand Specialty
KISQALI PAK	Brand Specialty
KISQALI TAB	Brand Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
lamivudine tab 100mg	Generic Specialty
lapatinib ditosylate tab	Generic Specialty
lenalidomide cap	Generic Specialty
LENVIMA CAP	Brand Specialty
LEUPROLIDE INJ (3 MONTH)	Brand Specialty
LONSURF TAB	Brand Specialty
LUPRON DEPOT INJ	Brand Specialty
LUPRON DEPOT INJ PED	Brand Specialty
LUPRON DEPOT-PED INJ (1-MONTH)	Brand Specialty
LUPRON DEPOT-PED INJ (3-MONTH)	Brand Specialty
LUTRATE DEPO INJ	Brand Specialty
LYNPARZA CAP	Brand Specialty
LYNPARZA TAB	Brand Specialty
macitentan tab	Generic Specialty
MEKINIST SOLN	Brand Specialty
MEKINIST TAB 0.5MG	Brand Specialty
MEKINIST TAB 2MG	Brand Specialty
mifepristone tab	Generic Specialty
miglustat cap	Generic Specialty
MOVANTIK TAB	Brand
nilotinib hcl cap	Generic Specialty
nilutamide tab	Generic Specialty
NINLARO CAP	Brand Specialty
nintedanib esylate cap	Generic Specialty
nitisinone cap	Generic Specialty
NUBEQA TAB	Brand Specialty
NUCALA INJ	Brand Specialty
OBIZUR INJ	Brand Specialty
octreotide inj	Generic Specialty
OCTREOTIDE INJ 100MCG	Generic Specialty
ODOMZO CAP	Brand Specialty
ORENITRAM TAB	Brand Specialty
ORKAMBI GRANULES PACKET	Brand Specialty
ORKAMBI TAB	Brand Specialty
ormalvi tab 50mg	Generic Specialty
OTEZLA STARTER PACK	Brand Specialty
OTEZLA TAB	Brand Specialty
OTEZLA XR TAB	Brand Specialty
pazopanib hcl tab	Generic Specialty
PAZOPANIB TAB 400MG	Brand Specialty
PEGASYS INJ	Brand Specialty
pirfenidone cap	Generic Specialty

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pirfenidone tab 267mg	Generic Specialty
PIRFENIDONE TAB 534MG	Generic Specialty
pirfenidone tab 801mg	Generic Specialty
pomalidomide cap	Generic Specialty
PROFILNINE INJ	Brand Specialty
progesterone vaginal insert	Generic
PROLIA INJ	Brand Specialty
pyrimethamine tab	Generic Specialty
RADICAVA ORS SUSP	Brand Specialty
REPATHA INJ	Brand
REPATHA PUSHTRONEX INJ	Brand
RINVOQ ER TAB	Brand Specialty
RINVOQ ER TAB 45MG	Brand Specialty
RINVOQ ORAL SOLN	Brand Specialty
roflumilast tab	Generic
RUBRACA TAB	Brand Specialty
sapropterin dihydrochloride powder packet	Generic Specialty
sapropterin dihydrochloride soluble tab	Generic Specialty
sapropterin pow 100mg	Generic Specialty
sapropterin pow 500mg	Generic Specialty
SELARSDI INJ	Brand Specialty
SELARSDI INJ 45MG/0.5ML	Brand Specialty
SELARSDI INJ 90MG/ML	Brand Specialty
SIGNIFOR INJ	Brand Specialty
sildenafil susp	Generic Specialty
simvastatin tab 80mg	Preventive
SKYRIZI 180MG/1.2ML CARTRIDGE	Brand Specialty
SKYRIZI INJ	Brand Specialty
SKYRIZI INJ 150MG/ML	Brand Specialty
SKYRIZI INJ 55MG/0.37ML	Brand Specialty
SKYRIZI PEN 150MG/ML	Brand Specialty
SKYTROFA INJ	Brand Specialty
SKYTROFA INJ 0.7MG	Brand Specialty
SKYTROFA INJ 1.4MG	Brand Specialty
SKYTROFA INJ 1.8MG	Brand Specialty
SKYTROFA INJ 2.1MG	Brand Specialty
SKYTROFA INJ 2.5MG	Brand Specialty
sodium oxybate oral solution	Generic Specialty
sodium phenylbutyrate powder	Generic Specialty
sodium phenylbutyrate tab	Generic Specialty
SOMAVERT INJ	Brand Specialty
sorafenib tosylate tab	Brand Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
STEQEYMA INJ 45MG/0.5ML	Brand Specialty
STEQEYMA INJ 90MG/ML	Brand Specialty
STIVARGA TAB	Brand Specialty
STRENSIQ INJ	Brand Specialty
sunitinib malate cap	Generic Specialty
SYMDEKO TAB	Brand Specialty
SYMPROIC TAB	Brand
SYNAGIS INJ	Brand Specialty
SYNRIBO INJ	Brand Specialty
TAFINLAR CAP	Brand Specialty
TAFINLAR TAB	Brand Specialty
TAGRISSO TAB	Brand Specialty
TAKHZYRO INJ	Brand Specialty
TAKHZYRO INJ 150MG/ML	Brand Specialty
tasimelteon capsule	Generic Specialty
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml	Brand Specialty
TESTOSTERONE GEL 1% 25MG	Brand
TESTOSTERONE GEL PUMP	Brand
tetrabenazine tab	Generic Specialty
TEZSPIRE INJ	Brand Specialty
TEZSPIRE SOLN	Brand Specialty
TIGLUTIK SUSP	Brand Specialty
tiopronin tab	Generic Specialty
tiopronin tab delayed release	Generic Specialty
tobramycin neb soln	Generic Specialty
tofacitinib citrate ER tab	Generic Specialty
tofacitinib citrate oral soln	Generic Specialty
tofacitinib citrate tab	Generic Specialty
tolvaptan tab	Generic Specialty
tolvaptan tab 15mg	Generic Specialty
tolvaptan tab 30mg	Generic Specialty
tolvaptan tab therapy pack	Generic Specialty
TREMFYA INDUCTION INJ 200MG/ML	Brand Specialty
TREMFYA INJ	Brand Specialty
TREMFYA INJ 200MG/2ML	Brand Specialty
treprostinil inj 10mg/ml	Generic Specialty
treprostinil inj 1mg/ml	Generic Specialty
treprostinil inj 2.5mg/ml	Generic Specialty
treprostinil inj 5mg/ml	Generic Specialty
TRIKAFTA TAB	Brand Specialty
TRIKAFTA THERAPY PACK	Brand Specialty
TYENNE INJ	Brand Specialty

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

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
TYMLOS INJ	Brand Specialty
TYVASO DPI POWDER 16-32-48MCG	Brand Specialty
TYVASO DPI POWDER 16-32MCG	Brand Specialty
TYVASO DPI POWDER 32-48MCG	Brand Specialty
TYVASO DPI POWDER	Brand Specialty
TYVASO DPI POWDER 48-80MCG	Brand Specialty
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	Brand Specialty
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	Brand Specialty
TYVASO INH SOLN	Brand Specialty
TYZEKA TAB	Brand Specialty
UPTRAVI TAB	Brand Specialty
VALCHLOR GEL	Brand Specialty
VENCLEXTA STARTER PACK	Brand Specialty
VENCLEXTA TAB	Brand Specialty
VENTAVIS INH SOLN	Brand Specialty
VERZENIO TAB	Brand Specialty
vigabatrin powder pack	Generic Specialty
vigabatrin tab	Generic Specialty
VOSEVI TAB	Brand Specialty
VOTRIENT TAB	Brand Specialty
VOYDEYA TAB	Brand Specialty
VOYDEYA TAB THERAPY PACK	Brand Specialty
VYVGART HYTRULO INJ	Brand Specialty
XALKORI CAP	Brand Specialty
XALKORI SPRINKLE CAP	Brand Specialty
XOLAIR INJ	Brand Specialty
XOLAIR INJ 150MG/ML	Brand Specialty
XOLAIR INJ 300MG/2ML	Brand Specialty
XOLAIR INJ 75MG/0.5ML	Brand Specialty
YESINTEK INJ	Brand Specialty
YESINTEK INJ 45MG/0.5ML	Brand Specialty
YESINTEK INJ 90MG/ML	Brand Specialty
ZEJULA CAP	Brand Specialty
ZEJULA TAB	Brand Specialty
ZELBORAF TAB	Brand Specialty
ZOLINZA CAP	Brand Specialty
ZYDELIG TAB	Brand Specialty
ZYKADIA CAP	Brand Specialty
ZYKADIA TAB	Brand Specialty

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

Over-the-Counter (OTC) Medications

aspirin ec tab 325mg	aspirin ec tab 81mg	B-D INSULIN SYRINGE	BD NEEDLES
B-D PEN NEEDLE	CALIBRATION LIQUID	CONTOUR TEST STRIP	CONTRACEPTIVE FILM
CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	EMBECTA INSULIN SYRINGE
EMBECTA PEN NEEDLE	FEMALE CONDOMS	folic acid tab 400mcg	folic acid tab 800mcg
FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP
GUAIFENESIN/CODEINE SYRUP	HYPODERMIC NEEDLES	LANCET KIT	LANCETS
levonorgestrel tab	MALE CONDOMS	meclizine hcl tab 50mg	naloxone hcl nasal spray
NARCAN HCL SPRAY (OTC	NICODERM PATCH	NICORETTE GUM	NICORETTE LOZENGE
NICOTINE KIT	nicotine polacrilex gum	nicotine polacrilex lozenge	nicotine td patch
nizoral a-d shampoo	NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN INJ	NOVOLIN R INJ 100 UNIT
NOVOTWIST PEN NEEDLE	PRECISION XTRA TEST STRIP	SYRINGE LUER-LOK	TODAY SPONGE
trispec pse liquid			

- 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

ABILIFY ASIMTUFII INJ 720MG/2.4ML	ABILIFY ASIMTUFII INJ 960MG/3.2ML	ABILIFY MAINTENA INJ	abiraterone acetate tab 500mg
abiraterone tab 250mg	ACTHAR HP GEL INJ	ACTHAR INJ 80UNIT	ADALIMU-ADAZ INJ 80/0.8ML
ADALIMUMAB-ADAZ INJ	ADALIMUMAB-ADAZ INJ 10MG/0.1ML	ADALIMUMAB-ADAZ INJ 40MG/0.4ML	adefovir dipivoxil tab
ADVATE INJ 1000 UNIT	ADVATE INJ 1500 UNIT	ADVATE INJ 2000 UNIT	ADVATE INJ 250 UNIT
ADVATE INJ 3000 UNIT	ADVATE INJ 4000 UNIT	ADVATE INJ 500 UNIT	AFSTYLA KIT
ALECENSA CAP	ALPHANATE, HUMATE-P INJ	ALPROLIX INJ	ALUNBRIG TAB 30MG
ALUNBRIG TAB 90MG, 180MG	ALYFRTEK TAB 10-50-125MG	ALYFRTEK TAB 4-20-50MG	ambrisentan tab
aminocaproic acid soln	apomorphine inj	ARANESP INJ	ARISTADA 675MG/2.4ML IN
ARISTADA INJ	AVONEX INJ	BARACLUDE SOLN	BENEFIX INJ
betaine powder for oral solution	bexarotene cap	bexarotene gel	bosentan tab
bosentan tab for oral susp	BOSULIF CAP	bosutinib tab	BRIXADI SOLN
CABOMETYX TAB	CALQUENCE CAP	CALQUENCE TAB	capecitabine tab
CAPRELSA TAB 100MG	CAPRELSA TAB 300MG	carglumic acid tab	CAYSTON INH SOLN
CERDELGA CAP	CIMZIA INJ	CIMZIA INJ 200MG/ML	cladribine tab therapy pack 10mg
COMETRIQ KIT	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)	COSENTYX INJ 300MG/2ML
COTELLIC TAB	CUVITRU INJ	CYSTADANE POWDER	CYSTAGON CAP 150MG
CYSTAGON CAP 50MG	CYSTARAN OPHTH SOLN	dalfampridine ER tab	dasatinib tab
deferasirox granules packet	deferasirox tab	deferasirox tab 90mg, 360mg	deferiprone tab
deferiprone tab 1000mg	deflazacort susp	deflazacort tab	dichlorphenamide tab
dimethyl fumarate DR cap	dimethyl fumarate DR starter pack	DOPTELET SPRINKLE CAP	DOPTELET TAB
droxidopa cap	DUPIXENT INJ	DUPIXENT PEN INJ	EDURANT PED TAB
ELIGARD INJ	ELIGARD INJ, VABRINTY INJ	ELOCTATE INJ	eltrombopag olamine powder pack for susp
eltrombopag olamine tab	EMPAVELI INJ	ENBREL INJ	ENBREL INJ 25MG
ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ENTYVIO INJ
EPIDIOLEX SOLN	EPIVIR HBV SOLN	ERIVEDGE CAP	ERLEADA TAB
ERLEADA TAB 240MG	erlotinib tab 100mg	erlotinib tab 150mg	erlotinib tab 25mg
everolimus tab	everolimus tab for oral susp	EXSERVAN FILM	fingolimod hcl cap
FULPHILA INJ	gefitinib tab	GENOTROPIN INJ 0.2MG	GENOTROPIN INJ 0.4MG

GENOTROPIN INJ 0.6MG
GENOTROPIN INJ 0.8MG
GENOTROPIN INJ 1.2MG
GENOTROPIN INJ 1.4MG
GENOTROPIN INJ 1.6MG
GENOTROPIN INJ 1.8MG
GENOTROPIN INJ 12MG
GENOTROPIN INJ 1MG
GENOTROPIN INJ 2MG
GENOTROPIN INJ 5MG
GILOTRIF TAB
glatiramer inj 20mg/ml
glatiramer inj 40mg/ml
glycerol phenylbutyrate liquid
HADLIMA INJ 40MG/0.4ML
HADLIMA INJ 40MG/0.8ML
HADLIMA PUSH INJ 40MG/0.4ML
HADLIMA PUSH INJ 40MG/0.8ML
HAEGARDA INJ 2000U
HAEGARDA INJ 3000U
haloperidol decanoate inj
HEMLIBRA INJ
HEMOFIL M, KOATE INJ
HEXALEN CAP
HIZENTRA INJ
HIZENTRA INJ, VIVAGLOBIN INJ
HYCAMTIN CAP
hydroxyprogesterone caproate inj
HYQVIA INJ
icatibant inj
ICLUSIG TAB
imatinib tab 100mg
imatinib tab 400mg
IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG
IMBRUVICA SUSP
IMBRUVICA TAB
IMPAVIDO CAP
INCRELEX INJ
INLYTA TAB
INLYTA TAB 5MG
INTRON-A INJ
INVEGA HAFYERA INJ
INVEGA INJ
JAKAFI TAB
JAKAFI XR TAB
JAVYGTOR PAK 100MG
JAVYGTOR POW 500MG
JAVYGTOR TAB 100MG
JUXTAPID CAP
KALYDECO PAK
KALYDECO TAB
KESIMPTA INJ
KISQALI PAK
KISQALI TAB
lamivudine tab 100mg
lapatinib ditosylate tab
LEDIPASVIR/SOFOSBUVIR TAB
lenalidomide cap
LENVIMA CAP
LEUPROLIDE INJ (3 MONTH)
l-glutamine powder packet
lomustine cap
LONSURF TAB
LUPRON DEPOT INJ
LUPRON DEPOT INJ PED
LUPRON DEPOT-PED INJ (1-MONTH)
LUPRON DEPOT-PED INJ (3-MONTH)
LUTRATE DEPO INJ
LYNPARZA CAP
LYNPARZA TAB
LYSODREN TAB
MATULANE CAP
MAVYRET PAK
MAVYRET TAB
MEKINIST SOLN
MEKINIST TAB 0.5MG
MEKINIST TAB 2MG
MELPHALAN TAB
mesna tab
mifepristone tab
miglustat cap
MYLERAN TAB
nilotinib hcl cap
NILUTAMIDE TAB
NINLARO CAP
nintedanib esylate cap
nitisinone cap
NUBEQA TAB
NUCALA INJ
NYVEPRIA INJ
OBIZUR INJ
octreotide inj
OCTREOTIDE INJ 100MCG
ODOMZO CAP
OMNITROPE INJ
OMNITROPE INJ 5.8MG
ORENITRAM TAB
ORKAMBI GRANULES PACKET
ORKAMBI TAB
ormalvi tab 50mg
OTEZLA STARTER PACK
OTEZLA TAB
OTEZLA XR TAB
pazopanib hcl tab
PAZOPANIB TAB 400MG
PEGASYS INJ
PEG-INTRON INJ
PERSERIS INJ
pirfenidone cap
pirfenidone tab 267mg
PIRFENIDONE TAB 534MG
pirfenidone tab 801mg
pomalidomide cap
PROFILNINE INJ
PROLIA INJ
PULMOZYME INH SOLN
pyrimethamine tab
RADICAVA ORS SUSP
REBETOL SOLN
REBIF INJ
REBIF TITRTN INJ PACK
RETACRIT INJ
RIBAPAK TAB
ribavirin cap
RIBAVIRIN TAB
riluzole tab
RINVOQ ER TAB
RINVOQ ER TAB 45MG
RINVOQ ORAL SOLN
risperidone microspheres inj
RUBRACA TAB
sapropterin dihydrochloride powder packet
sapropterin dihydrochloride soluble tab
sapropterin pow 100mg
sapropterin pow 500mg
SELARSDI INJ
SELARSDI INJ 45MG/0.5ML
SELARSDI INJ 90MG/ML
SIGNIFOR INJ
sildenafil susp
SIRTURO TAB
SKYRIZI 180MG/1.2ML CARTRIDGE
SKYRIZI INJ
SKYRIZI INJ 150MG/ML
SKYRIZI INJ 55MG/0.37ML
SKYRIZI PEN 150MG/ML
SKYTROFA INJ
SKYTROFA INJ 0.7MG
SKYTROFA INJ 1.4MG
SKYTROFA INJ 1.8MG
SKYTROFA INJ 2.1MG
SKYTROFA INJ 2.5MG
sodium oxybate oral solution
sodium phenylbutyrate powder
sodium phenylbutyrate tab
SOFOSBUVIR/VELPATASVIR TAB
SOMAVERT INJ
sorafenib tosylate tab
STEQEYMA INJ 45MG/0.5ML
STEQEYMA INJ 90MG/ML
STIVARGA TAB
STRENSIQ INJ

SUBLOCADE INJ 100MG/0.5ML
SUBLOCADE INJ 300MG/1.5ML
sunitinib malate cap
SYMDEKO TAB
SYNAGIS INJ
SYNRIBO INJ
TABLOID TAB
TAFINLAR CAP
TAFINLAR TAB
TAGRISSO TAB
TAKHZYRO INJ
TAKHZYRO INJ 150MG/ML
tasimelteon capsule
temozolomide cap
teriflunomide tab
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml
tetrabenazine tab
TEZSPIRE INJ
TEZSPIRE SOLN
THALOMID CAP
TIGLUTIK SUSP
tiopronin tab
tiopronin tab delayed release
tobramycin neb soln
tofacitinib citrate ER tab
tofacitinib citrate oral soln
tofacitinib citrate tab
tolvaptan tab
tolvaptan tab 15mg
tolvaptan tab 30mg
tolvaptan tab therapy pack
TREMFYA INDUCTION INJ 200MG/ML
TREMFYA INJ
TREMFYA INJ 200MG/2ML
treprostinil inj 10mg/ml
treprostinil inj 1mg/ml
treprostinil inj 2.5mg/ml
treprostinil inj 5mg/ml
tretinoin cap
TRIKAFTA TAB
TRIKAFTA THERAPY PACK
TYENNE INJ
TYMLOS INJ
TYVASO DPI POWDER 16-32-48MCG
TYVASO DPI POWDER 16-32MCG
TYVASO DPI POWDER 32-48MCG
TYVASO DPI POWDER
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG
TYVASO INH SOLN
TYZEKA TAB
UPTRAVI TAB
VALCHLOR GEL
VEMLIDY TAB
VENCLEXTA STARTER PACK
VENCLEXTA TAB
VENTAVIS INH SOLN
VERZENIO TAB
vigabatrin powder pack
vigabatrin tab
VISTOGARD PAK
VIVITROL INJ
VOSEVI TAB
VOTRIENT TAB
VOYDEYA TAB
VOYDEYA TAB THERAPY PACK
VUMERITY CAP
VYVGART HYTRULO INJ
XALKORI CAP
XALKORI SPRINKLE CAP
XDEMVY DROP
XOLAIR INJ
XOLAIR INJ 150MG/ML
XOLAIR INJ 300MG/2ML
XOLAIR INJ 75MG/0.5ML
YESINTEK INJ
YESINTEK INJ 45MG/0.5ML
YESINTEK INJ 90MG/ML
ZARXIO INJ
ZARXIO INJ 480/0.8
ZEJULA CAP
ZEJULA TAB
ZELBORAF TAB
ZOLINZA CAP
ZYDELIG TAB
ZYKADIA CAP
ZYKADIA TAB
ZYPREXA RELPREVV INJ

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
albuterol sulfate inhal aero 108mcg/act	QL= 36g/30 days; Step therapy req trial of albuterol HFA (ProAir HFA or Proventil HF equiv) [6.7g or 8.5g inhaler]
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
arformoterol tartrate neb soln	QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab; Must fill 3-montl supply
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
candesartan tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz; Must fill 3-month supply
candesartan/hydrochlorothiazide tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz; Must fill 3-month supply
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug; Must fill 3-month supply
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
CREXONT CAP 35-140MG	QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 52.5-210MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 70-280MG	QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 87.5-350MG	QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CYSTADANE POWDER	QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXPAK TAB	Step Therapy requires trial of dexamethasone
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
ELMIRON CAP	QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine
ENBUMYST SOLN 0.5MG/0.1ML	QL= 1 box/fill, 1 fill/month; Step Therapy requires trial 1: furosemide, bumetanide, torsemide, ethacrynic acid, indapamide or metolazone

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ENVARSUS XR TAB	Step therapy requires trial of tacrolimus IR capsules
EOHILIA SUS 2MG/10ML	Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0)
fidaxomicin tab	QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln
FLURBIPROFEN OPHTH SOLN	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
FREE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 3 READER	QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab; Mus fill 3-month supply
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost opht soln
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
LEVEMIR FLEXTOUCH INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
LEVEMIR INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
l-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone; Must fill 3-month supply
LOTEMAX OPHTH OINT 0.5%	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
NUEDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
REBIF INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
REBIF TITRTN INJ PACK	QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
RELTONE CAP	Step therapy requires trial of ursodiol tab
RIBAPAK TAB	Step Therapy requires trial of ribavirin
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler
sumatriptan nasal spray	QL= 6 sprays/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tat sumatriptan tab, or eletriptan
tacrolimus cap er	ST requires trial of tacrolimus IR capsules
toremifene tab	Step Therapy requires trial of tamoxifen
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
TRESIBA FLEXTOUCH INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
TRESIBA INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
trimipramine cap	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsior (generic Restasis)
UBRELVY TAB	QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptar ODT, sumatriptan tab
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine

PEBB High Performance Formulary
Smoking Cessation Agents
Last Updated* 8/1/2026

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	Preventive
CHANTIX PAK(Limited to 180 days/plan year)	Preventive
CHANTIX TAB(Limited to 180 days/plan year)	Preventive
NICODERM PATCH(Limited to 180 days/plan year)	Preventive
NICORETTE GUM(Limited to 180 days/plan year)	Preventive
NICORETTE LOZENGE(Limited to 180 days/plan year)	Preventive
NICOTINE KIT(Limited to 180 days/plan year)	Preventive
nicotine polacrilex gum(Limited to 180 days/plan year)	Preventive
nicotine polacrilex lozenge(Limited to 180 days/plan year)	Preventive
nicotine td patch(Limited to 180 days/plan year)	Preventive
NICOTROL INHALER(Limited to 180 days/plan year)	Preventive
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	Preventive
varenicline tartrate tab(Limited to 180 days/plan year)	Preventive
varenicline tartrate tab start pack(Limited to 180 days/plan year)	Preventive
ZYBAN TAB(Limited to 180 days/plan year)	Preventive

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abacavir soln	QL= 960ml/30 days
abacavir tab	QL= 2 tabs/day
abacavir/lamivudine tab	QL= 1 tab/day
abacavir/lamivudine/zidovudine tab	QL= 2 tabs/day
abiraterone acetate tab 500mg	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABRYSVO INJ	QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy
ACTINEL LIQUID	QL= 1200ml/30 days
ADALIMU-ADAZ INJ 80/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 10MG/0.1ML	QL= 0.2ml/28 days
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	QL= 2 inj/28 days
adapalene cream	QL= 360g/30 days
adapalene gel 0.3%	QL= 360g/30 days
ADDYI TAB	QL= 30 tabs/30 days
adefovir dipivoxil tab	QL= 1 tab/day
AEROCHAMBER	QL= 1 device/365 days
AFLURIA INJ	QL= 0.5ml/fill
AIMOVIG INJ	QL= 1 pack/28 days; Must fill 3-month supply
AJOVY INJ	QL= 1 inj/28 days
albuterol HFA inhaler	QL= 2 inhalers/30 days
albuterol sulfate inhal aero 108mcg/act	QL= 36g/30 days
ALECENSA CAP	QL= 8 caps/day
alendronate sodium oral soln	QL= 300ml/28 days; Must fill 3-month supply
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Onco360 877-662-6633
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Onco360 877-662-6633
ALYFRTEK TAB 10-50-125MG	QL= 90 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046
ALYFRTEK TAB 4-20-50MG	QL= 60 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046
ambrisentan tab	QL= 1 tab/day
amoxapine tab	QL= 4 tabs/day
amphetamine/dextroamphetamine tab 10mg	QL= 180 tabs/30 days
amphetamine/dextroamphetamine tab 12.5mg	QL= 150 tabs/30 days
amphetamine/dextroamphetamine tab 15mg	QL= 120 tabs/30 days
amphetamine/dextroamphetamine tab 20mg	QL= 90 tabs/30 days
amphetamine/dextroamphetamine tab 30mg	QL= 60 tabs/30 days
amphetamine/dextroamphetamine tab 5mg	QL= 360 tabs/30 days
amphetamine/dextroamphetamine tab 7.5mg	QL= 240 tabs/30 days
ANORO ELLIPTA INHALER	QL= 60 gm/30 days
APAP/CODEINE SOLN	QL= 90ml/day
apomorphine inj	QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month
APTIVUS CAP	QL= 4 caps/day
APTIVUS SOLN	QL= 380ml/30 days
ARANESP INJ	QL= 4 syringes/30 days
ARBLI SUSP	QL= 10 mL/day
AREXVY INJ	QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy
arformoterol tartrate neb soln	QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln
aripiprazole ODT	QL= 2 tabs/day
aripiprazole soln	QL= 30 ml/day
armodafinil tab 150mg	QL= 1 tab/day
armodafinil tab 200mg	QL= 1 tab/day
armodafinil tab 250mg	QL= 60 tabs/30 days
armodafinil tab 50mg	QL= 3 tabs/day
ARNUITY ELLIPTA INHALER	QL= 1 inhaler/30 days; Must fill 3-month supply
ASMANEX HFA INHALER	QL= 1 inhaler/30 days; Must fill 3-month supply
ASMANEX INHALER	QL= 1 inhaler/30 days; Must fill 3-month supply
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab; Must fill 3-month supply
atazanavir cap 150mg	QL= 2 caps/day
atazanavir cap 200mg	QL= 2 caps/day
atazanavir cap 300mg	QL= 1 cap/day
atomoxetine cap 100mg	QL= 1 cap/day
atomoxetine cap 10mg	QL= 120 caps/30 days
atomoxetine cap 18mg	QL= 2 caps/day
atomoxetine cap 25mg	QL= 2 caps/day
atomoxetine cap 40mg	QL= 2 caps/day
atomoxetine cap 60mg	QL= 1 cap/day
atomoxetine cap 80mg	QL= 1 cap/day
atorvastatin tab	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply
atorvastatin tab 10mg	QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other member covered at generic copay; Must fill 3-month supply
atorvastatin tab 20mg	QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other member covered at generic copay; Must fill 3-month supply
atorvastatin tab 40mg	QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other member covered at generic copay; Must fill 3-month supply
ATRALIN GEL, RETIN-A GEL	QL= 360g/30 days
atropine ophth soln	QL= 1 bottle/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ATROVENT HFA AERO	QL= 25.8g/30 days
AUVI-Q INJ	QL= 2 inj/fill
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill, 2 fills/month
BARACLUDE SOLN	QL= 630ml/30 days
BENZONATATE CAP	QL= 3 caps/day
betaine powder for oral solution	QL= 540 grams/30 days; Only available through Walgreens 888-347-3416
betamethasone augmented cream	QL= 200 gm/30 days
betamethasone augmented lotion	QL= 200 mL/30 days
betamethasone augmented oint	QL= 200 gm/30 days
betamethasone diproprionate cream	QL= 200 gm/30 days
betamethasone diproprionate lotion	QL= 200 mL/30 days
betamethasone diproprionate oint	QL= 200 gm/30 days
bexarotene gel	QL= 60g/30 days
BIKTARVY TAB	QL= 1 tab/day
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
bismuth/metro/tetra cap	QL= 120 tabs/10 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
bosentan tab for oral susp	QL= 4 tabs/day; Only available through Accredo 800-803-2523
BOSULIF CAP	QL= 5 caps/day; Only available through Onco360 877-662-6633
BREO ELLIPTA INHALER	QL= 1 inhaler/30 days
BREZTRI AEROSPHERE INHALER	QL= 10.7g/30 days
brivaracetam oral soln 10mg/ml	QL= 600mL/30 days
brivaracetam tab	QL= 2 tabs/day
budesonide inh susp	QL= 120 units/30 days; Must fill 3-month supply
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab	QL= 6 tabs/day
butalbital/acetaminophen/caffeine/codeine cap	QL= 6 caps/day
butorphanol nasal spray	QL= 5ml/30 days
CABOMETYX TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
CALQUENCE CAP	QL= 2 caps/day
CALQUENCE TAB	QL= 2 tabs/day
CAPMIST DM TAB	QL= 4 tabs/day
CAPRELSA TAB 100MG	QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
CAPVAXIVE INJ	QL= 0.5 mL/fill; Covered for ages 19 years and older
carbidopa-levodopa-entacapone tab 12.5-50-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 18.75-75-200mg	QL= 8 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
carbidopa-levodopa-entacapone tab 25-100-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 31.25-125-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 37.5-150-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 50-200-200mg	QL= 6 tabs/day
carbinoxamine tab	QL= 240 tabs/30 days
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
CAVERJECT INJ	QL= 6 cartons/30 days
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
chlorzoxazone tab	QL= 4 tabs/day
CIALIS TAB	QL= 6 tabs/30 days
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA INJ 200MG/ML	QL= 2 units/28 days
cinacalcet tab 30mg	QL= 2 tabs/day
cinacalcet tab 60mg	QL= 2 tabs/day
cinacalcet tab 90mg	QL= 4 tabs/day
cladribine tab therapy pack 10mg	QL= 10 tabs/fill, 2 fills/year
clindamycin vaginal cream	QL= 1 tube/fill
clobazam susp	QL= 480ml/30 days
clobetasol foam	QL= 200 gm/30 days
clobetasol lotion	QL= 200 mL/30 days
clobetasol propionate cream	QL= 200 gm/30 days
clobetasol propionate gel	QL= 200 gm/30 days
clobetasol propionate oint	QL= 200 gm/30 days
clobetasol propionate soln	QL= 200 mL/30 days
clobetasol shampoo	QL= 200 mL/30 days
clobetasol spray	QL= 200 mL/30 days
clonidine ER tab	QL= 4 tabs/day
clopidogrel tab 300mg	QL= 4 tabs/30 days; Must fill 3-month supply
clozapine ODT 25mg, 100mg	QL= 3 tabs/day
clozapine tab	QL= 3 tabs/day
CODITUSSIN LIQUID DAC	QL= 1200ml/30 days
colchicine tab	QL= 4 tabs/day
cold/allergy elx children	QL= 2400ml/30 days
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30 days
CONTOUR BLOOD GLUCOSE TEST STRI	QL= 300 strips/30 days
CONTOUR TEST STRIP	QL= 300 test strips/30 days
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COSENTYX INJ (2-PACK)	QL= 2 inj/56 days
COSENTYX INJ 300MG/2ML	QL= 2ml/28 days
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE BIVALENT BOOSTEF INJ (MODERNA)	QL=1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF 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
CREXONT CAP 35-140MG	QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 52.5-210MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 70-280MG	QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 87.5-350MG	QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CUE HEALTH MIS MONITOR	QL= 1 kit/year
cyclosporine ophth emulsion	QL= 60 vials/30 days
CYSTADANE POWDER	QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007
CYSTAGON CAP 50MG	QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416
dabigatran etexilate mesylate cap	QL= 2 caps/day
danazol cap	QL= 4 caps/day
dapagliflozin tab	QL= 1 tab/day
dapagliflozin-metformin er tab 10-1000mg	QL= 2 tabs/day
dapagliflozin-metformin er tab 10-500mg	QL= 1 tab/day
dapagliflozin-metformin er tab 5-1000mg	QL= 2 tabs/day
dapagliflozin-metformin er tab 5-500mg	QL= 2 tabs/day
darunavir tab 600mg	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
darunavir tab 800mg	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days
dermawerx pak	QL= 1 kit/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DESCOVY TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
desvenlafaxine ER tab	QL= 1 tab/day
DEXAMETHASONE TAB 20MG	QL= 8 tabs/30 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
dexmethylphenidate ER 10mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 15mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 20mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 5mg caps	QL= 60 caps/30 days
dexmethylphenidate ER cap	QL= 1 cap/day
dexmethylphenidate tab 10mg	QL= 60 tabs/30 days
dexmethylphenidate tab 2.5mg	QL= 240 tabs/30 days
dexmethylphenidate tab 5mg	QL= 120 tabs/30 days
dextroamphetamine 5mg tab	QL= 180 tabs/30 days
dextroamphetamine tab 10mg	QL= 6 tabs/day
diazepam oral soln 5mg/5ml	QL= 360ml/30 days
diazepam rectal gel	QL= 4 doses/fill; Must fill 3-month supply
dichlorphenamide tab	QL= 4 tabs/day
diclofenac gel	QL= 100gm/fill, 2 fills/month
didanosine DR cap	QL= 1 cap/day
DIFICID SUSP	QL= 136 mL/10 days
digoxin tab 62.5mcg	QL= 1 tab/day; Must fill 3-month supply
dimethyl fumarate DR cap	QL= 60 caps/30 days
dimethyl fumarate DR starter pack	QL= 60 caps/30 days
DISKETS TAB	QL= 1 tab/day
donepezil tab 10mg	QL= 60 tabs/30 days
donepezil tab 23mg	QL= 1 tab/day
donepezil tab 5mg	QL= 60 tabs/30 days
DOPTELET SPRINKLE CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
DOVATO TAB	QL= 1 tab/day
doxepin cap	QL= 2 tabs/day
doxycycline hyclate cap	QL= 2 caps/day
doxycycline hyclate cap 50mg	QL= 2 caps/day
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab	QL= 2 tabs/day
doxycycline monohydrate tab	QL= 2 tabs/day
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
dronabinol cap	QL= 2 caps/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine EC cap 20mg	QL= 6 caps/day
duloxetine EC cap 30mg	QL= 4 caps/day
duloxetine EC cap 60mg	QL= 2 caps/day
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EDEX INJ	QL= three 2-pack containers/30 days or one 6-pack/30 days
EDURANT PED TAB	QL= 6 tabs/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	QL= 1 tab/day
eletriptan tab	QL= 9 tabs/30 days
ELIGARD INJ	QL= 1 syringe kit/30 days
ELIQUIS SPRINKLE CAP	QL= 70 caps/30 days
ELIQUIS STARTER PACK 5MG	QL= 1 pack/30 days
ELIQUIS TAB 2.5MG	QL= 60 tabs/30 days
ELIQUIS TAB 5MG	QL= 74 tabs/30 days
ELIQUIS TAB FOR ORAL SUSP	QL= 560 tabs/30 days
ELMIRON CAP	QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine
eltrombopag olamine powder pack for susp	QL= 6 packets/day
eltrombopag olamine tab	QL= 2 tabs/day
EMGALITY INJ	QL= 1 inj/28 days; Must fill 3-month supply
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479
emtricitabine cap	QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine/tenofovir disoproxil fumarate tab	QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine-rilpivirine-tenofovir df tab	QL= 1 tab/day
EMTRIVA SOLN	QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ENBREL INJ	QL= 8 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENBUMYST SOLN 0.5MG/0.1ML	QL= 1 box/fill, 1 fill/month; Step Therapy requires trial 1: furosemide, bumetanide, torsemide, ethacrynic acid, indapamide or metolazone
ENFLONSIA INJ	QL= 0.7 ml/fill; 2 fills/lifetime
entecavir tab	QL= 1 tab/day
ENTRESTO CAP	QL= 8 caps/day; Must fill 3-month supply
ENTYVIO INJ	QL= 1.36ml/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
EPINEPHRINE INJ 0.15MG	QL= 2 inj/fill; Must fill 3-month supply
EPINEPHRINE INJ 0.3MG	QL= 2 inj/fill; Must fill 3-month supply
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill; Must fill 3-month supply
EPIVIR HBV SOLN	QL= 720ml/30 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab 100mg	QL= 3 tabs/day
erlotinib tab 150mg	QL= 3 tabs/day
erlotinib tab 25mg	QL= 3 tabs/day
eslicarbazepine acetate tab	QL= 60 tabs/30 days
estradiol patch	QL= 4 patches/28 days
ESTRING	QL= 1 ring/90 days; 3 copays per Rx; Must fill 3-month supply
eszopiclone tab	QL= 1 tab/day
etravirine tab 100mg	QL= 4 tabs/day
etravirine tab 200mg	QL= 2 tabs/day
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVOTAZ TAB	QL= 1 tab/day
EXSERVAN FILM	QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479
ezetimibe tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day; Must fill 3-month supply
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 2 tabs/day
famciclovir tab 500mg	QL= 42 tabs/fill, 2 fills/month
febuxostat tab	QL= 1 tab/day
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day
FEMLYV TAB	QL= 28 tabs/24 days
ferric citrate tab	QL= 12 tabs/day
fesoterodine fumarate er tab	QL= 1 tab/day
FIASP FLEXTOUCH INJ	QL= 60 units/30 days
FIASP INJ	QL= 60 units/30 days
FIASP PENFILL INJ	QL= 60 units/30 days
fidaxomicin tab	QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln
fingolimod hcl cap	QL= 30 caps/30 days
FLUBLOK INJ	QL= 0.5ml/fill
FLUCELVAX INJ	QL= 0.5ml/fill
FLUMIST NASAL	QL= 1 dose/fill; Limited to members aged 2 to 49 years old
fluoxetine cap 90mg	QL= 4 caps/28 days
fluticasone propionate hfa inhal aero	QL= 2 inhalers/30 days
FLUTICASONE/SALMETEROL INHALER	QL= 1 inhaler/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
fluticasone/salmeterol inhaler, wixela inhale	QL= 1 inhaler/30 days
fosamprenavir tab	QL= 4 tabs/day
FREE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Step therapy requires trial of one insulin product
FREESTYLE INSULINX TEST STRIP	QL= 300 test strips/30 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 3 READER	QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LITE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE PRECISION NEO TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIPS	QL= 300 strips/30 days
FULPHILA INJ	QL= 2 syringes/28 days
galantamine ER cap	QL= 1 cap/day
galantamine tab	QL= 60 tabs/30 days
GAVILYTE-C SOLN	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
gefitinib tab	QL= 1 tab/day
GENOTROPIN INJ 0.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 12MG	QL= 4 cartridges/28 days
GENOTROPIN INJ 1MG	QL= 35 syringes/28 days
GENOTROPIN INJ 2MG	QL= 21 syringes/28 days
GENOTROPIN INJ 5MG	QL= 9 cartridges/28 days
GENVOYA TAB	QL= 1 tab/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
glatiramer inj 20mg/ml	QL= 30 syringes/30 days
glatiramer inj 40mg/ml	QL= 12 syringes/28 days
glucagon (rdna) for inj kit	QL= 2 inj/fill, 2 fills/month
GLUCAGON EMR INJ	QL= 2 inj/fill
glycopyrrolate oral soln	QL= 9ml/day
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab; Must fill 3-month supply
granisetron tab	QL= 8 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
GRASTEK SL TAB	QL= 30 tabs/30 days
guaifenesin/codeine syrup	QL= 240ml/fill, 2 fills/month
guanfacine ER tab	QL= 1 tab/day
guanfacine ER tab 1mg	QL= 2 tabs/day
guanfacine ER tab 2mg	QL= 2 tabs/day
GVOKE INJ	QL= 2 inj/fill, 2 fills/month
GVOKE INJ KIT	QL= 2 vials/fill, 2 fills/30 days
GVOKE PFS INJ	QL= 2 inj/fill, 2 fills/month
HADLIMA INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML	QL= 2 inj/28 days
HAEGARDA INJ 2000U	QL= 30 vials/30 days; Only available through Accredo 800-803-2523
HAEGARDA INJ 3000U	QL= 20 vials/30 days; Only available through Accredo 800-803-2523
halobetasol propionate cream	QL= 200 gm/30 days
halobetasol propionate oint	QL= 200 gm/30 days
HEMADY TAB 20MG	QL= 8 tabs/30 days
HUMULIN R INJ U-500	QL= 40ml/28 days
HUMULIN R U-500 KWIKPEN INJ	QL= 24ml/28 days
HYD POL/CPM SUSP	QL= 10ml/day
hydrocodone/acetaminophen soln	QL= 180ml/day
hydrocodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 7.5mg-325mg	QL= 12 tabs/day
HYDROCODONE/IBUPROFEN TAB	QL= 5 tabs/day
hydroxyprogesterone caproate inj	QL= 4 vials/28 days
ibuprofen tab cold/sinus	QL= 240 tabs/30 days
icatibant inj	QL= 36ml/30 days
icosapent ethyl cap 0.5gm	QL= 2 caps/day; Must fill 3-month supply
icosapent ethyl cap 1gm	QL= 4 caps/day; Must fill 3-month supply
imatinib tab 100mg	QL= 3 tabs/day
imatinib tab 400mg	QL= 2 tabs/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Onco360 877-662-6633
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Onco360 877-662-6633
IMBRUVICA SUSP	QL= 2 bottles/30 days; Only available through Onco360 877-662-6633
IMBRUVICA TAB	QL= 1 tab/day; Only available through Onco360 877-662-6633
imiquimod cream 5%	QL= 24gm/30 days
IMPAVIDO CAP	QL= 3 caps/day
INCRUSE ELLIPTA INHALER	QL= 30 units/30 days
INLYTA TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
INLYTA TAB 5MG	QL= 4 tabs/day; Only available through Onco360 877-662-6633

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
INSULIN ASPART FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART INJ	QL= 60 units/30 days
INSULIN ASPART MIX FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART MIX INJ	QL= 60 units/30 days
INSULIN ASPART PENFILL INJ	QL= 60 units/30 days
INTELENCE TAB	QL= 4 tabs/day
INTELENCE TAB 25MG	QL= 4 tabs/day
INTRAROSA SUPP	QL= 28 inserts/28 days
INVIRASE CAP	QL= 10 caps/day
INVIRASE TAB	QL= 4 tabs/day
ipratropium bromide hfa inhaler aerosol	QL= 25.8g/30 days
ISENTRESS (HD) TAB	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ISENTRESS CHEW TAB	QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ISENTRESS POWDER PACK	QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP PrEP
isosorbide dinitrate-hydralazine hcl tab	QL= 6 tabs/day; Must fill 3-month supply
ISOXSUPRINE TAB	QL= 120 tabs/30 days
ivabradine hcl tab	QL= 60 tabs/30 days; Must fill 3-month supply
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln
JAKAFI TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JAKAFI XR TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
JARDIANCE TAB	QL= 1 tab/day; Must fill 3-month supply
JENTADUETO TAB	QL= 2 tabs/day; Must fill 3-month supply
JENTADUETO XR TAB	QL= 2 tabs/day; Must fill 3-month supply
JULUCA TAB	QL= 1 tab/day
KALETRA TAB 100-25MG	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
KALETRA TAB 200-50MG	QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
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
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
KISQALI PAK	QL= 91 tabs/28 days; Only available through CVS Specialty 800-237-2767
KISQALI TAB	QL= 63 tabs/28 days; Only available through CVS Specialty 800-237-2767
KRINTAFEL TAB	QL= 2 tabs/365 days
lacosamide oral solution	QL= 1200ml/30 days
lacosamide tab	QL= 2 tabs/day
LAGEVRIO CAP 200MG	QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older
lamivudine soln	QL= 960ml/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
lamivudine tab 100mg	QL= 1 tab/day
lamivudine tab 150mg	QL= 2 tabs/day
lamivudine tab 300mg	QL= 1 tab/day
lamivudine/zidovudine tab	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lamotrigine ER tab 100mg	QL= 3 tabs/day
lamotrigine ER tab 200mg	QL= 2 tabs/day
lamotrigine ER tab 250mg	QL= 2 tabs/day
lamotrigine ER tab 25mg	QL= 6 tabs/day
lamotrigine ER tab 300mg	QL= 2 tabs/day
lamotrigine ER tab 50mg	QL= 6 tabs/day
LAMPIT TAB 120MG	QL= 225 tabs/30 days
LAMPIT TAB 30MG	QL= 360 tabs/30 days
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day; Only available through Onco360 877-662-6633
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
LEUPROLIDE INJ (3 MONTH)	QL= 1 kit/90 days
LEVEMIR FLEXTOUCH INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
LEVEMIR INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
LEVITRA TAB	QL= 6 tabs/30 days
l-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
LIKMEZ SUSP	QL= 210ml/14 days
LINZESS CAP	QL= 30 caps/30 days
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
lofexidine hcl tab	QL= 224 tabs/fill, 1 fill/month
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone; Must fill 3-month supply
lopinavir/ritonavir soln	QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lopinavir-ritonavir tab 100-25mg	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lopinavir-ritonavir tab 200-50mg	QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
LORTUSS EX LIQUID	QL= 1200ml/30 days
LORTUSS LIQUID	QL= 1200ml/30 days
lovastatin tab	QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply
lubiprostone cap	QL= 60 caps/30 days
LUPRON DEPOT INJ	QL= 1 syringe kit/90 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LUPRON DEPOT INJ PED	QL= 1 syringe kit/180 days
LUPRON DEPOT-PED INJ (1-MONTH)	QL= 1 syringe kit/30 days
LUPRON DEPOT-PED INJ (3-MONTH)	QL= 1 syringe kit/90 days
lurasidone hcl tab	QL= 1 tab/day
LUTRATE DEPO INJ	QL= 1 kit/90 days
LYNPARZA CAP	QL= 16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
macitentan tab	QL= 1 tab/day
maraviroc tab 150mg	QL= 2 tabs/day
maraviroc tab 300mg	QL= 4 tabs/day
MAR-COF CG LIQUID	QL= 473ml/month
MAVYRET PAK	QL= 5 packets/day
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/84 days
MEKINIST SOLN	QL= 40ml/day
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
MEMANTINE TITRATION PAK	QL= 49 tablets/28 days
M-END DMX LIQUID	QL= 1800ml/30 days
meperidine tab	QL= 6 tabs/day
mesalamine DR cap	QL= 6 caps/day
mesalamine DR tab	QL= 4 tabs/day
mesalamine enema	QL= 60mL/day
mesalamine ER cap	QL= 8 caps/day
mesalamine supp	QL= 1 supp/day
methadone sol 10mg/5ml	QL= 20ml/day
methadone soln	QL= 4 ml/day
methadone soln 5mg/5ml	QL= 40ml/day
methadone tab 10mg	QL= 4 tabs/day
methadone tab 5mg	QL= 8 tabs/day
methadose tab	QL= 1 tab/day
methylphenidate ER 18mg tabs	QL= 60 tabs/30 days
methylphenidate ER 27mg tabs	QL= 60 tabs/30 days
methylphenidate ER 36mg tabs	QL= 60 tabs/30 days
METHYLPHENIDATE ER TAB	QL= 1 tab/day
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
METHYLPHENIDATE HCL TAB ER 24HR 18MG	QL= 60 tabs/30 days
METHYLPHENIDATE HCL TAB ER 24HR 27MG	QL= 60 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
METHYLPHENIDATE HCL TAB ER 24HR 36MG	QL= 60 tabs/30 days
methylphenidate tab 10mg	QL= 180 tabs/30 days
methylphenidate tab 20mg	QL= 90 tabs/30 days
methylphenidate tab 5mg	QL= 360 tabs/30 days
mifepristone tab	QL= 4 tabs/day
MIGERGOT SUPP	QL= 20 supp/28 days
miglustat cap	QL= 3 caps/day; Only available through Accredo 800-803-2523
modafinil tab	QL= 2 tabs/day; Must fill 3-month supply
MOLNUPIRAVIR CAP	QL= 40 caps/fill
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER tab	QL= 3 tabs/day
MOUNJARO INJ	QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOVANTIK TAB	QL= 30 tabs/30 days
MRESVIA INJ	QL= 0.5 mL/fill, 1 fill/lifetime; Covered for members 50 years of age and older
MUSE SUPP	QL= 1 carton (6 systems)/30 days
NALOXONE PREFILLED INJ	QL= 2 inj/fill, 2 fills/month
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantin or memantin er
naratriptan tab	QL= 9 tabs/30 days
NATACYN OPHTH SUSP	QL= 45ml/30 days
NAYZILAM SPRAY	QL= 4 units/fill, 5 fills/month
nebivolol hcl tab	QL= 1 tab/day; Must fill 3-month supply
NEFFY SPRAY	QL= 2 doses/fill
NEVIRAPINE ER TAB	QL= 3 tabs/day
NEVIRAPINE SUSP	QL= 1200ml/30 days
nevirapine tab	QL= 2 tabs/day
NEXAFED SINUS TAB + PAIN	QL= 240 tabs/30 days
NEXTSTELLIS TAB	QL= 28 tabs/24 days; Must fill 3-month supply
niacin ER tab	QL= 2 tabs/day; Must fill 3-month supply
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
nicotine polacrilex gum	Limited to 180 days/plan year
nicotine polacrilex lozenge	Limited to 180 days/plan year
nicotine td patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NILUTAMIDE TAB	QL= 2 tabs/day
nintedanib esylate cap	QL= 2 caps/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NORVIR CAP	QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
NORVIR POWDER PACK	QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEI / PrEP
NORVIR SOLN	QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEF / PrEP
NOVOLIN 70/30 FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN 70/30 INJ	QL= 60 units/30 days
NOVOLIN N FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN N INJ	QL= 60 units/30 days
NOVOLIN N RELION INJ	QL= 60 units/30 days
NOVOLIN R FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN R INJ	QL= 60 units/30 days
NOVOLIN R INJ 100 UNIT	QL= 60ml/30 days
NOVOLIN RELION INJ 70/30	QL= 60 units/30 days
NOVOLIN VIAL	QL= 60 units/30 days
NOVOLOG FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG INJ	QL= 60 units/30 days
NOVOLOG INJ FLEX REL	QL= 60ml/30 days
NOVOLOG MIX FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG MIX INJ	QL= 60 units/30 days
NOVOLOG PENFILL INJ	QL= 60 units/30 days
NUBEQA TAB	QL= 4 tabs/day; Only available through Onco360 877-662-6633
NUCALA INJ	QL= 1 inj/28 days
NUEDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
NYVEPRIA INJ	QL= 2 inj/28 days
ODACTRA SL TAB	QL= 30 tabs/30 days
ODEFSEY TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/day
olanzapine ODT	QL= 1 tab/day
olmesartan/amlodipine/hydrochlorothiazide tab	QL= 30 tabs/30 days; Must fill 3-month supply
olopatadine nasal spray	QL= 30.5ml/30 days
OMECLAMOX	QL= 80 tabs/10 days
omega-3-acid ethyl esters cap	QL= 4 caps/day; Must fill 3-month supply
OMNIPOD 5 DEX G7G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 DEX G7G6 PODS	QL= 15 pods/30 days
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 LIBRE2 PLUS G6 PODS	QL= 15 pods/30 days
OMNIPOD DASH KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 15 pods/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OMNITROPE INJ	QL= 13.5 mL/28 days
OMNITROPE INJ 5.8MG	QL= 8 vials/28 days
ondansetron inj	QL= 24ml/fill, 1 fill/15 days
ondansetron soln	QL= 50ml/fill, 1 fill/15 days
ORALAIR SL TAB	QL= 30 tabs/30 days
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
ormalvi tab 50mg	QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-72
oseltamivir cap 30mg	QL= 40 caps/183 days
oseltamivir cap 45mg	QL= 40 caps/183 days
oseltamivir cap 75mg	QL= 20 caps/183 days
oseltamivir susp	QL= 360ml/183 days
OSPHENA TAB	QL= 30 tabs/30 days
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OTEZLA XR TAB	QL= 1 tab/day
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
oxycodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 7.5-325mg	QL= 12 tabs/day
OXYMORPHONE ER TAB 10MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 15MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 20MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 30MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 40MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 5MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 7.5MG	QL= 2 tabs/day
OZEMPIC INJ	QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC TAB, RYBELSUS TAB	QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	QL= 1 tab/day
PAXLOVID PAK	QL= 11 tabs/5 days
PAXLOVID TAB 150-100	QL= 20 tabs/5 days; Covered for members age 12 years or older
PAXLOVID TAB 150-100MG	QL= 20 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older
PAXLOVID TAB 300-100	QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older
PAXLOVID TAB 300-100MG	QL= 30 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older
pazopanib hcl tab	QL= 120 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PAZOPANIB TAB 400MG	QL= 60 tabs/30 days
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
penicillamine tab	QL= 480 tabs/30 days
PHENELZINE SULFATE TAB	QL= 4 tabs/day
PHEXXI GEL	QL= 180gm/30 days
pirfenidone cap	QL= 3 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
PIRFENIDONE TAB 534MG	QL= 4 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
PODOFILOX SOLN	QL= 0.5ml/day
pomalidomide cap	QL= 21 caps/28 days; Only available through Optum 877-445-6874 or Biologics 800-850-4306
prasugrel tab	QL= 1 tab/day
pravastatin sodium 80mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply
pravastatin tab	QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply
PRECISION XTRA TEST STRIP	QL= 300 test strips/30 days
pregabalin soln	QL= 30ml/day
PREZCOBIX TAB	QL= 1 tab/day
PREZISTA SUSP	QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PREZISTA TAB	QL= 1 tab/day
PREZISTA TAB 150MG	QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PREZISTA TAB 600MG	QL= 2 tabs/day
PREZISTA TAB 75MG	QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PRIMIDONE TAB	QL= 4 tabs/day
PROMETHAZINE VC SYRUP	QL= 30ml/day
prucalopride succinate tab	QL= 1 tab/day
pseudoephedrine ER tab 120mg	QL= 2 tabs/day
pseudoephedrine liquid 15mg/5ml	QL= 2400ml/30 days
pseudoephedrine tab 30mg	QL= 8 tabs/day
pseudoephedrine tab 60mg	QL= 4 tabs/day
PULMOZYME INH SOLN	QL= 30 ampules/30 days
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
quetiapine tab	QL= 3 tabs/day
quetiapine XR tab	QL= 1 tab/day
quinidine sulfate tab	QL= 8 tabs/day
QUINIDINE SULFATE TAB 200MG	QL= 8 tabs/day; Must fill 3-month supply
QUINIDINE SULFATE TAB 300MG	QL= 5 tabs/day; Must fill 3-month supply

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
QVAR REDIHALER	QL= 21.2gm/30 days; Must fill 3-month supply
RADICAVA ORS SUSP	QL= 70ml/28 days; Only available through Accredo 800-803-2523
RAGWITEK SL TAB	QL= 30 tabs/30 days
raloxifene tab	QL= 1 tab/day
ranolazine tab	QL= 120 tabs/30 days; Must fill 3-month supply
rasagiline tab	QL= 1 tab/day
REBIF INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
REBIF TITRTN INJ PACK	QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
REPATHA INJ	QL= 2 inj/28 days; Must fill 3-month supply
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETACRIT INJ	QL= 4 vials/30 days
RETIN-A CREAM	QL= 360g/30 days
REYATAZ POWDER PACK	QL= 5 packets/day
rilpivirine hcl tab	QL= 1 tab/day
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ER TAB 45MG	QL= 1 tab/day, 3 fills/year
RINVOQ ORAL SOLN	QL= 360ml/30 days
risedronate tab 30mg	QL= 1 tab/day; Must fill 3-month supply
risedronate tab 35mg	QL= 4 tabs/28 days; Must fill 3-month supply
risedronate tab 5mg	QL= 1 tab/day; Must fill 3-month supply
ritonavir tab	QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
rivaroxaban for susp	QL= 10mL/day
rivaroxaban tab	QL = 60 tabs/30 days
rizatriptan ODT	QL= 12 tabs/30 days
rizatriptan tab	QL= 12 tabs/30 days
roflumilast tab	QL= 1 tab/day
rosuvastatin tab	QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply
rosuvastatin tab 10mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days
sacubitril-valsartan tab	QL= 60 tabs/30 days; Must fill 3-month supply
SANTYL OINT	QL= 90gm/30 days
scopolamine patch	QL= 10 patches/30 days
SELARSDI INJ	QL= 0.5 mL/84 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SELARSDI INJ 45MG/0.5ML	QL= 1 inj/84 days
SELARSDI INJ 90MG/ML	QL= 1 inj/84 days
selegiline tab	QL= 2 tabs/day
SELZENTRY SOLN	QL= 31ml/day
SELZENTRY TAB 150MG	QL= 2 tabs/day
SELZENTRY TAB 25MG	QL= 4 tabs/day
SELZENTRY TAB 300MG	QL= 4 tabs/day
SELZENTRY TAB 75MG	QL= 2 tabs/day
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv)	QL= 60ml/30days
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv)	QL= 60ml/30 days
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
sildenafil susp	QL= 224ml/30 days
sildenafil tab	QL= 6 tabs/30 days
sildenafil tab 20mg	QL= 3 tabs/day
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
simvastatin tab 5mg, 10mg, 20mg, 40mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply
simvastatin tab 80mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay; Must fill 3-month supply
SIVEXTRO TAB	QL= 6 tabs/fill
SKYRIZI 180MG/1.2ML CARTRIDGE	QL= 1 cartridge/56 days
SKYRIZI INJ	QL= 1 cartridge/56 days
SKYRIZI INJ 150MG/ML	QL= 1 syringe/84 days
SKYRIZI INJ 55MG/0.37ML	QL= 1 inj/84 days
SKYRIZI PEN 150MG/ML	QL= 1 pen/84 days
SKYTROFA INJ	QL= 4 inj/28 days
SKYTROFA INJ 0.7MG	QL= 4 inj/28 days; Only available through Lumicera 855-847-3553
SKYTROFA INJ 1.4MG	QL= 4 inj/28 days; Only available through Lumicera 855-847-3553
SKYTROFA INJ 1.8MG	QL= 4 inj/28 days; Only available through Lumicera 855-847-3553
SKYTROFA INJ 2.1MG	QL= 4 inj/28 days; Only available through Lumicera 855-847-3553
SKYTROFA INJ 2.5MG	QL= 4 inj/28 days; Only available through Lumicera 855-847-3553
sodium oxybate oral solution	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-368
sodium/potassium/magnesium soln	QL= 2 fills/year
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
solifenacin tab	QL= 1 tab/day
SPIKEVAX INJ	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill, 1 fill/month
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	QL= 1 inhaler/30 days
STAHIST AD TAB 25-60MG	QL= 4 tabs/day
stavudine cap	QL= 2 caps/day
STAXYN ODT	QL= 6 tabs/30 days
STENDRA TAB	QL= 6 tabs/30 days
STEQEYMA INJ 45MG/0.5ML	QL= 1 inj/84 days
STEQEYMA INJ 90MG/ML	QL= 1 inj/84 days
STIOLTO INHALER	QL= 1 inhaler/30 days
STIVARGA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUBOXONE SL FILM 12-3MG	QL= 2 films/day
SUBOXONE SL FILM 8-2MG	QL= 3 films/day
SUFLAVE SOLN	QL= 2 fills/year
sulfadiazine tab	QL= 8 tabs/day
SUMATRIPTAN INJ 6MG/0.5ML	QL= 8 inj/30 days
sumatriptan nasal spray	QL= 6 sprays/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 4 mL/30 days
sunitinib malate cap	QL= 28 caps/42 days
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYMPROIC TAB	QL= 30 tabs/30 days
SYNAGIS INJ	QL= 2 inj/28 days
SYNJARDY TAB	QL= 2 tabs/day; Must fill 3-month supply
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day; Must fill 3-month supply
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day; Must fill 3-month supply
TABLOID TAB	QL= 4 tabs/day
tadalafil tab	QL= 1 tab/day
tadalafil tab (PAH)	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAFINLAR TAB	QL= 12 tabs/day
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days
TAGRISSO TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523
tazarotene cream 0.1%	QL= 360g/30 days
tenofovir disoproxil fumarate tab	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
teriflunomide tab	QL= 30 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml	QL= 2.24 mL/28 days
testosterone cypionate inj	QL= 1 vial/28 days
testosterone cypionate inj 200mg/ml	QL= 4 vials/28 days
TESTOSTERONE ENANTHATE INJ	QL= 5 mL/28 days
testosterone gel 1% 25mg	QL= 150gm/30 days
testosterone gel 1% 50mg	QL= 300gm/30 days
testosterone gel 1% pump	QL= 300gm/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 150gm/30 days
TESTOSTERONE INJ	QL= 1 vial/28 days
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ	QL= 1 vial/28 days
TEZSPIRE INJ	QL= 1 pen/30 days
TEZSPIRE SOLN	QL= 1 syringe/30 days
THALOMID CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
THEOPHYLLINE TAB ER	QL= 1 tab/day
thioridazine hcl tab	QL= 8 tabs/day
tiagabine tab 12mg	QL= 4 tabs/day
tiagabine tab 16mg	QL= 3 tabs/day
tiagabine tab 2mg	QL= 4 tabs/day
tiagabine tab 4mg	QL= 4 tabs/day
ticagrelor tab	QL= 2 tabs/day
tiopronin tab	QL= 8 tabs/day
tiopronin tab delayed release	QL= 8 tabs/day
tiotropium bromide cap inhaler	QL= 1 cap/day; For use with Handihaler device
TIVICAY PD TAB	QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
TIVICAY TAB	QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
tofacitinib citrate ER tab	QL= 1 tab/day
tofacitinib citrate oral soln	QL= 10mL/day
tofacitinib citrate tab	QL= 2 tabs/day
tolterodine SR cap	QL= 1 cap/day
tolvaptan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
tolvaptan tab 15mg	QL= 1 tab/day; Only available through Walgreens 888-347-3416
tolvaptan tab 30mg	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
tolvaptan tab therapy pack	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TOUJEO MAX SOLOSTAR INJ	QL= 18ml/28 days
TOUJEO SOLOSTAR INJ	QL= 18ml/30 days
TRADJENTA TAB	QL= 1 tab/day; Must fill 3-month supply
tramadol hcl tab 100mg	QL= 4 tabs/day
tranexamic acid tab	QL= 180 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
TRELEGY ELLIPTA INHALER	QL= 1 inhaler/30 days
TREMFYA INDUCTION INJ 200MG/ML	QL= 12 mL/year
TREMFYA INJ	QL= 1ml/56 days
TREMFYA INJ 200MG/2ML	QL= 2mL/28 days
TRESIBA FLEXTOUCH INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
TRESIBA INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
tretinoin cream	QL= 360g/30 days
tretinoin gel	QL= 360g/30 days
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
TRIKAFTA THERAPY PACK	QL= 56 packets/28 days; Only available through Walgreens 888-347-3416
trilyte soln	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
triprolidine/pseudoephedrine tab 2.5-60 mg	QL= 4 tabs/day
trispec pse liquid	QL= 1200ml/30 days
TRIUMEQ PD TAB	QL= 6 tabs/day
TRIUMEQ TAB	QL= 1 tab/day
TRULANCE TAB	QL= 30 tabs/30 days
TRULICITY INJ	QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
tussin cf liquid	QL= 1200ml/30 days
TYENNE INJ	QL= 1.8ml/28 days
TYMLOS INJ	QL= 1.56 units/30 days
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
TYVASO DPI POWDER 16-32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 16-32MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 48-80MCG	QL = 224 cartridges/28 days
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	QL= 224 cartridges/28 days; Only available through CVS Specialty 800-238-7828
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	QL= 224 cartridges/28 days; Only available through CVS Specialty 800-238-7828
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 800-803-2523
valsartan oral soln	QL= 2400mL/30 days
VALTOCO NASAL SPRAY	QL= 5 doses/fill, 4 fills/month
vancomycin cap 125mg	QL= 56 caps/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
vancomycin cap 250mg	QL= 112 caps/30 days
vardenafil ODT	QL= 6 tabs/30 days
vardenafil tab	QL= 6 tabs/30 days
varenicline tartrate tab	Limited to 180 days/plan year
varenicline tartrate tab start pack	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
VEMLIDY TAB	QL= 1 tab/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VERZENIO TAB	QL= 2 tabs/day
VIAGRA TAB	QL= 6 tabs/30 days
VIDEX SOLN	QL= 600ml/30 days
vigabatrin powder pack	QL= 6 packs/day; Only available through Lumicera 855-847-3553
vigabatrin tab	QL= 6 tabs/day; Only available through Lumicera 855-847-3553
VIREAD TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
VOSEVI TAB	QL= 1 tab/day
VOTRIENT TAB	QL= 120 tabs/30 days
VOYDEYA TAB	QL= 180 tabs/30 days; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK	QL= 180 tabs/30 days; Only available through Onco360 877-662-6633
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
VYBRIQUE ORAL FILM	QL= 8 film/30 days
VYLEESI INJ	QL= 8 syringes/28 days
VYVGART HYTRULO INJ	QL= 20mL/28 days; Only available through Walgreens 888-347-3416
XALKORI CAP	QL= 2 caps/day; Only available through Onco360 877-662-6633
XALKORI SPRINKLE CAP	QL= 6 caps/day; Only available through Onco360 877-662-6633
XARELTO STARTER PACK 15MG/20MG	QL= 1 pack/30 days
XARELTO SUSP	QL= 10mL/day
XARELTO TAB	QL= 60 tabs/30 days
XARELTO TAB 10MG	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL= 30 tabs/30 days
XDEMVY DROP	QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis)
XIGDUO XR TAB 2.5-1000MG	QL= 2 tabs/day
XOLAIR INJ	QL= 1 vial/28 days
XOLAIR INJ 150MG/ML	QL= 1ml/28 days
XOLAIR INJ 300MG/2ML	QL= 2ml/28 days
XOLAIR INJ 75MG/0.5ML	QL= 0.5ml/28 days
YESINTEK INJ	QL= 1 vial/84 days
YESINTEK INJ 45MG/0.5ML	QL= 1 inj/84 days
YESINTEK INJ 90MG/ML	QL= 1 inj/84 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
zaleplon cap	QL= 2 caps/day
ZARXIO INJ	QL= 15 syringes/30 days
ZARXIO INJ 480/0.8	QL= 15 syringes/30 days
ZEJULA CAP	QL= 30 caps/30 days; Only available through Optum 877-445-6874
ZEJULA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
ZELBORAF TAB	QL= 8 tabs/day
ZERVIATE OPHTH SOLN	QL= 30 single use containers/30 days
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
ziprasidone cap	QL= 2 caps/day
zolmitriptan tab	QL= 9 tabs/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem er tab 6.25mg	QL= 2 tabs/day
zolpidem tab	QL= 1 tab/day
zolpidem tab 5mg	QL= 2 tabs/day
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

If you need help filing a complaint, please call Customer Service.

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

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

modahealth.com

2688-NDS-MH+DD-Commercial (01/24)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 1-877-605-3229 (الهاتف النصي: 711)

توجہ دیں: اگر آپ اردو (URDU) بولتے ہیں تو لسانی اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TYY、テレタイプライターをご利用の方は711）までお電話ください。

અગત્યનુ઼ : જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)